TUCSON UNIFIED
SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

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Roger F. Pfeuffer
SUPERINTENDENT

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TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM

PHILOSOPHY

Education is a life long 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 the family unit.
- Show respect for all people’s property.
- Accept responsibility for one’s own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

GOAL

Students will acquire accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. The primary goal is to provide opportunities for students to develop positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.
The purpose of the curriculum is to provide students with information to:

- Discuss the significance of parents’ roles and family life.

- Demonstrate an awareness of strategies for personal safety.

- Demonstrate self-worth, ownership of body and rights of privacy.

- Explain the importance of human interdependence for mental, emotional, social, and physical health.

- Explain the different stages of human growth and development.

- Explain human reproduction.

- Describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality.

- Identify abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections.
Growth is a life long process. People grow in many different ways. Growth means change, and change brings challenge, excitement, apprehensions, and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions, and facilitates adjustment to the changes that occur. This curriculum was developed to address these needs.

Sexuality is an inherent part of each individual’s personality. The Tucson School District’s FAMILY LIFE CURRICULUM was developed to help students learn more about themselves, refine communication skills, and develop respect for themselves and others. Successful family life curricula are those that are a cooperative effort between parents (home) and the school.

The 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 recommendations of the Tucson Unified School District Sex Education Advisory Committees, the results of T.U.S.D.’s parent survey collected in May 1989 and the Arizona State Board of Education Policy R7-2-303 on Sex Education. Additionally, American Government Students from University High School made recommendations for the revision of the curriculum that were considered during the update process.

For those students who enjoy open discussions 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 process, personal safety strategies and serves to foster respect for all people and their beliefs.

The FAMILY LIFE CURRICULUM currently is implemented in grades K-12. The current K-3 Health Education Curriculum was determined to adequately incorporate the sex education objectives developed by the committee. These lessons are instruction for Elementary School grades 4 and 5, Middle School grades 6 and 7/8, and High School Health Class. The included Growth and Development lessons are about family relations, communication, decision-making, and assertiveness strategies. The human sexuality portion of this curriculum addresses emotional, physical and social changes that occur during puberty and adolescence, prevention of pregnancy and Sexually Transmitted Infections through abstinence, and facts concerning human reproduction.
CLASSROOM CLIMATE

Research has shown the teacher to be the single most important resource in the classroom. The sensitive nature of sex education demands knowledgeable, well-trained and caring teachers who are cognizant of the needs of students. Teachers must be comfortable with the content of the material to be presented. Teacher selections and in-service training provided by T.U.S.D. are critical determinants to the effectiveness of the program.

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. 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 and family. Students’ questions or vocabulary that are not included in the grade level lessons will be identified and the student will then be referred to his/her family, if the questions can not be answered using age-appropriate information provided. Teachers will emphasize that students’ peers do not always have correct information about human growth and development. In addition, the “Question Box” will be available in class for students to ask questions anonymously.

PARENT PARTICIPATION

Parent participation is highly valued by T.U.S.D. A parent informational meeting will be held prior to classroom presentations to allow for a review of curriculum content 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).
ARIZONA STATE STANDARDS
ESSENTIALS LEVEL
(Grades 6-8)

Health Promotion
Students comprehend concepts related to health promotion and disease prevention. *Students demonstrate the previous and following skills/knowledge:*
- describe the interrelationship of mental, emotional, social, and physical health during adolescence. (CH1-E2)
- describe how family and peers influence the health of adolescents. (CH1-E4)
- describe ways to reduce risks related to adolescent health problems. (CH1-E6)

Health Information Access
Students demonstrate the ability to access accurate health information. *Students demonstrate the previous and following skills/knowledge:*
- describe how media influences the selection of health information and products (CH2-E2)

Health-Enhancing Behaviors
Students demonstrate the ability to practice health-enhancing behaviors and reduce health risks. *Students demonstrate the previous and following skills/knowledge:*
- explain the importance of assuming responsibility for personal health behaviors. (CH3-E1)
- distinguish between responsible and risky/harmful behaviors (e.g., responsible: exercise, sleep, safety equipment, and nutrition; risky: alcohol, tobacco, drugs). (CH3-E3)
- develop injury prevention and management strategies for personal and family health including ways to avoid and reduce threatening situations. (CH3-E4)

Health Influencing Factors
Students analyze the influence of culture, media, technology, and other factors on health. *Students demonstrate the previous and following skills/knowledge:*
- describe health behaviors and the use of health services in different cultures and explaining the factors which are responsible for the differences. (CH4-E1)
- analyze how messages from media and other sources influence health behaviors. (CH4-E2)
- analyze how information from peers influences health. (CH4-E4)
**Interpersonal Skills**
Students demonstrate the ability to use interpersonal communication skills to enhance health.
*Students demonstrate the previous and following skills/knowledge:*
- demonstrate ways to communicate care, consideration, and respect of self and others. (CH5-E1)
- analyze the causes of conflict among youth in schools and communities and demonstrate refusal and negotiation skills to enhance health. (CH5-E2)

**Goal Setting and Decision Making**
Students demonstrate the ability to use goal settings and decision-making skills to enhance health.
*Students demonstrate the previous and following skills/knowledge:*
- apply a sound decision-making process to resolve health issues and problems individually or collaboratively, that includes an examination of alternatives and consequences and determines a course of action. (CH6-E1)
- predict how decisions regarding health behaviors have consequences for self and others. (CH6-E2)

**Health Advocate**
Students demonstrate the ability to advocate for personal, family and community health.
*Students demonstrate the previous and following skills/knowledge:*
- analyze various media for language, subject matter and visual techniques used to influence health-related information and decision making. (CH7-E1)
- demonstrate the ability to support others in making positive health choices. (CH7-E4)
GROWTH AND DEVELOPMENT
*Girls and Boys Taught Together*

I. Communication 15

II. Family Relationships 18
   A. Respect for Differences
   B. Customs
   C. Influences of Relationships
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HUMAN SEXUALITY
*Girls and Boys Taught Separately*

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VII. Conception 34

VIII. Risks of Sexual Activity 38

IX. Birth Process 40

*Exceptional Education Supplement
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 may want to use the glossary provided to help answer questions. Answer
   questions simply and in a scientific manner.

8. Exceptional Education Inclusion Strategies
   A. Provide a tape recorder for students to leave their questions orally.
   B. Allow students to write/type questions outside of class.
1. Parent permission is not necessary for lessons I-V.

2. Keep boys and girls together while teaching lessons I-V.

3. Teach all lessons consecutively.

4. Each lesson has several activity choices to engage a variety of learning styles.

5. Order videos well ahead of planned viewing date.

6. For maximum effectiveness of videos, please preview them before showing them to students.
SIXTH GRADE
OBJECTIVES

The Students will:

1. Explain the need for self-confidence and self-respect
2. Identify the role of feelings and attitudes in behavior
3. Demonstrate an understanding and respect for differences in family units and customs
4. Discuss the influence and relationships of parents and peers
5. Describe changes in all stages of life
6. Practice effective communication skills
7. Identify similarities and differences in male and female growth patterns
8. Describe physical changes of puberty
9. Cite secondary sex characteristics
10. Learn female and male reproductive systems
11. Explain the effects of heredity and environment
12. Identify the positive aspects of monogamous heterosexual marriage
13. Discuss the advantages of abstinence from sexual intercourse and the use of self-control
14. Describe the emotional, psychological, and physical risks involved in sexual intercourse
15. Describe fetal development
16. Discuss human conception and the birth process
17. Identify abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections
18. Discuss sexual molestation and abuse and identify sources of help
OBJECTIVES

Students will
- Practice listening skills for effective communication
- Explain the need of self-confidence and self-respect
- 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

MATERIALS

- Tape recorder, pencils, blank paper
- Blank paper, pencils, 2 different sets of various designs (star, hexagon, clover, etc.)
- Question box

ACTIVITIES

1. Listening to others is something done everyday but it is a very complicated skill. Demonstrate some results of poor listening with a form of “telephone”. Choose 5 or 6 students to participate. Have all but 1 of these students leave the room. Read the following story to this student. (You might want to tape record it as well.) Ask one of the students outside to return and have student #1 repeat the story to him. This process continues until all the students have returned to the room and received the message. The last student writes the message on the board. Now read the original story or play the recording.

2. Compare the two stories.

   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.

   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

4. Divide class into partners. Person #1 will speak first and person #2 will listen.

5. Choose one of the following topics
A. My best day ever
B. My favorite activity
C. My favorite family tradition
D. Student #1 will tell student #2 about the above topic while #2 practices the listening skills. Switch and have #2 talk and #1 listen. Discuss how the speaker felt about having an active listener.

6. Have students pair off and sit back to back
   A. One has paper and pencil
   B. The other student is given paper with a design on it
   C. Rules of activity: only the student with the design may speak and should describe the design as clearly as possible without identifying or labeling (do not say, “draw a star”). Other student must draw the same design but may not ask questions. Neither student may look at the other’s drawing. Allow about 10 minutes.

