Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT
HUMAN SEXUALITY
GRADE 6

TUCSON UNIFIED SCHOOL DISTRICT
TUCSON UNIFIED
SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

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Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual’s personality and humanity. The Tucson Unified School District’s Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District’s curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.
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Philosophy

Education is a lifelong process that begins with parents as the primary teachers. It is the parent’s right and responsibility to initiate a child’s education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student’s personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one’s own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.
Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students’ questions will be considered valid and answered using age-appropriate, scientifically-accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students’ questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions cannot be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students’ peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.
Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students’ or his/her parents’ beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).
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Grade Level Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the Family Life Curriculum is to provide students with information to

- Discuss and understand the physical, emotional and hormonal changes that occur at puberty.
- Discuss and understand personal hygiene.
- Discuss and understand key concepts of personal development, including: effective communication skills; decision making; self-confidence and empowerment; overcoming peer pressure; concept of self; refusal skills; and assertiveness.
- Discuss and understand healthy relationships, including: boundaries; families; friendships; dating; and the responsibilities within various relationships.
- Discuss and understand concepts of sexual characteristics and sexuality.
- Explain the anatomy of the female and male reproductive system.
- Identify and understand risks of sexual activity, including abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections.
• Understand and describe advantages and disadvantages of different contraceptives.

• Discuss and understand the realities of teenage pregnancy and responsibilities of parenthood, including financial and legal responsibilities.

• Discuss conception and fetal development.

• Discuss and understand the roles media plays in society, including: social media; bullying and stereotyping.

• Discuss and understand personal safety concepts, including: consent; legal liabilities of sexual intercourse with a minor; sexual harassment and abuse; rape/sexual assault/sexual abuse; and how to report to a trusted adult.

• Discuss and understand the effects of substance use on decision-making and inhibitions.
The Question Box

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

**Guidelines for submitting/answering questions in the question box:**

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.
# Pacing Guide

<table>
<thead>
<tr>
<th>Grade 6</th>
<th>Week 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 Lesson 1 Communication</td>
<td>Day 2 Lesson 2 Family Relationships</td>
</tr>
</tbody>
</table>
| Health Standards | **Lesson Objective**
| S4C1PO1 S4C2PO1 | Students will be able to: practice listening skills for effective communication. |
| | demonstrate skills for building relationships based on mutual respect, trust and caring. |
| | identify the role of feelings and attitudes in behavior. |
| | Health Standards | **Lesson Objectives**
| S1C2PO1 S2C1PO1 S2C2PO2 | Students will be able to: discuss media influence upon an individual’s self-perception of their body image, their possessions, their life situation. evaluate media messages. |
| | | Students will be able to: discuss the influence and relationships of parents and peers. describe changes in stages of life. |
| Day 3 Lesson 3 Media | Day 4 Lesson 4 Self-Esteem/ Setting Boundaries |
| Health Standards | **Lesson Objective**
| S2C1PO5 S2C1PO6 | Students will be able to: explain the need for positive self-esteem. identify the role of feelings and attitudes in behavior. demonstrate skills for building relationships based on mutual respect, trust, and caring. |
| | **Health Standards**
| S4C1PO1 S4C2PO1 | **Lesson Objective**
| S2C1PO3 S2C2PO2 | Students will be able to: explain how classmates and friends tend to group together. explain how they have more social opportunities as they get older. maintain their values and autonomy despite belonging to a group. |

<table>
<thead>
<tr>
<th>Week 2</th>
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<tbody>
<tr>
<td>Day 6 Lesson 6 Bullying/ Hazing/ Sexual Harassment</td>
</tr>
</tbody>
</table>
| **Health Standards** | **Lesson Objective**
| S4C1PO1 S4C2PO1 | Students will be able to: review consent and setting personal boundaries. demonstrate refusal skills. explain the harmful effects of sexual harassment. |
| | | Students will be able to: describe the physical changes during puberty. identify similarities and differences in male and female growth patterns. discuss the mental, emotional and social changes experienced during puberty. |
| Day 8 Lesson 8 Reproductive System | Day 9 Lesson 9 Staying Safe |
| **Health Standards** | **Lesson Objective**
| S3C2PO3 | Students will be able to: identify the structure and function of the male and female reproductive systems. understand the importance of confiding in a trusted adult or doctor. |
| | **Health Standards**
| S4C1PO2 S7C2PO2 S4C2PO1 | **Lesson Objective**
| Students will be able to: understand consent and empowerment. apply refusal skills when appropriate. |
### Lessons

<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Communication</th>
<th>Materials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson: 1 taught together</td>
<td></td>
<td>• anticipatory set story prompt, printed</td>
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<tr>
<td></td>
<td></td>
<td>• active listening components, posted</td>
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</tbody>
</table>

**Standards:**
S4C1PO1. Apply effective verbal and nonverbal communication skills to enhance health
S4C2PO1. Identify effective conflict management or resolution strategies

**Lesson Objectives:**
Students will be able to:
- practice listening skills for effective communication.
- demonstrate skills for building relationships based on mutual respect, trust and caring.
- identify the role of feelings and attitudes in behavior.

**Academic Vocabulary:**
1. active listening
2. effective communication

**Anticipatory Set:**
- Have students get into two single file lines.
- Hand the first student a paper with the following story printed on it:
  
  There was a little dog that liked to play in his front yard. He would toss his ball around and chew his bone and run in circles chasing his tail. One afternoon when he was playing, he spied a rabbit in the yard across the street. He dashed after it. A red Corvette with an old couple in it was driving down the street at the time. The woman had to turn the car very fast to miss hitting the little dog. She ran the car up on the sidewalk and hit a tree. The fender was dented and the tire blew out.

  - On the teacher’s signal, the first student turns and whispers the story to the second student, who will listen for details. Student #2 will turn and whisper the story to the next student. The team continues to relay the story from student to student until they get to the end of the line. Once both teams finish, the final student comes to the front of the line and states the final passage to the team leader. Compare that final passage with the initial story.
- Process the results.
- Discuss what happened and why.
- Brainstorm some principles of effective listening.

