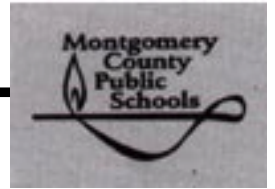


# Thomas W. Pyle Middle School

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6311 Wilson Lane  
Bethesda, Maryland 20817  
**Telephone: (301) 320-6540**  
**Fax: (301) 320-6647**

Dear Parent/Guardian:

The Grade 6 health education course has been updated to reflect the 2014 Montgomery County Public Schools Secondary Comprehensive Health Education Curriculum Framework. 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.

- Mental and Emotional Health Unit topics include analyzing influences, accessing information, interpersonal communication, decision making, goal setting, self/stress management, personal wellness, emotions, and advocacy.
- Alcohol, Tobacco, and Other Drugs Unit topics include benefits of a drug free lifestyle.
- Personal and Consumer Health Unit topics include hygiene and health care products.
- Safety and Injury Prevention Unit topics include media/technology harassment, cyber bullying, bullying, personal safety (pedestrian and other methods), and first aid and emergency response.

Family Life and Human Sexuality (FLHS) and Disease Prevention and Control (DPC) instruction will occur in Grades 7, 8, and in the high school health education course. Parents/guardians of Grades 7, 8, and 10 students will be informed of the indicators and objective of the FLHS and DPC units and be given the opportunity to opt their child out of instruction for one or both of these units.

Sincerely,

Principal Chris Nardi



**FAMILY LIFE AND HUMAN SEXUALITY AND  
DISEASE PREVENTION AND CONTROL  
PERMISSION FORM**

Student Name: \_\_\_\_\_

Daytime Phone Number of Parent/Guardian: \_\_\_\_\_

**Please check YES or NO for each of the questions below.**

I give permission for my student to receive instruction on Disease YES\_\_\_\_\_ NO\_\_\_\_\_  
Prevention and Control.

I give permission for my student to receive instruction on Family Life YES \_\_\_\_\_ NO \_\_\_\_\_  
and Human Sexuality.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please complete and return this form to school no later than October 3<sup>rd</sup>, 2016.**

\*If this form is not returned, your son or daughter will receive instruction on FLHS and DP. Thank you for your cooperation.