7. After allotted time, have students compare designs
   A. Why are drawings not exactly alike?
   B. List responses
   C. Identify and list principles of communication
      1. Verbal – nonverbal
      2. Expressive – responsive
      3. Need for questioning to clarify meaning
   D. Discuss how each student felt during the activity. Did the rules affect how they felt?
   E. Consider and discuss the following
      State feelings
      Understand how others may have felt
      Understand meaning behind words
      Being assertive
      Expressing needs and wants clearly to others
      Letting others know he/she was heard

8. Choose a different partner and different design. Repeat first activity. This time questions may be asked and answered (approximately 5 minutes)
   A. Share results and discuss. Is this reproduction closer to original? Why?
   B. Ask questions, get feedback
   C. Directions are clarified
   D. Express feelings (Was activity more or less frustrating than the first activity? Why?)
   E. Discuss how this lesson could help in communicating with parents and peers
   F. Practice identifying needs
   G. Practice expressing needs clearly
   H. Practice listening carefully

9. Exceptional Education Inclusion Activity
   A. Role-play situations where someone is breaking one of the principles of effective listening. Have the students tell what the listener is doing wrong
   B. Group student with non-disabled peer
   C. Watch a video with sound and see if the students can determine wants and feelings through body language
D. Provide a guided note-taking sheet to help students key in on the important topic in the class discussions
Objectives
Students will
• Demonstrate an understanding and respect for differences in family units and customs
• Discuss the influence and relationships of parents and peers
• Describe changes in stages of life

Materials
• Worksheet “Family Points of View”
• Question box

Activities
1. Brainstorm the various types of family units
   A. You and the people with whom you live
   B. Two-parent families
   C. Single parent families
   D. Step or blended families
   E. Adoptive families
   F. Foster families
   G. Extended families
2. Discuss how parents influence
   A. Choices
   B. Values
   C. Habits
   D. Preferences (food, activities)
   E. Others
3. Discuss the following questions:
   A. How do peers influence choices?
   B. How can the two influences be in conflict?
   C. Which influence is stronger?
   D. How can conflicts be resolved?
4. Discuss the various stages of a child’s life within the family and describe the ways family relationships change
   A. Baby – totally dependent
   B. Toddler – needs to explore in a safe environment
   C. Entering school – other influences beginning to influence
   D. Now – spending more and more time with friends outside the home environment
5. As students grow and change, relationships with parents change also. It helps to understand their point of view.
   A. Complete the “Family Points of View” and then discuss in class.
B. Seek a resolution to the differing points of view that may arise between parents and child. *Remind the students that they should try to see the issues from their parent's point of view.*

6. **Exceptional Education Inclusion Activity**
   A. Make a collage of pictures of families found in magazines. Discuss what they have in common and what is different
   B. Role-play how responsibilities change as a child gets older.
   C. Role-play using the situations on the child’s view, parent’s view on “Family Point of View” worksheet
   D. Role-play ways to grow mentally, emotionally, and socially
**FAMILY POINTS OF VIEW**
Directions: Read the situation listed in each box. Using your point of view and your parent’s point of view, fill in the second and third box for each situation.

<table>
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<th>SITUATION</th>
<th>CHILD’S VIEW VIEW</th>
<th>PARENT’S VIEW</th>
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<tr>
<td>Your parents will not let you go to a rock concert.</td>
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<tr>
<td>Your parents complain that you spend too much time on the phone.</td>
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<tr>
<td>Your parents always bug you to let them know where you are.</td>
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<td></td>
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<tr>
<td>Your parents want you to get your homework done before TV or play-time.</td>
<td></td>
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<tr>
<td>Your parents ask you many questions about where you go, your friends, and what you do.</td>
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SIXTH GRADE
LESSON III
MEDIA

Objectives
Students will
• Discuss how media influences the lives of young people

Materials
• Question box

Activities
1. Discuss how media influences the perception one has of his/her body, emotions and behaviors. Use the following questions for discussion with students.
   A. What television or movie stars your age do you like?
   B. What do you like about them?
   C. In what ways do you try to copy what you see on TV, in movies or in magazines?
   D. How much do TV commercials influence your spending habits?
   E. Do you think using products you see on TV can make you happier?
   F. From what you have seen on TV or in magazines, how would you describe the “perfect teenager?”
   G. How does the media’s (TV, radio, magazines) image of teenagers compare with how one sees him/herself?
2. Examine magazine ads for a variety of products and have students choose an ad to share with the class. Answer the question from the ad “If I had or did …….., I would be or be able to do………..!
3. Exceptional Education Inclusion Activity-Have students bring in pictures of magazine ads and work with a peer in class to interpret the marketing message.
OBJECTIVES
Students will
• Explain the need for self-confidence and self-respect
• Identify the role of feelings and attitudes in behavior
• Demonstrate skills for building relationships based on mutual respect, trust, and caring
• Discuss sexual harassment

CONCEPTS
1. Anyone, male or female, can sexually harass others or be the target of harassment. Sexual harassment can occur among peers or between faculty and students.
2. Harmful effects of sexual harassment could cause the victim to
   A. Become physically ill
   B. Withdraw from social or public situations
   C. Turn to drugs
   D. Feel unable to have comfortable relationships with others
   E. Be limited in their academic choices
   F. Feel angry, afraid, embarrassed, degraded, intimidated
3. T.U.S.D. has a policy that prohibits sexual harassment and stipulates consequences for such acts.

MATERIALS
• Paper, pencils
• “Dear Diary” worksheet
• Video Sexual Harassment: It’s Hurting People. (18 minutes)
• Question box

ACTIVITIES
1. Discuss uniqueness of each individual. (Although many share much in common, no two people are exactly alike.)
   A. All have characteristics that they like
   B. All have characteristics they do not like
   C. Think about personal physical, personality, and home life traits
2. Have students make a list of personal characteristics. (eye color, temper, height)
   A. Put a C for change or N for cannot change after each characteristic which can or cannot be changed
   B. Discuss characteristics which people must learn to live with (height, skin color, disability)
   C. Discuss why it is difficult to make changes in such areas as habits and values
D. Discuss how one can change habits and values
E. Identify people who could help make the change—parents, teachers, nurse
3. Discuss why it is important to seek self-improvement, emphasize that feeling good about oneself will allow one to
   A. Feel good about others
   B. Develop self-confidence
   C. Build assertiveness skills
   D. Develop a positive self-image.
4. Distribute and complete the “Dear Diary” worksheet
5. Voluntary sharing of “Dear Diary” worksheet
6. Ask students how feeling good about oneself helps build relationships with parents, peers, boy/girlfriends, love relationships
7. Show video Sexual Harassment: It’s Hurting People. In groups of 4, have students think of a sexual harassment situation that could occur in daily life. Have each group present their vignette. REMEMBER, some say that harassment is “just flirting” or “boys will be boys.” They may even blame the victim because of the way she dressed or say that she can’t take a joke. Male/female relations should be mutual. When one person is offended, it is harassment, not flirting.
8. Exceptional Education Inclusion Activity
   A. Role-play positive and negative self-talk. Have students identify the negative and change it to a positive one.
   B. Have the student complete the worksheet with the help of a peer assistant.
Dear Diary,
What would I like to change about myself?

Why would this change help me feel better?

What is difficult about making this change?

What must I do to make this change?

Who or what can help me with this change?

What could be the results of this change?
SIXTH GRADE
LESSON V
HEREDITY AND ENVIRONMENT

Objectives
Students will
- Explain the effects of heredity and environment
- Identify the role of feelings and attitudes on behavior

Materials
- Question box

Activities
1. Brainstorm with class and list all human characteristics they can think of - hair color, eyes, gender, language, height, facial characteristics, intelligence, attitudes, skin color, color blindness
2. Define and discuss the labels “inherited” and “acquired”
3. Have students make a chart by folding paper in half and labeling one side “inherited” and the other side “acquired”. Categorize the characteristics for the board list onto the chart.
4. Share and discuss student’s lists
5. Ask students to think about physical and emotional characteristics they inherited from their mother or their father
6. Discuss the concept that characteristics may skip a generation or two and then reappear. Ask students to think about characteristics they may share with a grandparent.
7. Discuss kinds of environmental influences that result in acquired characteristics
8. Exceptional Education Inclusion Activity- Have students bring in pictures of their parents and state the physical characteristics they have in common with each.
Reminders:

1. Hold a parent meeting for curriculum and video review.

2. Lessons VI-IX are to be taught to students in groups separated by gender.

3. Students must have a signed parent permission form on file.

4. Alternative programs need to be provided for students not attending this portion of the curriculum.

5. Teach all lessons consecutively.

6. Order videos well ahead of date planned for viewing.

7. Preview videos before classroom use to maximize video effectiveness.

8. Use only materials provided as they are School Board approved.
SIXTH GRADE
LESSON VI
PUBERTY

Objectives
Students will
• Discuss the mental, emotional and social changes
• Describe the physical changes during puberty
• Identify similarities and differences in male and female growth patterns
• Discuss the development of secondary sex characteristics
• Describe stresses related to puberty

Concepts
1. Females tend to start pubertal changes two to four years earlier than boys, which is why 5th and 6th grade girls may be larger than boys. These learners are beginning the transition into adolescence and adulthood. Essentially, what occurs is that the body’s hormone activity increases and begins the series of invisible physical changes. Hormones may be described as body chemicals which cause something specific to happen (such as growth of the uterine lining) to certain parts of the body.

2. Hormone activity begins (about 8-12 for females, 10-14 for males) to stimulate physical changes in the body. There may be wide variations in when these changes occur in specific individuals and these should be expected and discussed. Learners need to know it’s OK if they don’t get their period until 16 years of age, or they don’t seem to get their growth spurt until their senior year in high school.

Materials
• “Developmental Changes” information
• Handouts of male and female reproductive organs
• Video “Human Growth V” (21 minutes)
• Question box

Activities
1. Discuss mental, emotional, and social changes
   A. What does it mean to grow mentally?
      1. Understand more about oneself
      2. Understand more about the world
      3. Organize new knowledge and fit it in with what is already known
      4. Form values
   B. What does it mean to grow emotionally?
      1. Understand feelings
      2. Understand the feelings of others
      3. Learn constructive ways to express feelings
      4. Control behavior
   C. What does it mean to grow socially?
1. Develop a concern for the world and people
2. Learn to accept differences in others
3. Seek independence
4. Make own decisions

2. Show the video “Human Growth V”
3. Review physical and emotional changes which occur during puberty by using the “Developmental Changes” information
4. Elicit from students other changes that may occur
5. Stress that these changes occur according to each person’s individual body clock and that females usually begin to develop before males
6. Using handouts, review male and female reproductive organs
   - penis       - cervix
   - urethra     - vagina
   - scrotum     - uterus
   - testicles   - fallopian tubes
   - vas deferens - ovaries

7. Brainstorm emotional changes that take place during puberty
   A. Moods shift quickly and unpredictably
   B. Concern about body changes
   C. Increased feelings of independence
   D. Interest in opposite sex
   E. Interests are changing
   A. Behavior shifts from childish to mature and back again

7. Exceptional Education Inclusion Activities
   A. Have students bring in pictures of themselves at different stages of development
   B. Cut out pictures of people of all ages and discuss how their age is known
   C. Label the diagrams on the overhead and have students copy them