**Direct Instruction:**
- Display/discuss the components of **Active Listening**:
  A. Don’t interrupt
  B. Look at the speaker
  C. Ask questions to clarify
  D. Summarize what was said
E. Watch body language
F. Recognize the speaker’s feelings

Guided Practice:
- Students stand by their seats.
- Teacher will read the following statement, changing the meaning of the statement by changing inflection: “What do you think you’re doing?”
  a. Express anger by shouting the question. Ask students what emotion they detect. Have students repeat the phrase, expressing anger, but adding body movements that would emphasize anger.
  b. Express sadness, by changing facial expression, stating the phrase softly. Solicit the emotion from students. Have them repeat, adding body language.
  c. Express surprise or “puzzlement” by stating question slowly, with raised eyebrows. Students identify emotion. Repeat phrase, adding gestures that indicate questioning.
- Discuss which emotions were/are easiest to detect. Focus on the heightened actions, body language that often accompany heightened emotions.

Independent Practice:
- Students will self-select a partner.
- Choose one of the following conversation topics:
  a. My best day ever
  b. My favorite activity
  c. My favorite family tradition
- For 1 minute, Student #1 will speak first and person #2 will practice Active Listening Skills. After the first session is completed, Student #2 will speak while Student #1 practices Active Listening Skills.
- Have each student talk about how they felt as a speaker about having an active listener.

Closure:
- Have students return to their seats for a recap of the activities.
- Consider and discuss the following ideas the students may have experienced as they spoke and listened throughout the different activities.
  1. What feelings were expressed throughout the activities?
  2. How could you determine another person’s feelings during the activities? (He/She told me. I could tell by the expression on his/her face. His/Her body language changed.)
  3. Did you reflect on your own experiences when someone told you something similar?
<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Family Relationships</th>
<th>Materials:</th>
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</thead>
<tbody>
<tr>
<td>Lesson: 2 taught together</td>
<td></td>
<td>• Short approved video clip that can quickly compare/contrast various stages of development (baby, toddler, school age child, teen)</td>
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</tbody>
</table>

**Standards:**
- S1C2PO1 Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence
- S2C1PO1 Examine how the family influences the health of adolescents
- S2C2PO2 Explain the influence of personal values and beliefs on individual health practices and behaviors

**Lesson Objectives:**
Students will be able to:
- demonstrate an understanding and respect for differences in family units and custom.
- discuss the influence and relationships of parents and peers.
- describe changes in stages of life.

**Academic Vocabulary:**
1. influence
2. responsibilities

**Teacher Background:**
- Everyone has responsibilities with both their family and their friends. As they grow older, these will change. The influence of each group will also change as a person develops.

**Anticipatory Set:**
- Post statement on the board: People live in and grow up in lots of different types of family situations.
- Have students brainstorm: what are some of these family units?
- Record the responses on the board.

**Direct Instruction:**
- Teacher asks, “How do parents or family members influence each of these issues?”
  - A teen’s choices
  - A teen’s values
  - Personal Habits
  - Food choices
  - Social Activities
- Discuss the various stages of a child’s life within the family. Describe the ways that family relationships change.
  - Baby---completely dependent upon parents and family
  - Toddler---begins exploring in a safe environment while maintaining dependence upon parents and family
c. School Age Child---other factors begin to influence the Child
d. Teens---spending more and more time with friends outside of the home environment

- Teacher asks the following questions:
  a. How do peers influence your choices? (Give some examples: social activities, clothing choices, group behavior)
  b. How can Parental/Adult Influences and Peer Influences be in conflict?

c. Which influence is stronger? In each of the following situations:
   - What TV shows, movies or videos I might see
   - Whether I get a piercing or maybe a tattoo
   - How much education I’m going to get during the next ten years
   - What type of afterschool activities I will participate in
   - The type of clothing or haircut I will get

d. How can the conflict between family expectations or peer influences be resolved?
e. Does the influence of family or peers change as a person ages?

**Guided Practice:**
- Have students work in groups of 3-5.
- Have each group answer this question: What are different things that happen on a daily basis that helps a family function smoothly? (examples: individual chores, having a job, preparing young family members for a day at school, getting up on time)
- Have each group list at least ten options. Then, evaluate each one and label who completed the task: everyone, older siblings or adults only.
- Have each group share out 3-4 responsibilities for an all class list.
- Possible discussion starters:
  a) Do family member responsibilities change as they grow older?
  b) If a family or household is like an athletic team, what happens when one of the teammates is injured or does not carry their weight?

**Independent Practice:**
- Have each student make their own list of family actions that make their family situation function smoothly.

**Closure:**
- Have each student write one paragraph evaluating how they balance the responsibilities of family and the influences of peers.
<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Media</th>
<th>Materials: Examples of teen-related magazine ads, graphic novels, photos of media stars and teen influencers</th>
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</table>

**Standards:**
S2C1PO 5. Analyze how messages from media influence health behaviors
S2C1 PO 6. Analyze the influence of technology on personal and family health

**Lesson Objectives:**
Students will be able to:
- discuss media influence upon an individual’s self-perception of body image, possessions, and life situation.
- evaluate media messages.

**Academic Vocabulary:**
1. media
2. influence
3. evaluate
4. self-perception

**Teacher Background:**
The student will be able to identify underlying messages in ads that strongly influence society’s behavior.

**Anticipatory Set:**
- Use some of the following questions for a quick warm-up discussion with students.
  a. What television, YouTube or movie stars your age do you like?
  b. What do you like about them?
  c. In what ways do people try to copy what they see on TV, in movies or in magazines?
  d. How much do ads and commercials influence your spending habits?
  e. Do you think using products you see on TV can make you happier? Do they claim to improve your life?
  f. From what you have seen on TV or in magazines, how would you describe the “perfect teenager?”

**Direct Instruction:**
- Prompts for classroom discussion:
  o What are a few times where you watched a commercial or saw an ad promoting a beauty or grooming product, and felt you would be more attractive if you used that product?
  o Did you ever purchase that product?
  o Did it really make a difference?
  o Why or why not?
Guided Practice:
- From what you have seen on TV or in magazines, how would you describe the “perfect teenager?” How does the media’s (TV, radio, magazines) image of teenagers compare with how one sees him/herself?
- What are some risky behaviors or choices teens might be attracted to because of ads?

