

Dear Parent/Guardian:

In Grade 6, students will receive instruction in the following units: Mental and Emotional Health; Alcohol, Tobacco, and Other Drugs; Personal and Consumer Health; and Safety and Injury Prevention.

Due to the modified instruction in Grade 5, during Continuity of Learning last school year, for this current year only, Grade 6 will include lesson objectives from the Grade 5 Family Life and Human Sexuality Unit. Booster lessons will include the topics of Puberty, Relationships, and Reproductive Systems.

Instruction in this unit is designed to help students develop a foundation for making responsible choices that reflect respect for the individual and for others in the family and community.

If you would like more information about this aspect of the comprehensive health education program, you are invited to attend a virtual informational meeting using Zoom on Monday, 10/05/20 from 6:00-6:30 p.m. The Zoom Meeting links will be shared the day before via the GMS website and MyMCPS. Instructional materials will be reviewed and you will have an opportunity to discuss the program with the teachers. If you are unable to attend this meeting but would like to review the materials, please email your child's health teacher to arrange a time to do this.

In accordance with the Code of Maryland Regulation (COMAR 13A.04.18.01) and MCPS Regulation IGP-RA, Comprehensive Health Education Instructional Program, a student will participate in FLHS instruction unless written parent/guardian permission is submitted excluding the student from receiving instruction related to human sexuality. Instruction on FLHS is scheduled to begin on Monday, 10/19/20 or after. You may choose to have your student excused from this unit. If excused, your student will participate in other health education units of instruction under the supervision of a professional in an instructional setting.

If you would like to opt your student out of the FLHS unit of instruction, please complete the enclosed permission form and return it to Katie Becker (Katie_E_Becker@mcpsmd.org) no later than Monday, 10/19/20.

If this form is not returned, your student will receive instruction on FLHS. Thank you for your cooperation.

Sincerely,

Principal

Comprehensive Health Education
Grade 6 Family Life and Human Sexuality

Goal:

Maryland State Curriculum Content Standard 4: Students will demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.

Performance Indicators and Objectives:

Puberty

- 4.5.C.1 Describe the impact of puberty on physical wellness.
 - a. Define puberty.
- 4.5.A.1 Describe how family members influence the development of adolescents.
 - a. Describe the relationships that exist within a family.
 - b. Explain how family relationships may change during puberty.

Relationships:

- 4.5.D.1 Describe how relationships change with peers throughout puberty.
 - a. Identify various positive and negative social groups.
 - b. Describe male and female stereotypes and their impact on the individual and a diverse society.

(Boundaries and Consent)

- c. identify how people establish and maintain clear boundaries and why boundaries are an important part of a healthy relationship.
- d. identify why it is important to give and ask for consent.

Reproductive Systems: Female and Male

- 4.5.C.1 Describe the impact of puberty on physical wellness.
 - a. Identify the parts of the human male and female reproductive system.
 - b. Explain the function of the human reproductive organs.
 - c. Explain the menstrual cycle and nocturnal emissions.
 - d. Identify personal hygiene products.

FAMILY LIFE AND HUMAN SEXUALITY

OPT-OUT REQUEST FORM

*Complete and return this form **ONLY** for **EXCLUSION** from the FLHS unit. No form is needed for a student to be included in the unit.*

I wish to have my student, **EXCLUDED** from the Family Life and Human Sexuality unit of the Health Education curriculum.

Student Name: _____

Health Period: _____

Health Marking Period: _____

Health Teacher: _____

Daytime Phone Number of Parent/Guardian: _____

Email: _____

Signature of Parent/Guardian

Date

Please complete and return this form to Katie Becker (Katie_E_Becker@mcpsmd.org) no later than Monday, 10/19/20.

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