**Body Clock**

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Growth of bony pelvis</td>
<td>2. Straight public hair</td>
</tr>
<tr>
<td>3. Growth spurt</td>
<td>3. First ejaculation</td>
</tr>
<tr>
<td>4. Pubic hair</td>
<td>4. Growth spurt-arms, legs and penis</td>
</tr>
<tr>
<td>5. First menstruation</td>
<td>5. Voice changes (growth of larynx)</td>
</tr>
<tr>
<td>6. Underarm hair and coarser body hair</td>
<td>6. Underarm hair and coarser body hair</td>
</tr>
<tr>
<td>7. Oil and sweat glands activated</td>
<td>7. Oil and sweat glands activated</td>
</tr>
<tr>
<td>8. Growth of uterus and vagina</td>
<td>8. Facial hair (beard)</td>
</tr>
</tbody>
</table>
FEMALE REPRODUCTIVE ORGANS INSIDE THE BODY
FEMALE REPRODUCTIVE ORGANS INSIDE THE BODY

fallopian tubes

ovaries

uterus

cervix

vagina
Label the parts of the male anatomy.

urethra  urinary bladder  penis  scrotum  vas deferens
prostate gland  testes (testicle)
ANATOMY DRAWING (MALE)

1. vas deferens
2. urinary bladder
3. prostate gland
4. urethra
5. penis
6. testes (testicle)
7. scrotum

Label the parts of the male anatomy.

urethra  urinary bladder  penis  scrotum  vas deferens
prostate gland  testes (testicle)
DEVELOPMENTAL STAGES
OF THE SECONDARY SEX CHARACTERISTICS

1. Male Genital Development
   A. Pre-puberty - usually none
   B. Initial enlargement of the scrotum and testes; reddening and texture changes of the scrotum
   C. Initial enlargement of the penis; further growth of testes and scrotum
   D. Further enlargement of the penis, testes and scrotum; growth in breadth and development of the glans
   E. Adult in size and contour

2. Pubic Hair Development
   A. Pre-puberty; hair over the pubic area similar to that on the abdomen
   B. Sparse growth of long, straight, downy hair at the base of the penis or along the labia
   C. Hair becomes darker, more coarse and curly; spreads sparsely over the entire pubic area
   D. Further spread of hair distribution not extending to the thighs
   E. Adult in amount and type

3. Female Breast Development
   A. Pre-puberty; increased pigmentation of the papilla only
   B. Enlargement of areolar diameter; small area of elevation around the papillae
   C. Further elevation and enlargement of breasts and areolas, with no separation of the contours
   D. Areolas and papillae project from the breast to form a secondary mound
   E. Adult, with projection of the papillae only; recession of the areolas into the general breast contour

4. Other Changes
   A. Pre-puberty-usually none
   B. Usually time of peak height velocity for girls
   C. Usual point of onset of menstruation. Facial hair begins to grow and voice deepens for boys
   D. Usual time of peak height velocity for boys; axillary hair begins to grow

* The A’s are corresponding time periods, as well as the B’s, C’s, etc.
Objectives
Students will
• Discuss human conception
• Identify the positive aspects of monogamous heterosexual marriage
• Identify abstinence as the 100% effective method of preventing pregnancy and Sexually Transmitted Infections
• Describe the emotional, psychological, and physical risks involved in sexual intercourse
• Discuss the advantages of abstinence
• Discuss the positive advantages of abstinence from sexual intercourse
• Discuss peer pressure/media pressure

Concepts
1. Fertilization occurs when an ovum and a sperm combine to form a new cell. A man places the erect penis in the woman’s vagina. Semen, containing sperm cells, is ejaculated into the vagina. Millions of sperm cells are deposited at one time. If an ovum (egg) is in the woman’s fallopian tube, a sperm may combine with the ovum and fertilize it. A single cell is formed. The cell divides into two cells and continues to divide. The fertilized ovum travels down the fallopian tube to the uterus where it attaches itself to the lining of the uterus. The developing ball of cells is called an embryo. This attachment of the embryo is the beginning of pregnancy.

2. Male Reproduction-While the female has a cycle that only produces one (97% of the time) egg per month, the male can produce about 150 million sperm per day. There is no monthly cycle for sperm. They begin to develop in the testes when the hormones become active in the male body (10-16 years), usually closer to 12-14 years of age. The same hormones that cause female eggs to start developing are active in the male and cause sperm to be produced in the testes.

Sperm start out in the testes where it is cool (1-8 degrees) lower than body temperature. The scrotum keeps the testes outside the body so they are cool. It takes about six weeks for sperm to develop in the testes. From there, they move into a coiled tube called the epididymis where they get lots of nourishment and mature so they can fertilize; this takes 10-20 days. Now they are ready for a long journey to the outside of the body. Sperm move through the vas deferens by muscle contractions of the tube. They cannot swim until they get into liquid. They travel from the scrotum into the body and to a holding area at the end of the vas deferens. When the male is sexually aroused, some sperm, sugary liquid from the seminal vesicle, and a little milky fluid from the prostate gland mix in the area called the ejaculatory duct. When the sperm (only about 5% of the mixture) and the liquid mix together, the sperm are
able to swim. This mixture is called semen. Now the semen is ready to come out of the penis. By this time, the male has an erection (the penis is filled with blood and sticks out straight). Before the semen comes out, called ejaculation, little glands called Cowpers glands send out a few drops of liquid that clean out the pathway. Both urine and semen come out the same tube. When a male gets an erection, he cannot urinate at the same time. A muscle closes off the bladder. The Cowpers glands squirt out their cleaning fluid and the urethra is clean and ready for semen. When the male ejaculates, the semen (with sperm in it) shoots out the penis. This can happen during wet dreams, during masturbation or during sexual intercourse.

Voice changes in the male also take place in two stages. Some early voice changes take place prior to first ejaculation, but the deep tonal change tends to appear after the appearance of underarm hair and the period of maximum growth. Males may also be relieved to learn that the beard is the last thing to grow. Many men are unable to grow moustaches and beards throughout their twenties and sometimes never.

3. Female Reproduction-Many times when a female begins to menstruate, she is considered “a woman,” although she may not feel much different. Menstruation has a lot of names; the most common is “period.” It is the result of at least a month’s activity inside the female body.

Usually between the ages of 9 and 18 years, a female begins menstruating. Menstruation is made up of blood and tissue that come from the uterus and is no longer needed. It dribbles out of the female body through the vagina for two to eight days. Although the discharge is called “bleeding” and looks like blood, not much of it is blood (usually less than 1/4 cup). The female isn’t bleeding as if she had a cut. The lining of the uterus, which is naturally cleaning itself out, no longer has fresh new blood flowing through it because the blood supply has been shut off to that part of the lining. So a female isn’t bleeding to death. During this time, the female wears either a sanitary napkin or a tampon to catch the discharge so it won’t stain clothes. She should change this every four hours or less, even if she is not flowing heavily.

The first day of menses (men seez), a shorter word for menstruation, is called the first day of that menstrual cycle. A cycle usually lasts about a month. When a young female first starts her period, she probably will not have regular monthly cycles for a year or more. (Some are never regular).

The cycle ends the day before the next period starts. It is usually 20-40 days long. What is happening when the female is not flowing? Her body is very active. While the uterus is cleaning out (menses), an egg is actively developing in the ovary. This usually takes about two weeks-this is the time of the cycle which is highly variable in time and may be affected by stress, illness, and many other factors. It may be just a few days to a month in length. After ovulation, the cycle length is very consistent-12 to 16 days in length, and is controlled by hormones.

As the egg is maturing, a blister forms on the ovary. When the egg is mature, the blister pops the egg pops out of the ovary. This is called ovulation. The finger like
ends of the oviduct swim around the ovary, pick up the egg and move it into the oviduct. Inside the oviduct are tiny little hairs that move the egg into the uterus. This usually takes three to five days. If fertilization, sperm and egg combining, is to take place, it happens here in the widest part of the oviduct.

During the few weeks all this is going on, the uterus is building up its lining with fresh tissue and blood. By the time the egg arrives, the lining is rich and soft. It is ready if the egg is fertilized and can implant itself in the lining. That would start a pregnancy. If the egg is not fertilized, the lining breaks down in the uterus and dribbles out the vagina as the menses.

Materials
- Question box

Activities
1. Discuss the development of natural relationships between men and women-meeting, friendship, dating, growth of love based on mutual respect, trust, caring, and commitment to each other through marriage. Part of being in love is the desire to be physically close. The closest way a man and woman can be physically is during sexual intercourse. This is one way for a man and woman to express love.
2. Discuss how fertilization occurs. (Use overhead diagram to show the path of the sperm and ovum and “Teacher Resource Glossary” for definition of terms.)
3. Discuss heredity
   A. The sperm determines the baby’s gender
   B. Genes and chromosomes from mother and father join to form a unique individual at the moment of conception
   C. A single cell divides into 2 cells, then 4 cells, then 8 cells, and continues until the egg reaches the uterus
   D. Fraternal twins are formed if two ovum are released at the same time and both are fertilized by sperm
   E. Identical twins occur when one fertilized ovum divides into two completely separate cells that continue to develop into two babies
   F. Siamese twins are very rare. This occurs when the ovum of identical twins begins to separate but some part of the body remains joined. Surgeons may try to separate the infants after birth
4. Discuss emotions that might emerge in a loving relationship
5. Brainstorm advantages of abstinence for teens
6. Risk of Sexually Transmitted Infection, risk of pregnancy (abstinence is the only 100% effective method of avoiding pregnancy)
7. Emotional maturity, positive aspects of monogamous relationship/marriage
8. Define peer and media pressure. Have students list examples of peer and media pressure-the “Everybody’s doing it” thinking. Decide if these examples are true or false? Why?
9. Share discussion
10. Discuss risks of sexual activity-During this time of increased physical growth and desire for independence also comes an increase in personal responsibility. New
feelings and confusing emotions during puberty, together with influences of peers, the media and parental values, often make choices difficult.

11. To make mature, well-informed decisions, it helps to think about them ahead of time. Gather facts, examine values, religious training, friends, and the feelings and attitudes of parents. At this time it is important to remember the risks involved in sexual activity.