Independent Practice:
- Working in pairs, have students examine magazine ads for a variety of products that are geared to their age group. Choose an ad to share with the class, while answering this prompt:
  “If I had or did ________, I would be/be able to ________."
- As each pair shares, have the remainder of the class decide whether they felt that the ad did a good job of representing the product and selling it to teens. Pick their top three most effective.

Closure:
- Write a two person 4-line dialog that shows a person wanting to try something that they saw in a TV or media ad. Have the first character explain something that they want to try because of the ad with the second character convincing them that they should avoid the activity.
- Have a few students volunteer to share their dialogues.
<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Self-Esteem / Setting Boundaries</th>
<th>Materials:</th>
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<tbody>
<tr>
<td>Lesson: 4 taught together</td>
<td>● Access to YouTube videos: Middle School Weekend with Refusal Skills or Middle School Lunch with Refusal Skills</td>
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</tbody>
</table>

**Standards:**
- S1C2PO1. Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence
- S1C5PO1. Explain how appropriate health care can promote personal health
- S4C2PO1. Identify effective conflict management or resolution strategies
- S7C1 PO1. Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others

**Lesson Objectives:**
Students will be able to:
- explain the need for positive self-esteem.
- identify the role of feelings and attitudes in behavior.
- demonstrate skills for building relationships based on mutual respect, trust, and caring.

**Academic Vocabulary:**
1. **Self-esteem:** a measure of how much you value, respect and feel confident about yourself. “Liking yourself”
2. **Personal boundaries:** Setting standards for how people can treat you
3. **Consent:** occurs when one person voluntarily agrees to the proposal or desires of another
4. **Refusal skills:** skills that help people avoid participating in high-risk behavior.

**Teacher Background:**
- Students need to understand how self-esteem factors into making decisions that are safe or where they have control of the risks they are taking. Consent and setting boundaries reflect the student’s power in a situation or decision.

**Anticipatory Set:**
- Working in pairs, have students compare definitions for self-esteem. List some characteristics that they think people with high self-esteem may have. Compare that with a list of characteristics that someone with low self-esteem may have. And, finally, produce personal lists of what each student is good at or likes about themselves.

**Direct Instruction:**
- **Class Discussion:**
  - When a person has high self-esteem, they set expectations for the way that others can speak to them or treat them.
  - What are some boundaries that people might set when they wish to be treated with respect? (Don’t call me names. Don’t taunt or tease me. Don’t make fun of my clothes. All of these translate to “Treat me with respect.”)
- Have students make a list of personal boundaries they want to have respected.
Guided Practice:
- People do things when they want to fit in or feel less awkward. This is when they consent to participate in an activity that may be risky.
- Notice how Refusal Skills are used in the video to set boundaries and not consent to activities.
- Try: Middle School Weekend with Refusal Skills (1:31) or Middle School Lunch with Refusal Skills (2:12) on YouTube by Deschutes County
- Review the Refusal Skills Techniques presented. Which students in the videos seemed to have the highest self-esteem? Which students were being influenced by peer pressure or trying to be cool?
- In groups of 3-5, have students develop a scenario that requires Refusal Skills. (Provide them with ideas, like ditching class, sneaking out late at night, staying up all night online)
  - Students will write a script that includes the Refusal Skills Techniques:
    1. Say “No.”
    2. Repeat “No” if necessary.
    3. Suggest some other activity.
    4. Leave the situation.
- If time permits, have student groups volunteer to present.

Independent Practice:
- Personal Reflection:
  - Students reflect upon personal situations that they have encountered when they were tempted to try something new or risky.
  - Recall the details of the situation and write down a way that setting personal boundaries or refusal skills could have been used.
  - Write a possible dialog that could have occurred.
  - Practice saying the statements you would have used in the situation.

Closure:
- Optional sharing out of personal reflection with a partner or the class or submit personal reflection as an exit ticket.
<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Social Activities / Stereotyping</th>
<th>Materials: • Whiteboard or chart paper for recording</th>
</tr>
</thead>
</table>

**Standards:**
S2C1PO 3. Analyze how peers influence healthy and unhealthy behaviors
S2C2 PO 2. Explain the influence of personal values and beliefs on individual health practices and behaviors

**Lesson Objectives:**
Students will be able to:
• identify how classmates and friends tend to group together.
• explain how they have more social opportunities as they get older.
• maintain their values and autonomy despite belonging to a group.

**Academic Vocabulary:**
1. Peer Pressure: the feeling that you should act a certain way because your friends want you to
2. Empathy: the ability to understand and share the feelings of another person
3. Tolerance: the ability to overlook differences and accept people for who they are

**Teacher Background:**
• There are lots of formal and informal groups at school or in the community. People often belong to more than one. Part of belonging to a group is remaining yourself while you show tolerance and empathy for other members.

**Anticipatory Set:**
• Class discussion: What are some of the groups that students belong to in our school? How does someone become a member of different groups?
• Assemble a list from the questions above.
• Questions to consider:
  o How can you tell which group students may belong to? (clothing, who their friends are, how they act)
  o Do people belong to more than one group?
  o How do new members join the group?

**Direct Instruction:**
• Discussion Questions:
  o Is peer pressure bad or good? (Good peer pressure can challenge you to be better.)
  o How does it work in a group? (Ask for examples)
  o When you join a new group, are you pressured to act a certain way?
• Explain **Empathy** and **Tolerance** as they relate to being a group member

**Guided Practice:**
• **Activity:**
  o In groups of 3-5, have students pick one of the groups that they have identified, preferably one that they may belong to.
  o Write a two-minute skit that shows how the group treats a potential new member. Consider including how the new member can have a positive impact on the group.
  o Ask for volunteers to present, as time permits.

**Independent Practice:**
• As the student groups present their skits, have the other students identify examples of **empathy** and **tolerance**. Record some of the details of the examples to discuss after presentations are complete.

