HUMAN SEXUALITY EDUCATION

The district shall provide an age-appropriate, comprehensive plan of instruction focusing on human sexuality, HIV/AIDS and sexually transmitted disease prevention in elementary and secondary schools as an internal part of health education and other subjects.

Course material and instruction for all human sexuality education courses that discuss human sexuality shall enhance student's understanding of sexuality as a normal and healthy aspect of human development. In addition, the HIV/AIDS and sexually transmitted disease prevention education and the human sexuality education comprehensive plan shall provide instruction at least annually, for all students in grade 6-8 and at least twice during grades 9-12.

Parents, teachers, school administrators, local health department staff, other community representatives and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies shall develop the plan of instruction.

The Board shall approve the plan of instruction and require that it be reviewed and updated biennially in accordance with new scientific information and effective educational strategies.

Parents and guardians of minor students shall be notified in advance of any human sexuality, AIDS/HIV district instruction, and will be given the opportunity to review material to be presented. Any parent may request that his/her child be excused from that portion of the instructional program under the procedures set forth in ORS 336.035 (2).

The comprehensive plan of instruction shall include the following information that:

1. Promotes abstinence for school age youth and mutually monogamous relationships with an uninfected partner for adults;
2. Allays those fears concerning HIV that are scientifically groundless;
3. Is balanced and medically accurate;
4. Provides balanced and accurate information on risks and benefits of contraceptives, condoms and other disease reduction measures;
5. Discusses responsible sexual behaviors and hygienic practices, which may reduce or eliminate unintended pregnancy, exposure to HIV, hepatitis B/C and other sexually transmitted infections and diseases;
6. Stresses high-risk behaviors such as the sharing of needles in and syringes for injecting drugs and/or steroids;
7. Discusses the characteristics of the emotional, physical and psychological aspects of a healthy relationship;
8. Discusses the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. The student shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side
effects of all forms of contraceptives including the success and failure rates for prevention of pregnancy, sexually transmitted infections and diseases;

9. Stresses that HIV/STDs and Hepatitis B/C can be serious possible hazards of sexual contact;

10. Provides students with information about Oregon laws that address young people’s rights and responsibilities relating to childbearing and parenting;

11. Advises students of consequences of having sexual relations with persons younger than 18 years of age to whom they are not married;

12. Encourages family communication and involvement and helps students learn to make responsible, respectful and healthy decisions;

13. Teaches that no form of sexual expression is acceptable when it physically or emotional harms oneself or others and not to make unwanted physical and verbal sexual advances;

14. Teaches that consent is an essential component of healthy sexual behavior. Course material shall promote positive attitudes and behaviors, which contribute to sexual violence;

15. Teaches students how to identify and respond to attitudes and behaviors, which contribute to sexual violence;

16. Validates the importance of one’s honesty, respect for each person’s dignity and well-being, and responsibility for one’s actions;

17. Uses inclusive materials and strategies that recognize different sexual orientations, gender identities and gender expression.

18. Includes information about relevant community resources, how to access these resources, and the laws that protect the rights of minors to anonymously access these resources.

The comprehensive plan of instruction shall include skills-based instruction that:

1. Assists students to develop and practice effective communication skills, development of self-esteem and ability to resist peer pressure;

2. Provides students with the opportunity to learn about and personalize peer, media, technology and community influences that both positively and negatively impact their attitudes and decisions to healthy sexuality, relationships and sexual behaviors, including decisions to abstain from sexual intercourse;

3. Enhances students’ ability to access valid health information and resources related to their sexual health;

4. Teaches how to decline unwanted sexual advances, or accept the refusal of unwanted sexual advances, through the use of refusal and negotiation skills;

5. Is research based or best practices; and

6. Aligns with the Oregon Health Education Content Standards and Benchmarks.

All sexuality education programs emphasize that abstinence from sexual intercourse, when practiced consistently and correctly, is the only 100 percent effective method against unintended pregnancy, sexually transmitted HIV and hepatitis B/C infection and other sexually transmitted diseases.

Abstinence is to be stressed, but not to the exclusion of other methods for preventing unintended pregnancy, HIV infection, hepatitis B/C infection and other sexually transmitted diseases. Such courses are to acknowledge the value of abstinence while not devaluing or ignoring those students who have had...
or are having sexual relationships. Further, sexuality education materials, including instructional strategies and activities must not, in any way use shame or fear based tactics.

Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced, perpetrated or witnessed sexual abuse and relationship violence.

END OF POLICY

Legal References:

ORS 336.035
ORS 336.107
ORS 336.455 – 366.475

OAR 581-022-0705
OAR 581-022-1440
OAR 581-022-1910