12. Exceptional Education Inclusion Activity
   A. Cut out the pictures of the fetus and have the students paste them in order of development onto another piece of paper.
   B. Invite a friend who is pregnant to visit the class and talk about the changes the baby is going through.
SIXTH GRADE
LESSON VIII
RISKS OF SEXUAL ACTIVITY

Objectives
• Discuss the risks and responsibilities of teen pregnancies
• Understand how Sexually Transmitted Infections are contracted, treated and prevented

Concepts
1. Sexually Transmitted Infections are also called communicable diseases that are passed on from one person to another by sexual contact with an infected person.
2. There are about 20 identified STIs. They are a serious and sometimes deadly group of infectious diseases. Many of these diseases can be cured by a medical doctor.
3. An individual can get an STI any number of times even though they have been treated and cured. There is no immunity.
4. The most certain way to avoid STIs is to avoid sexual intercourse-abstinence

Materials
• Question box
• Video Update: Sexually Transmitted Infections (28 minutes)

Activities
1. Show the video Update: Sexually Transmitted Infections
2. Discuss the risks of teen pregnancy
   A. If a boy and girl do have sexual intercourse before marriage and the girl becomes pregnant, they will create many problems not only for themselves but for the baby and for both sets of parents. Name some of the problems.
   B. A young woman’s body is still growing; 25% of the babies born to teens are born prematurely. Most babies born to teenagers have a low birth weight. Both occurrences can have serious consequences.
   C. A teenager may not be emotionally prepared to be a mother. Give some examples.
   D. Having a child involves financial and legal obligations. Try to figure the cost of being a parent of a newborn.
   E. The only way to be 100% sure of preventing pregnancy is abstinence.

Teen pregnancy issues
1. I’m grown up enough to have a baby
2. A baby will make my boyfriend love me (or marry me)
3. A baby will give life meaning
4. A baby takes 24 hour care
5. Teens have little money
6. Teen fathers can not provide much financial support
7. It is difficult for young parents to pursue their life goals
8. Teen parents feel trapped
9. Teen parents who marry experience a high rate of divorce

1. Discuss the following Sexually Transmitted Infections-contracted through sexual contact with an infected person.

<table>
<thead>
<tr>
<th>STI</th>
<th>Cause</th>
<th>Symptom</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>Bacteria</td>
<td>Yellowish discharge, burning during urination, sterility, blindness</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Bacteria</td>
<td>Open sore, body rash, attacks vital organs, brain damage, blindness, crippling, death</td>
<td>Antibiotics</td>
</tr>
<tr>
<td>Herpes Type II</td>
<td>Virus</td>
<td>Painful blisters on genital area - extremely dangerous to newborn.</td>
<td>No cure</td>
</tr>
<tr>
<td>AIDS-additional</td>
<td>HIV virus</td>
<td>Weakens immune system, flu-like symptoms, night sweats, death</td>
<td>No cure</td>
</tr>
</tbody>
</table>

information taught from State curriculum.

4. Discuss decisions regarding sex
   A. Identify abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections
   B. Consider the values of parents
   C. Consider religious training, if any
   D. Recognize messages and pressures from the media
   E. Recognize pressures from peers
   F. Remember, it can happen to you - pregnancy and STIs
   G. Think about the difference between infatuation and love. List them
   H. Set long term goals and decide how best to attain them
   I. Consider personal beliefs and values
   J. Consider personal beliefs and values of boy/girlfriend
OBJECTIVES

• Describe fetal development
• Discuss the birth process

CONCEPTS

1. During sexual intercourse, when a sperm unites with the ovum, fertilization takes place and an embryo begins to develop.
2. The nucleus of the sperm and the nucleus of the egg each have half of the heredity material which determines the characteristics of the new human being.
3. The embryo attaches to the lining of the uterus. The embryo is as small as a dot and will live and grow for nine months inside the mother. This is called the gestation period.
4. Most babies are born through the vagina-birth canal. Some deliveries require a cesarean operation to insure the health and safety of mother and child. Define cesarean delivery using the teacher glossary definition.

MATERIALS

• Handout—“A New Life Begins, Fertilization to Birth”
• Handout—“Stages of Labor”
• Question Box

ACTIVITIES

1. Read and discuss the handout “New Life Begins”
2. Read and discuss the handout “Stages of Labor”
   Stages of Labor
   A. The first stage is called labor. The uterus contracts and pushes the baby against the cervix that causes the cervix to stretch. This stage lasts about 6-12 hours.
   B. The second stage is the delivery of the baby. The baby passes through the birth canal into the hands of the doctor, midwife, father or other person who may be helping the mother. The baby is quickly examined and as soon as it breathes regularly, the umbilical cord is clamped and cut. This is not painful for the baby.
   C. The third stage is the expulsion of the placenta that provided nourishment for the baby while inside the mother.
3. Discuss questions students might have about the birthing process such as
   A. pain
   B. prenatal care
   C. multiple births
   D. effects of drugs taken by the mother on the baby (alcohol, tobacco, etc.)
4. Exceptional Education Inclusion Activities
A. Cut out the pictures of the fetus and have the students paste them in order of
development onto another piece of paper
B. Invite a friend who is pregnant in to visit the class and talk about the changes the
baby is going through
**Development**

- **8 and 9 Weeks**: The baby is formed, and the eyes move. The organs begin to develop, and the length is short.

- **10 Weeks**: Weight gain is noticeable, and the heart begins to develop. Length is short.

- **12 Weeks**: The organs develop rapidly, and the face begins to form. The length is short.

- **16 Weeks**: The limbs begin to move, and the ears and eyes are visible. The length is longer.

- **20 Weeks**: The baby can move, and the brain and heart continue to develop. The length is longer.

- **25 Weeks**: The baby is growing, and the skin and hair develop. The length is longer.

- **36 Weeks**: The baby is ready to be born. The length is longer.

**Approximate Size**

- **1 Day**: The cell. Single cell.
- **7 Days**: The egg cell and sperm. 1 cell.
- **30 Centimeters**: The new-born baby. 30 cells.
- **50 Centimeters**: The adult human. 50 cells.

**Time**

- **1 Month**: The heart begins to pump blood.
- **2 Months**: The four chambers of the heart appear. The embryo has a head and a spine.
- **3 Months**: The fingers and toes are separate. The eyes and ears are visible. The baby is moving inside the uterus.
- **4 Months**: The baby is growing, and the skin and hair develop. The length is longer.
- **5 Months**: The baby is ready to be born. The length is longer.

**Approximate Size**

- **25 Centimeters**: The new-born baby. 25 cells.
- **30 Centimeters**: The adult human. 30 cells.
- **50 Centimeters**: The adult human. 50 cells.

**Time**

- **1 Day**: The cell. Single cell.
- **7 Days**: The egg cell and sperm. 1 cell.
- **30 Centimeters**: The new-born baby. 30 cells.
- **50 Centimeters**: The adult human. 50 cells.

**A NEW LIFE BEGINS - FERTILIZATION TO BIRTH**
STAGES OF LABOR

First stage

First stage

Second stage

Second stage

Third stage
# FAMILY LIFE CURRICULUM
## SEVENTH/EIGHT GRADE

### Course Outline

<table>
<thead>
<tr>
<th>Section I. Growth and Development</th>
<th>Section II. Human Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Girls and boys taught together</em></td>
<td><em>Girls and boys taught separately</em></td>
</tr>
<tr>
<td><strong>I. Self Concept</strong></td>
<td><strong>VI. The Changing Adolescent</strong></td>
</tr>
<tr>
<td>A. Self Awareness</td>
<td>A. Physical</td>
</tr>
<tr>
<td>B. Self Concept</td>
<td>B. Emotional</td>
</tr>
<tr>
<td>C. Self Esteem</td>
<td>C. Social</td>
</tr>
</tbody>
</table>

| II. Media Literacy                | **VII. The Reproductive System** |
|-----------------------------------| A. Male |
| A. Effects of Media               | B. Female |
| B. Sexism                         | |
| C. Changing Society               | |

<table>
<thead>
<tr>
<th>III. Relationships</th>
<th><strong>VIII. Responsibilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Social Changes</td>
<td><strong>IX. Sexually Transmitted Diseases</strong></td>
</tr>
<tr>
<td>B. Responsible, healthy relationships</td>
<td></td>
</tr>
<tr>
<td>C. Friends</td>
<td><strong>X. Self Examinations</strong></td>
</tr>
<tr>
<td>D. Relationships</td>
<td>A. Consequences and Responsibilities</td>
</tr>
<tr>
<td>1. Family Values</td>
<td>B. Prevention</td>
</tr>
<tr>
<td>2. Commitment</td>
<td><strong>XI. Teen Pregnancy</strong></td>
</tr>
<tr>
<td>3. Responsibilities</td>
<td>A. Consequences and Responsibilities</td>
</tr>
<tr>
<td></td>
<td>B. Prevention</td>
</tr>
</tbody>
</table>

| IV. Relationships and Dating     | **XII. Fetal Development,** |
|----------------------------------| Childbirth                  |
| A. Refusal Skills                | **XIII. Legal Considerations** |
| B. Decision making process      |                             |
| C. Abstinence                     |                             |

<table>
<thead>
<tr>
<th>V. Sexual Harassment</th>
<th><strong>Supplements</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>Exceptional Education</td>
</tr>
</tbody>
</table>

### Supplementation

- Exceptional Education 139
- Middle School Review 141
This portion of the Family Life Curriculum was designed to be congruent with middle school teaching and learning. The lessons accommodate various teaching methods and learning styles such as lecture, small group, discussion and individual work.

One class period, or approximately 45-55 minutes, is the time allotted for each lesson. Most lessons have numerous activities to support the lesson topic. Feel free to use any number of them as needed for students to comprehend the content objectives of the lesson. It is not necessary to use them all. If the teacher desires to use several activities per lesson, or if class discussion is lengthy, lessons may take more than one day each.

Creating a cohesive class climate is crucial when presenting this important material. Please reinforce the following guidelines:

1. Listen when others are speaking.
2. Maintain sensitivity and discretion when other students share.
3. Refrain from put-downs.
4. Accept all questions and realize that no question is “dumb.”

Questions may be asked anonymously through the use of the “question box.”
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 may want to use the glossary provided to help answer questions. Answer questions simply and in a scientific manner.

8. Exceptional Education Inclusion Strategies
   A. Provide a tape recorder for students to leave their questions orally.
   B. Allow students to write/type questions outside of class.
1. Parent permission is not necessary for lessons I-V.