**Closure:**
• Have students think of two examples of recent situations where they have been pressured by their peers. In each situation, did they have to show empathy or tolerance for others? Were they able to maintain their own sense of values or identity during these situations?
• Have student share out or write responses on an exit ticket.
<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Bullying / Hazing / Sexual Harassment</th>
<th>Materials: Suggested Video: YouTube: What is Sexual Harassment? (1:56) AMAZEOrg</th>
</tr>
</thead>
</table>

**Health Standards:**
S4C1PO1 Apply effective verbal and nonverbal communication skills to enhance health
S4C2PO1 Identify effective conflict management or resolution strategies

**Lesson Objectives:**
Students will be able to:
- review consent and setting personal boundaries.
- demonstrate refusal skills.
- explain the harmful effects of sexual harassment.

T.U.S.D. has a policy that prohibits sexual harassment and stipulates consequences for such acts. Bullying and Hazing are also in the Students’ Rights and Responsibilities.

**Academic Vocabulary:**
1. affection
2. dating, group dates
3. bullying/hazing
4. sexual harassment
5. refusal skills

**Teacher Background:**
- Social situations can get more complicated as people get older.
- Students need to have strategies for avoiding risky or challenging situations, especially when there is a power differential.

**Anticipatory Set:**
- Students will write a definition for the term: affection.
- Have them make a list of how to show affection towards another person without physical contact. Emphasize that “affection” is based on “respect.
- Have students share their lists.
- Assemble the class list on the board. (being a good listener, going for walks, doing homework together)
- Consider each item on the class list. Have students consider disrespectful behavior that can cross the line between affection and abuse or harassment.
- Discuss: Who gets to determine whether the action is affection, abuse or harassment?

**Direct Instruction:**
• Explain: Bullying is done by a person with power to another person who is perceived to have less power or status. Hazing happens with groups or teams, meant to humiliate the members.
• Display on the board:

   Sexual Harassment includes many things. These are just a few examples:
   - Sexual assault, actual or attempted rape
   - Standing extremely close to someone
   - Unwanted pressure for sexual contact
   - Unwanted deliberate touching, leaning over, cornering, pinching
   - Suggestive sexual signals, body movements or gestures
   - Telling suggestive stories
   - Unwanted phone calls, texts (sexting), messages, materials of a sexual nature

Guided Practice:
• Present the following statements and have students write a response to each one:
  1. Many families have boundaries set for dating: age, time of day, weekend only.
  2. Teens will notice that their hormonal changes heighten many of their emotions.
  3. Make a list of things that can turn a social situation into a risky situation. (Explore: alcohol or drug consumption, going to places where there are no parents or trusted adults present, going somewhere with people that you don’t really know, hanging out with people who are much older)

• Activity: Working in groups of 2-5 students, select an item from #4. Develop a dialog showing how refusal skills can help avoid risky situations. Have a couple of groups demonstrate their examples.
• Show video: YouTube: What is Sexual Harassment? (1:56) AMAZEOrg
• Class Discussion: Imagine yourself in the role of the victim of Sexual Harassment. How would you feel when the harasser is confronting you? (angry, afraid, embarrassed, degraded, intimidated)

• Being sexually harassed could cause the victim to
  - Become physically ill
  - Withdraw from social or public situations
  - Turn to drugs and risky behaviors
  - Feel unable to have comfortable relationships with others

Independent Practice:
• Pick one of the examples of sexual harassment from the list displayed or from the video. Produce a series of cartoon cells that shows the occurrence with the victimized character using refusal skills or sharing with a trusted adult.

**Closure:**

• Think of an example where you or a friend witnessed bullying, hazing or harassment. How did you feel while you observed the action and words? Did you do anything to stop the bullying, hazing or harassment? If not, how would you like to handle the situation if you witnessed it again?

• Record how you would “re-write the script” of the incident.
Lesson Title/Focus: Puberty

Materials:
- Pencil, paper
- Materials for student brochures

Lesson Objectives:
Students will be able to:
- describe the physical changes during puberty
- identify similarities and differences in male and female growth patterns
- discuss the mental, emotional and social changes experienced during puberty

Health Standards:
S1C2PO1 Describe the interrelationships of emotional, intellectual, physical, and social health in adolescence
S1C3PO1 Analyze how the environment affects personal health
S2C2PO3 Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors

Academic Vocabulary:
1. puberty
2. hormones

Teacher Background:
- The changes that occur during puberty will happen over a period of years.
  a. Each person’s growth is different and individualized and can vary from average experiences.
  b. Sometimes, puberty can occur outside of the expected range. For example:
    - Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy.
    - During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process.

Anticipatory Set:
- Ask students to define “puberty.”
- What is it?
- What are some of the physical changes happening to our bodies during puberty?
- (Realize that students may mention hormonal and internal changes too.)
- How can we tell when it’s happening?

Direct Instruction:
- Hormones that affect your reproductive system are called sex hormones.
- Testosterone: made in the testes, controls growth and function of men’s bodies, causes the male body to produce sperm.
• Estrogen: made in the ovaries, controls much of the growth and function of women’s bodies, causing the female to release eggs.

• Human Growth Hormone: made in the pituitary gland, causes our body to grow, both in height and weight.

• Stress that puberty will begin at different ages and continue over a period of years. Females typically experience changes between the ages: 8-13. Males will experience changes between 9 and 14 years old. (See information in concepts above.)

• Explain: While your body is changing physically, expect that you will also grow mentally and emotionally.
  1. You will be able to understand and analyze more complex ideas and situations.
  2. You may begin to feel attracted to other people and become interested in romantic relations.
  3. You may experience mood swings.
  4. You may feel tempted to take risks, making unhealthy or unsafe decisions.

Guided Practice:
• Understanding mental and emotional changes.
  Students will need paper and pencil, or teacher may provide a chart template.
  1. Students will make a chart recording the changes that happen for Females Only and Males Only. Also, keep a category of changes that occur with Both.
  2. Have students cite changes that occur during puberty. They will include:
     Height growth, broadening shoulders, developing breasts, menstruation, hair growth underarms and in genital area, increased body odor, acne, facial hair, voice changes
  3. Next to each change, jot down which hormone might contribute to that change.