2. Keep boys and girls together while teaching lessons I-V.

3. Teach all lessons consecutively.

4. Each lesson has several activity choices to engage a variety of learning styles.

5. Order videos well ahead of planned viewing date.

6. For maximum effectiveness of videos, please preview them before showing them to students.
Growth and Development

The students will

1. Discuss self-awareness, self-control, and self-esteem.
2. Discuss characteristics in responsible and healthful relationships.
3. Discuss the responsibilities involved with friends and dating relationships.
4. Discuss the importance of family values in decision-making.
5. Discuss the effects of media on understanding sexuality, sexual stereotyping, and sex equity.
6. Understand the importance of commitment to all relationships including marriage.
7. Learn to recognize sexual harassment and understand it has serious consequences.

Human Sexuality

The students will

1. Discuss pre-adolescent and adolescent changes that occur at puberty.
2. Explain the anatomy of the female and male reproductive system.
3. Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections.
4. Discuss self-examination as a means of early detection of breast and testicular cancer.
5. Learn refusal skills and the importance of self-discipline in order to prevent sexual intercourse.
6. Identify signs and symptoms of Sexually Transmitted Infections and how to receive treatment.
7. Discuss the consequences of teenage pregnancy and responsibilities of parenthood.
8. Discuss the development of an embryo and fetus from its conception.
9. Describe the birthing process.

10. Describe advantages and disadvantages of the various birth control methods and sterilization process.

11. Define and discuss sexual abuse and sex crimes and how the adolescent can prevent becoming victimized.

12. Discuss the effects of substance abuse on one’s decisions and inhibitions.
SEVENTH/EIGHT GRADE
LESSON I
SELF CONCEPT

Objectives
- Students will discuss self-awareness, self-concept and self-esteem

Concepts
1. Self-concept is composed of all the beliefs and attitudes one has about oneself. It determines what a person is and what they will become.
2. One must first like him/herself as he/she is and enjoy personal strengths. Each person is unique and valuable.

Materials
- Paper, magazines, glue, scissors
- Worksheet “The Me I See”
- Worksheet “Do You Like Yourself?”

Activities
1. Pair students for this activity. First, each student is to interview a partner to find out as much information about him/her as possible in 10-15 minutes. Students will then search through magazine advertisements and cut out pictures to represent the life of his/her partner. Each student will prepare and present the collage of their partner to the class.
2. Instruct the students to write a positive poem called “It’s Neat To Be Me” about themselves using descriptive words. The students should write at least 20 lines using any poetry form the teacher desires.
3. Have a significant person in the student’s life (teacher, parent, best friend) write a paragraph or more on the uniqueness of the student.
4. Have the students complete worksheets:
   A. “The Me I See”
   B. “Do You Like Yourself?”
5. Exceptional Education Inclusion Activities
   A. Instead of interviewing a partner, the students may do the collage activity on their own likes and dislikes.
   B. Give the students a form to write their poem. For example, they could do the following:
      It’s Neat To Be Me
      I like … (fill in the blank)
      I can…
      I don’t…
      I make…
      I sing…
I love…
It’s neat to be me

C. Do the “Do You Like Yourself?” worksheet by reading it aloud and have the student simply write yes or no.
THE ME I SEE

DIRECTIONS: List as many characteristics as possible under each category.

<table>
<thead>
<tr>
<th>THE PHYSICAL ME</th>
<th>THE EMOTIONAL ME</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>THE SOCIAL ME</th>
<th>THE SPIRITUAL ME</th>
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</table>

<table>
<thead>
<tr>
<th>THE INTELLECTUAL ME</th>
<th>IF I WERE TO GIVE MYSELF AN AWARD, IT WOULD BE FOR...</th>
</tr>
</thead>
</table>
DO YOU LIKE YOURSELF?
Answer each question by writing in the letter of the appropriate response.
(R=Rarely, S=Seldom, O=Often, U=Usually)
1. I make friends easily.
2. I make good decisions.
3. I am competent at my work.
4. I am open to new experiences.
5. I respond calmly and objectively during crisis situations.
6. I laugh frequently.
7. I am considered to be responsible by others.
8. I am considerate of others.
9. I take charge of my life.
10. I meet my commitments.
11. I enjoy my life.
12. I am thoughtful.
13. I am respected by others.
15. I am successful.
16. I follow through on my plans.
17. I have an active social life.
18. I enjoy some alone times.
19. Members of the opposite sex find me attractive.
20. I am loving.
SCORING: For each “Rarely” = 1 point For each “Often” = 2 point
For each “Usually” = 3 points
The higher the score, the more positive is the self-image.
SEVENTH/EIGHTH GRADE
LESSON II
MEDIA LITERACY

Objectives
Students will
• Understand the similarities and differences of sexism, sex equity, sexuality, and sexual stereotyping
• Understand the effect media has on each person’s perspective
• Discuss how the media uses sexuality to sell

Concepts
1. Most young people spend many hours a day in front of a television or computer. The accessibility of videos, MTV, and cable or satellite systems is a significant factor in current adolescent viewing practices.
2. Adolescents need to become aware of how the media shapes their definitions and their views about human sexuality.
3. Traditional family gender roles have changed over the years to fit a changing society.

Materials
• Worksheet “What is Sexuality?”
• Worksheet “The TV Talks To Me”
• Worksheet “Example of Sexism”
• Worksheet “Sexism and Stereotyping”

Activities
1. Elicit and discuss students’ knowledge about sexuality, sexism, sex equity, and sexual stereotyping. (Use glossary if needed)
2. Complete the worksheets
   A. “What is Sexuality?”
   B. “The TV Talks To Me”
   C. “Sexism and Stereotyping”
   D. “Example of Sexism”
3. Exceptional Education Inclusion Activity
   A. Do “The TV Talks To Me” as a group.
   B. Read the statements on the stereotyping worksheet to the students.
   C. Have the students pair up with a peer assistant to complete worksheets.
   D. Have students draw pictures of jobs men traditionally do and jobs women traditionally do.
WHAT IS SEXUALITY?

1. Define sexuality:

2. List three places where one learns about sex.

3. List three people from whom one learns about sex.

4. List three messages one might receive from television and from the movies about sex.

5. List three songs about sex.

6. List three television shows or movies that focus on sex.

7. Briefly list three reasons why it is embarrassing to talk about sex.

8. Are females or males more sexual? Why do you think so?
THE TV TALKS TO ME!

NAME OF TV PROGRAM

1. What kind of clothes are the women/girls wearing?

2. What kind of clothes are the men/boys wearing?

3. Do the women/girls have major roles?

4. Who are the main characters?

5. Are the men/boys involved in non-traditional type activities?

6. Is anyone happily married?

7. Are the men acting tough, the women weak?

8. Does the program have kissing or sex?

9. Do the characters drink alcohol or get “high”?

10. Is the program violent?

11. Do you see commercials advertising products to make people attractive?

12. Do you watch programs with your parents that make you feel uncomfortable?

13. Are television programs realistic in portraying relationship? Why or why not?
**SEXISM AND STEREOTYPING**

DIRECTIONS: Quickly read through each statement and put a mark on the line that best fits your opinion. Your choices are Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD).

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>1. It is really the woman’s job to stay home and raise the children.</td>
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<tr>
<td>2. Girls should be able to ask guys out.</td>
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<tr>
<td>3. Boy should help with the cooking and cleaning at home.</td>
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<tr>
<td>4. Girls have more feelings than boys.</td>
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<td>5. Men are really more intelligent than women.</td>
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<td>6. The husband should have the final say.</td>
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<td>7. It is just as acceptable for men to cry as for women.</td>
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<td>8. Girls should help pay for dates.</td>
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<td>9. Education is more important for boys than for girls.</td>
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<tr>
<td>10. Women make good construction workers and engineers.</td>
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<tr>
<td>11. Boys should learn how to cook, sew, clean house and wash clothes.</td>
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</table>
EXAMPLES OF SEXISM

DIRECTIONS: Bring to the next class one example of sexism. If it is a cartoon, ad, or article in a newspaper or magazine, cut it out, tape it to this page and bring it. If it is a TV commercial, a video, part of a movie, a billboard, or is not portable, describe it in writing in the space below
Objectives
Students will
- Recognize the social changes which adolescence brings
- Discuss characteristics of responsible and healthy relationships between friends

Concepts
1. Adolescence is a unique period. There is no other time in life like it. During this time, a multitude of changes occur, many of which affect the social and emotional aspects of the child.
2. Emotionally, one needs to have a good self-concept and be able to communicate with others.
3. Socially, one needs to learn to interact with peers, adults and family.
4. Adolescents begin the journey from dependence to independence.

Materials
- Teacher directions for use of “Interview Worksheet”
- Worksheets
  1. “Interview”
  2. “Things In Common”
  3. “What is a Friend”
  4. “You as a Friend”
- Video Real People: Relationships, When They Hurt, and When They Help (28 minutes)

Activities
1. Ask students for examples of their transition from dependence to independence. (Example: in early childhood, parents make all the decisions and as children grow up they begin to make some of them).
2. Interview an adult (friend, parent, relative, teacher, employer) using the worksheet provided. The interview is a tool that allows adolescents to talk with an adult and discuss the similarities and differences between youth of the past and youth of the present. After the interviews are completed, ask in class:
   A. What do you have in common with the person interviewed?
   B. How have things changed since the interviewee was a youth?
   C. What is different now?
   D. Did the interview change your mind about the adult? Why?
3. **Exceptional Education Inclusion Activities**
   A. Have students name a friend and make a list of activities that they do together.
   B. Allow the students to have a partner for the interview assignments.
   C. Pair up students in the class with peer assistants to help read and complete the worksheets.
   D. Have students cut out pictures in magazines and newspapers of friends.
INTERVIEW

1. When you were my age, what did you do for fun?

2. Did those activities cost money?

3. Did you ever feel that adults did not understand you when you were my age? Why?

4. What were some problems young people had when you were my age?

5. What kind of music did you like at my age?

6. Did your parents like your music? What kind of music did they prefer?

7. Did you have a boy/girlfriend at my age?

8. Did you have a curfew at my age? What was it?

9. What did you look like at my age?

10. Were you happy with what you looked like?

11. Did you ever feel alone when you were my age?

12. Did you like being my age? Why or why not?

13. What was the funniest thing that ever happened to you at my age?

14. What was the most embarrassing thing that ever happened to you at my age?
THINGS IN COMMON

Directions: In the first column below, list three of your interests, personal qualities, and activities. In the second and third columns name people you know who have the same interests, personal qualities, and activities you listed in Column 1. (If you cannot think of someone to list, leave a blank space.)

<table>
<thead>
<tr>
<th>You</th>
<th>Family Members</th>
<th>Friends/ Acquaintances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interests 1.</td>
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<tr>
<td>Interests 2.</td>
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<tr>
<td>Interests 3.</td>
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<tr>
<td>Personal Qualities 1.</td>
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<tr>
<td>Personal Qualities 2.</td>
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<tr>
<td>Personal Qualities 3.</td>
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<tr>
<td>Activities 1.</td>
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<td>Activities 2.</td>
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<td>Activities 3.</td>
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<td>Activities 4.</td>
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</tbody>
</table>

Examples: Interests music, people, school, sports, good health
           Personal Qualities honesty, tactfulness, cheerfulness
           Activities going out, reading, playing on a team, biking
THINGS IN COMMON
(cont.)

Directions: Answer the following questions and be prepared to share the answers with the class.

1. Judging from the chart, do you have more in common with your family members or your friends? Discuss the similarities and differences.

2. Name two people who have influenced you. How and why?
   a. 
   b.
WHAT IS A FRIEND?

What qualities do you look for in your friends? You may gain insight about your preferences by filling out this study sheet.

DIRECTIONS: **Circle** the five qualities in the list below that you consider most important in friends. (Or write in qualities that are not on the list but are important to you.) **Number** the words (1-5) you circled in order of their importance to you. Make the most important quality number one, the second most important number 2, and so on. Then **choose** any three of the qualities on the list, and write a paragraph in the space provided, describing a time you or someone you know showed this quality in a friendship.

**Qualities of a Friend**

- trustworthy
- honest
- cheerful
- generous
- helpful
- encouraging
- a good listener
- prompt
- considerate
- loyal
- modest
- enthusiastic
- easygoing
- affectionate
- sense of humor
- follows through
- kind
- popular
- fun-loving
- sympathetic
- understanding
- reliable
- comfortable
- friendly

1.

2.

3.
YOU AS A FRIEND

Directions: The purpose of this activity is to help you see and think about some aspects of being a friend. Answer these questions as truthfully as possible. Be prepared to discuss your answers in class.

1. Do you make friends easily? ___ yes ___ no
   Do you keep them? ___ yes ___ no

2. Check which of the following are true about you.
   ___ I like people. ___ I get along with adults.
   ___ People like me. ___ Adults do not understand me.
   ___ I enjoy being alone. ___ I’m OK.
   ___ I feel left out. ___ I’m not much good.

3. What makes somebody a good friend?

4. What does being considerate of others involve?

5. Are you honest if you cover up for a dishonest friend? ___ yes ___ no

   Why or why not?
SEVENTH/EIGHTH GRADE
LESSON IV
RELATIONSHIPS AND DATING

Objectives
Students will
• Discuss the importance of family values in decision making
• Discuss the importance of commitment in all relationships
• Discuss the responsibilities involved in developing relationships and dating
• Discuss the growing problem of dating violence

Concepts
1. When adolescents begin to gain independence, they reflect a background of values
given by family, church, friends, school, etc. These values may be used to help them
make decisions.
2. Part of growing up is forming close relationships with friends. Friends give a sense
of belonging to a group of people of the same age. With friends, one shares similar
interests, activities, problems and worries.
3. Dating may take place as couples or in groups of friends. Sometimes there are
pressures to date in order to gain acceptance and popularity.
4. Marriage, for those who choose it, is the culmination of friendship, dating and
courtship. It is one of life’s most serious commitments. Making a decision to share
one’s life with another person should not be taken lightly.
5. Teens feel a need to belong to a social group. Sometimes the groups evolve into
cliques which exclude “outsiders.”
6. Violence and rape during the dating process is prevalent. Students need to be aware
of the problem in order to avoid a dangerous situation.

Materials
• Worksheets
  1. “Things I Do”
  2. “Circle of Friends”
  3. “Ideas about Dating”
  4. “School Cliques”
• Parent Interview Form
• Video When Dating Turns Dangerous (33 minutes)

Activities
1. Have students complete “Things I Do” lesson.
2. Have students complete “Circle of Friends” worksheet.
3. Divide the class into eight groups and assign each group one of the following topics.
   Make a list of the advantages and disadvantages of the situation that could include
   stability, finances, communication, commitment, etc.
   single
boy/girlfriend
living together
marriage
divorce
step-parents
blended families
inter-generational families

4. Have students complete “School Cliques” worksheet.
5. Have students interview their parents using the worksheet provided.
6. Have students complete the “Ideas about Dating” worksheet.
7. Lead a student discussion in class using the “Parents’ Ideas and Expectations” worksheet.
8. Discuss the possible pressure students feel to get married and why and when they might choose to do so.
9. **Exceptional Education Inclusion Activities**
   A. Allow students to draw pictures on the “Things I Do” worksheet.
   B. Role-play some of the situations on the “Circle of Friends” worksheet.
   C. Allow students to tape record their interview.
THINGS I DO

Teacher directions: Discuss the importance of being touched, being loved, and being involved in friendships. In order for babies to develop normally they require touching, holding, and loving. Have the students talk about what they like about their friends and family.

1. Have students complete the “Things I Do” worksheet. Allow about 15 minutes.

2. Process the results by asking the following questions.
   A. What are things someone your age can do to have fun?
   B. What are some things you do to make yourself feel good?
   C. What are some things you do to make yourself look good?
   D. What are some things you do to relax?
   E. What are some things you do to get hugs and affection?
   F. List additional ways people get hugs and affection?
   G. Do you have to spend money to get your needs met?
   H. Are you comfortable doing things alone? Do you enjoy doing things alone?
   I. Do your friendships require money to maintain?
   J. Was it difficult to fill in some of the squares? Which ones? Why?
## THINGS I DO

<table>
<thead>
<tr>
<th>Things I Do To Make Myself Look Good</th>
<th>Things I Do To Get Hugs and Affections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things I Do To Feel Good</td>
<td>Things I Do To Have Fun</td>
</tr>
<tr>
<td>Things I Do To Have Fun</td>
<td>Things I Do To Relax</td>
</tr>
</tbody>
</table>

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CIRCLE OF FRIENDS

Teacher Directions:
1. Before handing out the worksheet, lead students to discuss activities and behavior they share with others according to their level of acquaintance.
2. Distribute “Circle of Friends” worksheet. Begin by reading a list of situations where students might find themselves. Tell them to place the number of the sentence that the teacher writes on the board inside the circle where they think the description fits. For example, as sentence #1 is read “laugh really hard with,” write #1 on the board and ask students to think about the people they know only slightly (acquaintances), their whole class at school, their friends, their close friends, their families and themselves. Have them put number #1 in each circle where they would laugh really hard with the people who would fit in that category.
3. Below are listed kinds of situations that can be used in the friendship circles activity. Each item used is separately numbered and listed on the board for use in coding the worksheets.
   1. laugh really hard
   2. tell a big secret
   3. get angry
   4. cry
   5. ask for help
   6. ask for directions
   7. ask for money
   8. ask for help or advice with a problem
   9. invite to their house
   10. sleep over at their house
   11. tell about a family problem
4. Discuss “Circle of Friends” in small groups. Put the following questions on the board for the groups to discuss.

   A. Why do we feel safer with our close friends?

   B. Why can we do certain things with or tell certain things to some people that we are not comfortable doing them or telling them to others?

   C. What does your “Circle of Friends” worksheet say about the kinds of things that you feel comfortable sharing with close friends?
CIRCLE OF FRIENDS

- Family
- Best Friends
- Self
- Acquaintances
- Just Friends
- Classmates
- Strangers
SCHOOL CLIQUES

Directions: Answer the following questions in complete sentences.

1. Have you ever been in a clique or group? What was it?

2. Have you been given a group label and was it hard to break away from the label? (example: skater or whatever is a current group name)

3. Have you ever changed groups, what was it like?

4. What would you do if your best friends changed groups?

5. How do labels come to be and do they serve a purpose?

6. Are group labels ever harmful or demeaning? How?

7. Do you know of groups in other parts of the U.S. where you have lived that are not here, or groups we have here that are not located in other parts of the country?

8. Have you heard your parents talk about groups that were around when they went to high school? What groups can they identify?
IDEAS ABOUT DATING

Directions: Answer the questions using complete sentences.

1. What does dating mean?

2. What are positive reasons to date?

3. What are some problems that may result with dating?

4. Define the following types of dating:
   A. party dates
   B. group dates
   C. double dates
   D. blind dates
   E. single dates

5. What types of events or social activities provide for a fun date?

6. What are some proper etiquette that you think should be used in various dating situations?
   A. Asking your parents if you are old enough to date.
   B. Asking for a date.
   C. Accepting a date.
   D. Refusing a date.
   E. Meeting your date’s parents.
   F. Saying good night.
   G. Door opening.
   H. Paying for a date.
PARENTS’ IDEAS AND EXPECTATIONS ABOUT DATING

Directions: Interview your parents or an adult using the following questions. Record their answers and bring them to class to share. Compare your parent’s dating expectations with your ideas about dating.

1. What is a good age to begin to date?

2. Who should do the phone calling and asking?

3. What are some guidelines to follow about who to date (kinds of people, age, range, etc.)

4. Who should pay for the date? Does this ever vary?

5. Are there some do’s and don’ts or some family standards for dating? (time to be in, age, places you may or may not go, etc.)

6. What is the purpose of a date? Why do people date?

7. How long should a couple date before they think of getting engaged or married?
**SEVENTH/EIGHTH GRADE**  
**LESSON V**  
**SEXUAL HARASSMENT**

**Objectives**  
Students will  
• Define sexual harassment  
• Understand the harmful effects of sexual harassment  
• Know that harassment is against the law

**Concepts**  
1. Anyone, male or female, can sexually harass others or be the target of harassment. Sexual harassment can occur among peers or between faculty and students.  
   Harmful effects of sexual harassment could cause the victim to  
   A. Become physically ill  
   B. Withdraw from social or public situations  
   C. Turn to drugs  
   D. Feel unable to have comfortable relationships with others  
   E. Be limited in their academic choices  
   F. Feel angry, afraid, embarrassed, degraded, intimidated  
2. T.U.S.D. has a policy 4310 that provides for a learning and working environment that is free from sexual harassment. Sexual harassment is against Federal and State law. Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 prohibit sexual harassment.  
3. There are two kinds of sexual harassment:  
   A. Quid Pro Quo Harassment-trading this for that. This is when someone asks for sexual favors in return for a higher grade, better job, etc.  
   B. Hostile Environment Harassment-this is the most common kind of harassment. It occurs when repeated offensive behavior or comments create an unpleasant or intimidating environment and unreasonably interfere with someone receiving an education. It may also involve sexual comments or inappropriate touching on a one-time basis.