Activity:
Role play: Have students work in groups of 2 or 3.
  1. Pick a mental or emotional change from the list.
  2. Develop a scenario that illustrates the concept.
  3. Include both a negative and positive version of the scenario.
  4. Write a script that includes each group member.
  5. This is going to be acted out in front of the class, so be sensitive and appropriate!
  6. Limit each skit to 2-3 minutes.
  7. Students will give a brief background of the situation before they do their skit.

Independent Practice:
• Begin this activity during this lesson.
• It will be completed after Lesson 8: Reproductive Systems.
• Assignment:
Pretend that you have a younger family member who is about to enter puberty and is nervous about the changes that they are about to experience.
  o You will produce a brochure or hand out for your family member that explains what is happening.
  o Include the physical, mental and emotional changes that they can expect.

**Closure:**
- Explain that the emotional and mental changes will cause people to feel out of control and awkward. This is the time for friends and family to be supportive.
<table>
<thead>
<tr>
<th>Grade: 6</th>
<th>Lesson Title/Focus: Reproductive System</th>
<th>Materials:</th>
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</table>
| Lesson: 8 taught separately |  | • Male reproductive system diagram  
| |  | • Female reproductive system diagram |

**Lesson Objectives:**  
Students will:  
- identify the structure and function of the male and female reproductive systems.  
- understand the importance of confiding in a trusted adult or doctor.

**Health Standards:**  
S3C2PO3 Describe situations that may require professional health services

**Academic Vocabulary:**  
Reference reproductive systems vocabulary

**Teacher Background:**  
- It is important to understand both the male and female reproductive systems.  
- Using correct terminology reduces confusion.  
- Be prepared to speak to a trusted adult when faced with concerns about the reproductive system.

**Anticipatory Set:**  
- Display these questions:  
  a) What is the purpose of the reproductive system?  
  b) Why does the reproductive system need to change during puberty?  
- Students should record a couple of answers. Be ready to share.

**Direct Instruction:**  
- Label the parts of the male and female reproductive systems.  
- Discussion: Why is it important to know the location of the organs? Why is it important to know the proper names for the organs, both male and female?

**Guided Practice:**  
Reproductive System physiology:  
**Students may read Holt, Decisions for Health, Level Green, p. 192-195**  
Add the terms sperm and egg and menstruation to vocabulary.  
- Beginning with production in the testes, follow the sperm through the Male Reproductive System.  
- Examine the two functions of the Female Reproductive System: producing the egg and carrying out pregnancy. Also, review the menstruation cycle.

**Independent Practice:**  
- Complete the assignment started after Lesson 7.  
- **Assignment:**  
  Pretend that you have a younger family member who is about to enter puberty and is nervous about the changes that they are about to experience.
- You will produce a brochure or hand out for your family member that explains what is happening.
- Include the physical, mental and emotional changes that they can expect.

**Closure:**
- Have students complete an exit ticket listing 2 things they feel are most important from today’s lesson.

**Additional Resources:** Reference: Holt, Decisions for Health, Level Green, p. 192-195

- **Male Reproductive System:** The main function of the system is to make and store sperm, the male sex cells. The reproductive system also make the hormone testosterone, which controls much of the growth and function of the male body. Sperm are produced in the testes. A healthy adult male makes several million sperm each day. Then, they are carried into the vas deferens, the long tubes leading to the urethra. The urethra is the tube running through the penis.

- **Female Reproductive System:** The two main functions are to make the female sex cell, the egg, and to carry out pregnancy. The ovaries are the organs that make the eggs and the hormones estrogen and progesterone. These hormones control much of the growth and function of the female body. The uterus is the organ that holds a fetus during pregnancy.

- **Menstruation:** Beginning at puberty, the lining of the uterus thickens every month in preparation for pregnancy. The monthly breakdown and shedding of the lining is called menstruation. During the menstrual cycle, blood and tissue leave the woman’s body through the vagina. The bleeding generally last about 28 days. Many young women have cycles that vary in length from month to month or are irregular.
<table>
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<tr>
<th>Grade Level: 6</th>
<th>Lesson Title/Focus: Staying Safe</th>
<th>Materials: Access to YouTube Video: Deschutes County: High School Lunch with refusal skills</th>
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</table>

**Health Standards:**
S4C1PO2 Demonstrate refusal and negotiation skills that avoid or reduce health risks  
S7C2PO2 Demonstrate behaviors that avoid or reduce health risks to self and others  
S4C2PO1 Identify effective conflict management or resolution strategies

**Lesson Objectives:**
Students will be able to:
- identify situations that may carry personal risk.  
- understand consent and empowerment.  
- apply refusal skills when appropriate.

**Academic Vocabulary:**
1. consent  
2. empowerment  
3. refusal skills

**Teacher Background:**
- Consent and refusal are integral components of empowerment. Students need practice in representing their wishes with friends and adults.

**Anticipatory Set:**
- Student reflection (written or verbal response):
  - What are some activities that you do without your parents being present?  
  - As you get older, are there more and more things that you’re allowed to do without your parents?

**Direct Instruction:**
- Let’s talk about factors or actions that can make some of those situations more risky or “dangerous.”
  - Consider your Warm Up list.  
  - What are some things that could happen in each of your examples that could change or complicate the situation? (being with lots of adults that you don’t know, alcohol or drug consumption, unsecured guns, going someplace unfamiliar, not telling where you’re going)
- Notice how it’s possible for you to agree to do something with your friends, and then want to change your mind when circumstances change?  
- How do you feel about following your “gut” or instincts, and dealing with the situation?

**Guided Practice:**
• This is a high school situation where friends decide to go out to lunch. Pay attention to the consent given by the passengers. Notice what happens to cause one passenger to change her mind and withdraw her consent.
• Show YouTube Video.