**Materials**  
• Video Real People: When I Say Stop, I Mean Stop (25 minutes)  
• Worksheet “Could it Be?”  
• Worksheet “Do’s and Don’ts”

**Activities**  
1. Discuss the definitions of sexual harassment.  
2. Have students complete the “Could it Be?” worksheet individually.  
3. Show the video Real People: When I Say Stop, I Mean Stop  
4. Discuss with the class their answers to “Could it Be?” and see if any of their answers change after viewing the video.
5. In groups of 4, have students think of a sexual harassment situation that could occur in daily life. Have each group present their vignette. **REMEMBER** some say that harassment is “just flirting” or “boys will be boys.” They may even blame the victim because of the way she dressed or say that she can’t take a joke. Male-female relations should be mutual. When one person is offended, it is harassment, not flirting.

6. Discuss with the class the causes of sexual harassment.
   A. Power Plays—many boys grow up believing in being competitive and in exercising power—especially over females. Many girls are taught the value of being nurturing and supportive. When subjected to harassment—or worse, sexual assault or rape—females often wrongly assume it is their fault.
   B. Stereotypes—treating males and females the way they are portrayed in the media.
   C. Gender Discrimination—women are typically paid less and don’t choose such fields as science and math for careers.

7. Stop sexual harassment
   A. Tell the harasser assertively that you don’t like the behavior and tell them to stop.
   B. If you confront the harasser face to face, ask a friend to join you.
   C. Tell a teacher, counselor, or administrator or all three.
   D. Don’t feel guilty. You didn’t cause harassment and you are not responsible for it.

8. **Exceptional Education Inclusion Activities**—Read worksheet aloud to students.
COULD IT BE?

Place an X beneath *agree* if the statement is an example of sexual harassment and an X below the *disagree* if the statement is *not* an example of sexual harassment.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>Discussing or “rating” another person’s body or sex appeal.</td>
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<tr>
<td>Unwelcomed touching of breasts, buttocks, or genitals.</td>
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<tr>
<td>Calling other students “babes, fags, sluts, studs, etc.”</td>
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<tr>
<td>Exposing someone by removing clothing against his or her will.</td>
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<tr>
<td>Using a computer to send unwanted sexual messages.</td>
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<tr>
<td>Being best friends with someone of the opposite gender.</td>
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<tr>
<td>Spreading a sexual rumor about someone.</td>
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<tr>
<td>Teaching sex education by using nude pictures from a men’s magazine.</td>
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<td>Kissing someone.</td>
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<td>Girls using vulgar language to a boy.</td>
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<tr>
<td>A teacher offering a better grade in exchange for sex.</td>
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<tr>
<td>Writing something sexual about another person on the bathroom wall or basketball court.</td>
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DO’S AND DON’TS

DON’T

• Make unwanted sexual demands or advances.
• Touch a person who doesn’t want to be touched.
• Make sexually demeaning remarks or gestures to or about others.
• Laugh at other’s sexually harassing words or behavior.

DO

• Put yourself in the other person’s shoes. How would you feel?
• Ask if you would want this said or done to someone you care about—or if you would want them to see or hear your comment or behavior.
• Treat others in a fair and respectful way.
• Think about how you want others to treat you.
Reminders:

1. Hold a parent meeting for curriculum and video review.

2. Lessons VI-XIII are to be taught to students in groups separated by gender.

3. Students must have a signed parent permission form on file.

4. Alternative programs are to be provided for students not attending this portion of the curriculum.

5. Teach all lessons consecutively.

6. Order videos well ahead of date planned for viewing.

7. Preview videos before classroom use to maximize video effectiveness.

8. Use only materials provided as they are School Board approved.
Objectives
• Students will discuss emotional, physical, and social changes that occur during puberty

Concepts
1. Adolescents need to understand that the mixture of feelings and emotions are normal and are due to the emergence of hormones. Erratic mood swings are not unusual.
2. At adolescence hormones are released into the bloodstream to trigger physical changes that are called puberty. Puberty is the age at which a person becomes physically able to reproduce offspring. It occurs at an average age of 14 for boys and 12 for girls. The following are facts about puberty:
   A. The pituitary gland in the brain signals the ovaries and testicles to begin working.
   B. The ovaries and testicles send signals to other body parts to begin growing.
   C. Hormones are chemicals that travel in the blood stream to the body organs with messages on how to develop or perform.
   D. Testosterone is the male hormone produced in the testicles.
   E. Estrogen and progesterone are the female hormones made in the ovaries.
   F. Body hair begins to grow.
3. Social behaviors change. There is a need to be accepted by peers, to be liked, and to be part of a group.

Materials
• Chart “Body Changes” and teacher reference
• Worksheets
   “Physical Changes Which Occur During Puberty”
   “Boys and Girls: Similarities and Differences” and teacher key
   “They Tell Me I’m Going Through Puberty”
• Chart “Normal Milestones of Adolescent Development”
• Video Human Growth V (21 minutes)

Activities
1. Read “They Tell Me I’m Going Through Puberty” to the class. Discuss students’ answers at the end of the reading. Use “Body Changes Which Occur During Puberty” to clarify.
2. Have students complete “Boy and Girls: Similarities and Differences” worksheet.
3. Discuss with students ceremonies or customs that take place in different cultures or religions at adolescence.
4. Show and discuss the video Human Growth V.
5. Have students complete “Body Changes” worksheet.
7. **Exceptional Education Inclusion Activities**
   A. Have students bring in pictures of themselves at different periods in their lives.
   B. Cut out pictures in magazines of all ages of people. Have the students put them into groups of children, teens, adults, and senior citizens.
   C. Pair students with non-disabled peers to help complete worksheets.
ACTIVITY 3.1: BODY CHANGES

ADULT FEMALE BODY: broader hips rounding of body contours.

ADULT MALE BODY: broader shoulders and chest; greater muscle development.
ADULT FEMALE BODY: broader hips
rounding of body contours.

ADULT MALE BODY: broader shoulders and
chest; greater muscle development.

Facial hair

Deepening voice

Chest hair

Underarm hair

Breast development

Menstruation and ovulation

Public hair

Sperm production and ejaculation
“THEY TELL ME I’M GOING THROUGH PUBERTY”

Directions: Read aloud to the class and answer the question at the bottom of the page.

“Hi, I’m Chris and I’d like to tell you about what’s happening to me. It seems that every day brings a new change. It’s almost like I’m getting a new body! They tell me I’m going through puberty.

One of the things that’s happening is this new hair that’s growing in places it’s never been before. Like under my arms. I know this is normal and all, but it still takes getting used to.

I don’t mind some of the changes I’m seeing. In fact, some things I even like. I’m taller than I was last year; I’m almost as tall as my parents. I know I’m smarter just because I’m able to think and write about what I’m going through now.

But then, there are some changes that aren’t so good. Like B.O., body odor. The first time I noticed it, I thought I had some kind of disease or something. Now I realize it’s not too bad if I wash and use a deodorant.

A really dirty trick, though, is acne. I remember I was getting ready to go to a party, washing up and stuff, when I looked in the mirror and saw this big zit staring back at me. I held hot washcloths on it for a long time. It went down, but not the whole way. I went to the party anyway. I noticed that many other kids had the same or worse luck with their zits. I wonder how common this is.

There’s one thing I get a little embarrassed about. It’s even hard for me to say this. When I was at the party the other night, I was with someone I like (and I’m not mentioning any names). I got this new feeling in my genitals. It was strange but kind of nice. They tell me it’s normal. Is it?

They tell me I’m going through puberty. That means I have to go to school with my zits and my B.O. But I’m taller and smarter. I think I’ll survive.

Question

Do you think Chris is a boy or a girl?

_________ boy __________ girl __________ not sure

State the reasons to support your choice.
BOYS AND GIRLS SIMILARITIES AND DIFFERENCES

Directions: Boys and girls experience many body changes during puberty. Some of the changes are listed below. For each change listed, decide whether it COULD ONLY HAPPEN TO BOYS, COULD ONLY HAPPEN TO GIRLS, OR COULD HAPPEN TO BOTH. Put an (X) in the correct column.

<table>
<thead>
<tr>
<th>CHANGES</th>
<th>COULD ONLY HAPPEN TO BOYS</th>
<th>COULD ONLY HAPPEN TO GIRLS</th>
<th>COULD HAPPEN TO BOTH</th>
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</thead>
<tbody>
<tr>
<td>Voice deepens</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Acne</td>
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<td></td>
</tr>
<tr>
<td>Seminal emissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadened shoulders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased facial hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid growth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lubrication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sperm production</td>
<td></td>
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</tr>
<tr>
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<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Erection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth of breast tissue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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BOYS AND GIRLS SIMILARITIES AND DIFFERENCES
Teacher Key
Directions: Boys and girls experience many body changes during puberty. Some of the changes are listed below. For each change listed, decide whether it COULD ONLY HAPPEN TO BOYS, COULD ONLY HAPPEN TO GIRLS, OR COULD HAPPEN TO BOTH. Put an (X) in the correct column.