CLASS DISCUSSION:
• What was the plan at the beginning of the video? What changed?
• What are some reasons for the female passenger to change her mind? Did it seem reasonable for her to change her mind?
• What type of things could happen if she didn’t get out of the car and went along with her friends, smoking weed?

Activity Summary:
• There were three points in the video where Jenna made a decision: when she decided to go to lunch with her friends, when she spoke up about not wanting to smoke weed, when she left her friends.
• Even though she consented to go with her friends, she changed her mind when they changed the plan.

Independent Practice:
• Review the Refusal Skills process.

Refusal Skills:
Be sure to include:
A. Getting away from the person
B. Go to public place
C. Make noise
D. Tell someone who is trusted.
• Have students work in groups of 2-4, selecting one of the options from the Practice Scenarios. After they have developed the appropriate dialogs, have one example of each choice present to the class.
• Have students break down each demo, looking for the points where consent was given or refusal skills were used.
• Follow-up: In each instance, notice that there weren’t parents present. What risks could accompany “going along with the crowd”?

  Example responses:
  1. Being taken advantage of by older teens or adults
  2. Consuming alcohol and being taken advantage of by others (unwanted sexual activity often accompanies alcohol and drug use)
  3. Witnessing illegal activity

Emphasize: It is not a victim’s fault when something negative happens to them. This is simply an opportunity to feel empowered in using refusal skills. This is also a good place to remind them that feeling pressured by the group may cause you to be uncomfortable. That’s why it’s important to practice refusal skills.

Closure:
● Have students turn back to their list from the Warm-up. Using the Follow-up List from the Guided Practice, have them determine where some of those risk factors could impact the course of their personal activities. It’s critical for them to understand that being in the presence of adults who are encouraging them to participate in illegal activities lessens their control of a situation. Practicing interventions is helpful to lessen the risk.
Lesson References

Reproductive System physiology: Holt, Decisions for Health, Level Green, p. 192-195

Self Esteem Deschutes County: Middle School Weekend with Refusal Skills
https://www.youtube.com/watch?v=IuQhJAPPfhU

Self Esteem Deschutes County: Middle School Lunch With Refusal Skills
https://www.youtube.com/watch?v=NwdXFPsl500

Sexual Harassment AMAZE Org
https://www.youtube.com/watch?v=HKk-pbeW3ic

Staying Safe Deschutes County: High School Lunch with Refusal Skills
https://www.youtube.com/watch?v=nMked5EqeXc
Glossary of Terms

Important Note: This glossary of terms is a comprehensive list of the academic vocabulary for the entire 4th through 12th grade Family Life Curriculum. For specific vocabulary introduced by grade level, please see each lesson.

Abstinence- Refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex.

Acne- An inflammatory disease resulting from excess sebum production, follicle plugging, and increased bacterial production.

Active Listening- A way of listening and responding to another person that improves mutual understanding.

Adjustment- The process of adapting or becoming used to a new situation.

Adolescence- The stage of life when humans grow from childhood to adulthood.

Adoption- The act of voluntarily taking a child, of other parents, as one’s own child.

Adverse Situation- Decisions, conditions or effects that are unfavorable to a person.

Affection- A feeling of liking, attraction or fondness.

AIDS: (taught separately in health education curriculum under communicable diseases): Usually abbreviated as AIDS. This is the most advanced stage of infection with the human immunodeficiency virus (HIV), which can severely weaken the immune system. People with AIDS get many infections, often from diseases that don't affect people with healthy immune systems.

Ally- A person who is not a member of a marginalized or mistreated group but who expresses or gives support to that group.

Alternatives- The different choices or actions possible.

Amygdala- Is one of two almond-shaped clusters of nuclei located deep and medially within the temporal lobes of the brain.

Aromantic- Having little or no romantic feeling toward others.

Asexual- Not having sexual feelings towards others- not experiencing sexual desire or attraction.
**Assertiveness**- The quality of being self-assured and confident without being aggressive. A method of critical thinking where an individual speaks up in defense of their views or in light of erroneous information.

**Bacterial Vaginosis**- A type of vaginal inflammation caused by the overgrowth of bacteria naturally found in the vagina. Bacterial vaginosis is the most common cause of abnormal vaginal odor and discharge.

**Basic Needs**- Essential items necessary to sustain life, like food, shelter, and clothing.

**Bisexual**- A person who experiences emotional, romantic and/or sexual attractions to, or engages in romantic or sexual relationships with, more than one sex or gender.

**Body Autonomy**- A person has the right to accept or reject physical touch (this concept is often tested when two people greet each other).

**Body Language**- The nonverbal messaging of gestures and movement.

**Bullying/Hazing**- Repeated threats meant to create fear or harm to a person by someone who has more power or status. Hazing is harassment or ridicule directed at members of a group or team.

**Chancre**- A painless, small sore that appears at the spot where bacteria entered the body. Often known as the first of Syphilis.

**Change**- To make different in some way.

**Chlamydia**- A common sexually transmitted infection (STI) caused by bacteria. Can cause serious, permanent damage to a women’s reproductive system.

**Cisgender**- Someone whose gender identity corresponds with expectations based on the sex they were assigned at birth. For example, a person who was assigned female at birth and identifies as a woman is regarded as cisgender or as a cisgender woman.

**Coercion**- The use of force to persuade someone to do something that they are unwilling to do.

**Communication**- Sending and receiving messages. Good communication helps people in relationships know and understand each other.

**Conception**- The process of becoming pregnant involving fertilization and implantation.

**Consent**- Permission, agreement or willingness to do something with another person (v) give permission for something to happen.
Consequences- The final result of a decision (short-term and long-term).

Contraceptives- A device or drug used to prevent pregnancy.

Core Values- The fundamental beliefs of a person.

Custodial Arrangements- The care, control and maintenance of a child awarded by a court.

Customs- A practice common to many, or to a particular place, class or individual.

Cyber Bullying- Mistreating a person through technology especially via social media.

Cyber Sexual Harassment- Uninvited or unwelcome verbal or physical behavior of a sexual nature via the web.

Dating- To regularly spend time with someone with whom you are romantically involved.

Decision- The act or process of making a final choice or judgement or selecting a course of action.

Decontextualization- The process of isolating a component from it’s normal or expected context.

Depersonalization- The process of taking away personal identity.

Dignity- The quality or state of being worthy, honored or esteemed.

Dynamic- A system of continuous change.

Effective Communication- Communication between two or more persons with the purpose of delivering, receiving and understanding the message successfully.

Empathy- The ability to understand and share the feelings of another person.

Empowerment- Becoming stronger and more confident of one’s ability to control one’s Life

Esteem- Respect and admiration.

Evaluate- To determine the value of something by careful appraisal and study.

Explicit- Fully revealed or expressed without vagueness.

Family- A group of parents and children living together in a household.

Fertilization- When a sperm and egg combine to form a zygote.
Gay- Sexual attraction to people of one’s own gender, especially men.

Gender- The behavioral, cultural or psychological traits typically associated with one’s sex.

Gender Dysphoria- One’s dissatisfaction with one’s gender.

Gender Expression- The ways in which a person outwardly expresses their gender, often through hair, makeup, clothing, and other aspects of appearance. Gender expression does not always correspond to gender identity.

Gender Identity- The inherent feeling within an individual of what gender they are; a person may identify as a man, woman, neither, in-between, both, or fluidly moving between these two binary categories.

Gender Preference- The attempt to control the sex of offspring.

Gonorrhea- A sexually transmitted bacterial infection of the urethra, rectum, throat or cervix in females.

Good Decisions- Those that are made after you carefully examine the alternatives and act on the best one.

Group Dates- A group of single men and women hang out in hopes of finding a romantic relationship.

Growth Spurts- A time in which a child has more intense periods of growth.

Harassment- Aggressive pressure or intimidation.

Hazing- embarrassing or harassing a member by a team.

Hepatitis- Inflammation or infection of the liver.

Herpes- A common sexually transmitted infection characterized by painful, itchy sores in the genital area.

Heteronormative- An attitude that heterosexuality is the only normal and natural expression of sexuality.

Hormonal Birth Control- A form of contraception used to influence a women’s hormone levels and prevent ovulation.

Hormone- A chemical that is made in one part of the body that causes a change in another part of the body- estrogen, testosterone.
**Human Papillomavirus (HPV)**- A viral infection that causes skin or mucus membrane growths (Warts).

**Hygiene**- Conditions or practices used to maintain health and prevent disease especially through cleanliness.

**I-Message**- An instant messaging service developed by Apple for texting.

**Immunizations**- Vaccines used to protect against viruses.

**Impaired/Impairment**- Having a disability of a specified kind, for example hearing loss.

**Implicit**- Implied, not plainly expressed.

**Individuality**- Characteristics that distinguishes people.

**Infant Mortality**- The death of young children under the age of one.

**Influence**- The capacity to have an effect on the character development of someone or something.

**Intersex**- A general term used for the variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definition of male or female.

**Lesbian**- Sexual attraction to people of one’s own gender, especially women.

**LGBTQ**- An abbreviation that stands for Lesbian, Gay, Bisexual, Transgender and Queer or (questioning).

**Liking Yourself**- Accepting yourself and coming to terms with those aspects of yourself that you cannot change.

**Maslow’s Hierarchy**- A five tier model of human needs – consisting of Psychological needs, Safety needs, Belonginess and Love needs, Esteem needs, and Self-Actualization.

**Media**- Means of communication that influence people widely such as, radio, televisions, newspaper, magazine, and internet.

**Menstrual Cycle**- The monthly hormonal cycle a female’s body goes through to prepare for pregnancy.

**Menstruation**- The process of a woman discharging blood and other material from the lining of the uterus.
Mutual Support- The act of respecting and assisting one another.

Nocturnal Emission- An involuntary ejaculation of semen during sleep.

Nonbinary- A gender or sexual identity that is not defined in terms of traditional binary oppositions such as male and female or homosexual and heterosexual.

Ovulation- The process in which a mature egg is released from the ovary.

Pansexual- A term that emerged in recent years as a descriptor of sexual orientation. The word pansexual is derived from the Greek prefix “pan”, meaning “all”, and encompasses all who feel that they are sexually, emotionally, or spiritually capable of having relations with all genders and sexual identities.

Paternity- The state of being someone’s father especially in legal context.

Pediculosis (Pubic Lice)- Tiny insects, that look like crabs, that live on the skin and course hairs around the genitals and feed on blood.

Peer Pressure- The feeling that you should act a certain way because your friends want you to.

Pelvic Inflammatory Disease (PID)- An infection of the female reproductive organs most often occurs when sexually transmitted bacteria spreads to the uterus, fallopian tubes, or ovaries.

Perpetuate- To make something continue indefinitely.

Personal Boundaries- Setting standards for how people can treat you.

Perspiration- The process of sweating; sweat.

Physiological- A branch of biology that deals with living organisms and their parts.

Power Differential- Situations in which one person is perceived or actually has more authority, agency or knowledge than another person.

Prefrontal Cortex- Is the front part of the frontal lobes of the brain. It lies in front of the motor and premotor areas.

Pregnancy- A term used to describe the period in which a fetus develops inside a woman’s womb.

Pre-Natal Care- Checkups women receive from a doctor, nurse, or midwife throughout pregnancy.
**Prescription Barrier Methods**- Devices used to block sperm from entering the uterus.

**Puberty**- The transition into adulthood. The body’s hormonal activity increases and begins the series of physical, mental and emotional changes.

**Queer**- Used to describe non-normative identities (both sexual identities and gender identities) that might not easily be classified under other terminology (gay, lesbian, etc.). Queer can also be used as an umbrella term to describe LGBTQIA identities as a whole.

**Refusal Skills**- A process where someone lets another person know that they aren’t giving permission to the action.

**Refusal Strategies**- Ways of saying “No”.

**Relationships**- Connections between two or more people.

**Reproductive System**- The system of organs involved in producing offspring.

**Resiliency**- The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies. Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practiced.

**Respect**- A feeling of deep admiration for someone or something.

**Responsibilities**- The state or fact of having duty or control over something.

**Selective Abstinence**- Choosing to have certain kinds of sex and not others.

**Self-Actualization**- The psychological process aimed at maximizing the use of a person’s abilities and resources. This process may vary from one person to another.

**Self-Awareness**- Conscious knowledge of one's own character, feelings, motives, and desires.

**Self-Concept**- The way a person sees themselves in comparison to others.

**Self-Confidence**- Self-assurance- trust in one’s abilities, capacities, and judgment. Because it is typically viewed as a positive attitude, the bolstering of self-confidence is often a mediate or end goal in psychotherapy.

**Self-Empowered**- Taking care of your own life through the decisions you make every day.
Self-Esteem- A measure of how much you value, respect and feel confident about yourself. “liking yourself”.

Self-Perception- A person’s view of his or herself or of any of the mental or physical attributes that constitute the self. Such a view may involve genuine self-knowledge or varying degrees of distortion. Also called self-percept. See also perceived self; self-concept.

Self-Talk- The messages a person gives themselves.

Self-Worth- An individual’s evaluation of himself or herself as a valuable, capable human being deserving of respect and consideration. Positive feelings of self-worth tend to be associated with a high degree of self-acceptance and self-esteem.

Sexual Abuse- When one is forced, tricked, or confused into touching or looking at parts of the body that would be covered by a swimsuit. It could be sexual mistreatment of another person.

Sexual Assault- Violent sexual penetration of an individual. It includes forced vaginal, oral, and anal penetration. See also rape.

Sexual Harassment- Making unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, written, or physical conduct of a sexual nature where such conduct has the purpose or effect of creating an intimidating, hostile, or offensive educational environment. Sexual harassment can include nonverbal forms (e.g., “sexting,” tweeting, or otherwise sending messages through networking sites and/or telecommunication devices).

Sexual Violence- Forcing or manipulating someone into unwanted sexual activity.

Sexuality- All aspects of sexual behavior, including gender identity, orientation, attitudes, and activity.

Sexually Transmitted Infections (STIs)- An infection transmitted by sexual activity. More than 20 STDs have been identified, including those caused by viruses (e.g., hepatitis B, herpes, HIV) and those caused by bacteria (e.g., chlamydia, gonorrhea, syphilis). STDs are also known as venereal diseases, the term used traditionally for syphilis and gonorrhea.

Spermicide- A kind of birth control that has chemicals that stop sperm from reaching an egg.

Stereotype- A preconceived idea or image of people who belong to a certain group.

Syphilis- Bacterial infection spread by sexual contact that starts with painless sores. The infection can remain inactive in the body for years.

Tact- A keen sense of what to do or say in order to maintain good relations with others.
**Tolerance**- The ability to overlook differences and accept people for who they are.

**Tone**- The general character or attitude of a place or a piece of writing or situation.

**Toxic Masculinity**- A set of attitudes and ways of behaving associated with or expected of men regarded as having a negative impact on men and society as a whole.

**Transgender**- People whose gender identity defers from the gender they were assigned at birth.

**Trichomoniasis**- A common STI caused by a parasite. Symptoms may include; foul smelling discharge, or genital itching or painful urination in women but usually no symptoms in men.

**Two-Spirit**- A third gender found in some Native American cultures that involves birth assigned men or women taking on the identities and roles of the opposite sex.

**Vaginitis**- Inflammation of the vagina that can result in discharge, itching and pain.

**Validation**- Demonstrate or support the truth or value of something.

**Values**- A person’s principals or standards of behaviors; one’s judgement of what is important in life.

**Without Consent** -Arizona Revised Statute § 13-1401(A)(7) defines **Without Consent** as any of the following:

(a) The victim is coerced by the immediate use or threatened use of force against a person or property.

(b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant. For the purposes of this subdivision, "mental defect" means the victim is unable to comprehend the distinctively sexual nature of the conduct or is incapable of understanding or exercising the right to refuse to engage in the conduct with another.

(c) The victim is intentionally deceived as to the nature of the act.

(d) The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.
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Dominique Calza
Elissa Erly
Maria Federico-Brummer
Leslie Franzblau
Tammy Hille
Flori Huitt

Brenda Kazen
Michelle Merrick
Logan Mutz
Dynah Oviedo
Kim Luire
Kathryn Stinely
Sara Sultan
Noel Valle

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Cindy Coleman
Cheryl Gerken
Dr. Ravi Grivois-Shah

Bernadette Gruber
Stephanie Hamilton
Adam Ragan

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Andres Cano
Cindy Coleman
Deja Foxx
Bernadette Gruber
Stephanie Hamilton
Grace Liatti
Elisa Medina
Matt Merrill

Adrianna Moerkerken
Annabelle Nunez
Timoteio Padilla
Shaun Pfund
Kate Remlow Meyer
Kathy Shuppert
Magadeleno Verdugo
Previous Revisions and Updates
Joe Abney
Lorraine Aguilar
Dr. Mary Alexander
Laura Almquist
Walter Altman
Linda Arzoumanian
Toni Ashenbrener
Dr. Linda Augenstein
Barbara Benton
Doug Bowman
Patti Caldwell
Kathy Carroll
Sharon Cherry
James Crawford
Dr. Chris Crowder
Linda Cunningham
Lou Ann Daldrup
Holly Davies
Virginia Dominguez
Valerie Domino
Ann Fallon
Tina Feltman-Lena
Becky Gaspar
Eileen Geraghty
Joe Giedritus
Tommy Harper
Dr. Marilyn Heins
Kristin Homan
Dr. Pi Irwin
Bill Ismay
Tamara Jackson
Marcella Kitt
Nancy Lebofsky
Marilyn Ludwig
Jan Mapother
Ann Martinez
Kathi Orr
Miguel Ortega
Amanda Phillips
Dr. Herb Pollack
Lois Prosser
Dr. Ralph Rohr
Liticia Romo
Rev. Larry Rosette
Caren Sax
Paulette Scalese-Hirschman
Dr. Howard Shore
Cecilia Valencia
Gene Weber
Judy Wingert
Eric Wood
End of Document