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</tr>
<tr>
<td>Growth of breast tissue</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
# MILESTONES OF ADOLESCENT DEVELOPMENT
## GIRLS

<table>
<thead>
<tr>
<th>Aspects of Development</th>
<th>Age at which change usually begins</th>
<th>Age at which rapid change usually ceases</th>
<th>Description of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in height and weight</td>
<td>10-12</td>
<td>14-15</td>
<td>One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.</td>
</tr>
<tr>
<td>Breast development</td>
<td>10-12</td>
<td>13-15</td>
<td>This stage begins with “budding,” an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.</td>
</tr>
<tr>
<td>Growth of pubic hair</td>
<td>10-11</td>
<td>14-15</td>
<td>Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.</td>
</tr>
<tr>
<td>Underarm hair</td>
<td>12-13</td>
<td></td>
<td>Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.</td>
</tr>
<tr>
<td>Development of apocrine sweat glands</td>
<td>12-13</td>
<td>15-16</td>
<td>First period (menarche) 11-14 Establishment of regular cycle 15-16 The female is born with more than 500,000 ova in each ovary. Only about 400 of these will mature and be able to be fertilized. Ovulation occurs approximately 14 days after day one of the cycle. Poor nutrition, stress, and illness can influence the cycle.</td>
</tr>
</tbody>
</table>

**EMOTIONAL DEVELOPMENT:** In addition to the physical changes of puberty, psychological changes also occur. These are triggered by the production of the sex hormones, estrogen and testosterone. Interest in sexuality increases. The increased production of hormones also increases natural assertiveness, somewhat explaining the tendency of teenagers to be rebellious and argumentative. Mood swings are also common during puberty.
# MILESTONES OF ADOLESCENT DEVELOPMENT

## BOYS

<table>
<thead>
<tr>
<th>Aspect of Development</th>
<th>Age at which change usually begins</th>
<th>Age at which rapid change usually ceases</th>
<th>Description of the change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in height and weight</td>
<td>12-13</td>
<td>17-18</td>
<td>One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.</td>
</tr>
<tr>
<td>Genital development and ejaculation</td>
<td>11-13</td>
<td>15-17</td>
<td>Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.</td>
</tr>
<tr>
<td>Growth of body and facial hair</td>
<td>11-15</td>
<td>15-19</td>
<td>The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will effect the growth of body and facial hair.</td>
</tr>
<tr>
<td>Development of apocrine sweat glands</td>
<td>13-15</td>
<td>15-16</td>
<td>Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.</td>
</tr>
<tr>
<td>Deepening of the voice</td>
<td>13-15</td>
<td>16-17</td>
<td>The voice box (larynx) begins to enlarge. An “Adam’s Apple” may develop. The voice deepens about a year after the enlargement of the larynx.</td>
</tr>
</tbody>
</table>

**EMOTIONAL DEVELOPMENT:** In addition to the physical changes of puberty, psychological changes also occur. These are triggered by the production of the sex hormones, estrogen and testosterone. Interest in sexuality increases. The increased production of hormones also increases natural assertiveness, somewhat explaining the tendency of teenagers to be rebellious and argumentative. Mood swings are also common during puberty.
OBJECTIVES

• Students will identify and explain the anatomy and physiology of the female and male reproductive systems

CONCEPTS

1. Healthy attitudes can result when young people are accurately informed about sexual anatomy and physiology.
2. Misinformation or the lack of factual information is often responsible for needless concern.

MATERIALS

• Worksheet “Female Reproduction”
• Worksheet “Male Reproduction”
• Teacher Key “Female and Male Reproduction”
• Female “Anatomical Drawings”
• Male “Anatomical Drawing”

ACTIVITIES

1. Teach the following vocabulary about male anatomy.
   A. Penis—external organ of the male; functions in reproduction and excretory systems.
   B. Testicles—produce sperm and testosterone.
   C. Scrotum—a pouch which contains the testicles and is located behind the penis; a means of temperature control for sperm.
   D. Vas deferens—sperm move from the epididymis in the testicles to two fine ducts called vas deferens.
   E. Seminal vesicle—produce fluid to be added to sperm which adds nourishment and mobility.
   F. Prostate gland—produces a milky fluid to be added to sperm and makes up a major portion of semen.
   G. Urethra—duct which passes from bladder to outside of body, vas deferens join with the urethra.
   H. Cowpers gland—produces fluid to be added to the semen and sperm and cleanses the urethra.
2. Discuss the following terms using correct anatomical terms—erection, ejaculation, hormones, orgasm, masturbation, etc.
3. Teach the following vocabulary about female anatomy.
   A. Ovaries—produce ovum (egg cells).
   B. Fallopian tubes—a pair of tubes through which the mature egg travels to the uterus.
C. Uterus-a pear shaped muscular organ about 3 inches by 2 inches where a fertilized egg will grow.
D. Cervix-entrance to the vagina.
E. Vagina-passage from the uterus to the outside of the body, also called the birth canal.
F. Clitoris-small knob of tissue which contains many nerve endings; serves in sexual arousal.
G. Urethra-a tube that connects with the bladder; used for excretion of urine.

4. Using correct anatomical terms discuss the following: dysmenorrhea, amenorrhea, menopause, orgasm, masturbation.
5. Using the vocabulary for the reproductive systems, have students complete the “Female and Male Reproductive” worksheets.
6. Using the anatomical drawings, have students label the diagrams correctly.
7. Discuss the worksheets and diagrams to help students comprehend terminology.
8. **Exceptional Education Inclusion Activities**-Read the matching activity to the class for the student who has difficulty reading.
FEMALE REPRODUCTION

Directions: Match the definition from column 2 with the word it describes in column 1.

<table>
<thead>
<tr>
<th>1</th>
<th>Female Reproductive Organs</th>
<th>2</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cervix</td>
<td>A</td>
<td>Pear-shaped female organ in which the fertilized egg grows and develops until birth.</td>
</tr>
<tr>
<td></td>
<td>Vagina</td>
<td>B</td>
<td>Female organ in which the egg cells and sex hormones are produced.</td>
</tr>
<tr>
<td></td>
<td>Uterus</td>
<td>C</td>
<td>Neck-like, narrow end of the uterus which opens into the vagina; it stretches to allow a baby to be born.</td>
</tr>
<tr>
<td></td>
<td>Fallopian tube</td>
<td>D</td>
<td>Either of two tubes into which ovum is released from the ovaries.</td>
</tr>
<tr>
<td></td>
<td>Ovary</td>
<td>E</td>
<td>Protects vagina from germs.</td>
</tr>
<tr>
<td></td>
<td>Clitoris</td>
<td>F</td>
<td>A small knob of tissue which contains many nerve endings.</td>
</tr>
<tr>
<td></td>
<td>Labia</td>
<td>G</td>
<td>Passage that leads from the uterus to the external genital organs.</td>
</tr>
</tbody>
</table>
## MALE REPRODUCTION

Directions: Match the definition from column 2 with the word it describes in column 1.

<table>
<thead>
<tr>
<th>Male Reproductive Organs</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Penis</td>
<td>A. Gland in male that produces sperm.</td>
</tr>
<tr>
<td>2. Urethra</td>
<td>B. Duct through which urine is discharged and, in males, through which semen is discharged.</td>
</tr>
<tr>
<td>3. Scrotum</td>
<td>C. Either of two ducts that allow sperm to pass from the testicles.</td>
</tr>
<tr>
<td>4. Testicle</td>
<td>D. The male sex organ; also, the male urinary organ.</td>
</tr>
<tr>
<td>5. Vas deferens</td>
<td>E. The external pouch that contains the testicles.</td>
</tr>
<tr>
<td>6. Prostate gland</td>
<td>F. Releases a fluid which cleanses the urethra.</td>
</tr>
<tr>
<td>7. Cowpers gland</td>
<td>G. Gland that makes a milky fluid that mixes with sperm and makes up a major portion of semen.</td>
</tr>
<tr>
<td>8. Seminal vesicle</td>
<td>H. Releases a fluid which mixes with sperm and helps make sperm mobile and nourishes the sperm.</td>
</tr>
</tbody>
</table>
MALE/FEMALE REPRODUCTION
TEACHER KEY

FEMALE

____ 1. Cervix
____ 2. Vagina
____ 3. Uterus
____ 4. Fallopian tube
____ 5. Ovary
____ 6. Clitoris
____ 7. Labia

MALE

____ 1. Penis
____ 2. Urethra
____ 3. Scrotum
____ 4. Testicle
____ 5. Vas deferens
____ 6. Prostate gland
____ 7. Cowpers gland
____ 8. Seminal vesicle
MALE REPRODUCTIVE SYSTEM
THE FEMALE REPRODUCTIVE SYSTEM
ANATOMY DRAWING (FEMALE - EXTERNAL)
SEVENTH/EIGHTH GRADE
LESSON VIII
RESPONSIBILITIES

Objectives
Students will
- Discuss assertiveness and the importance of refusal skills
- Discuss the advantages and disadvantages of setting sexual limits
- Discuss the factors that influence the decision-making process regarding sexuality
- Discuss the effects of substance abuse on sexuality
- Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections

Concepts
1. Setting sexual limits should include consideration of family values, communication with a partner and family. They should also understand the wide range of consequences of the decision such as Sexually Transmitted Infections, contraception, virginity, pregnancy, babies, and how the decision will affect others and the future.
2. Premature sex can result in dysfunction in adult life.
3. The effects of drugs on decision-making skills include lowering levels of inhibition, changing reflexes, impairing judgment, and dealing with legal issues.

Materials
- Worksheet “Examples of Sexual Pressure”
- Worksheet “What I Think-Parent Opinion”
- Worksheet “Get In Touch With Your Emotions”
- Video Teenage Sex: Resisting the Pressure (30 minutes)

Activities
1. Discuss assertiveness and refusal skills.
2. Assertiveness is the ability to set limits and to keep them. It is being able to say “no” without meaning “maybe” or “try again later.” (Note: definition of assertiveness should be written on chalkboard or an overhead.)
3. With a partner, discuss assertiveness and refusal skills in the following situations:
   A. A friend asks you to write a term paper for him/her.
   B. A friend asks you to sneak out of a store wearing a swimsuit.
   C. A friend calls you for a date.
4. Divide students into groups of four. Have students use ideas from the class discussions suggested in b,c,d or e and write a scenario that they can act out with puppets.
5. Brainstorm advantages and disadvantages of setting sexual limits. For example: No sex until marriage, no kissing on the first date, etc.
Reasons Teens Give For Having Sex

- Popularity
- Feel normal
- Feel “with it”
- Have someone to love
- Prove their love
- Feel loveable
- Feel worthwhile, wanted
- Statement against parent
- Have a baby to love
- Rite of passage
- Make relationship better
- Keep or hold on to other person
- Feel grown up
- Get it over with
- Satisfy curiosity
- Seems right
- Feels good physically

Reasons Teens Give To Say “No” To Sex

- Pregnancy
- Disease (STI)
- Germs (infertility, cervical cancer)
- Bad reputation
- Worry
- Guilt (parents, values, beliefs)

Given a chance to:
- Grow up
- Know the other person
- Learn about self
- Build a relationship
- Test the relationship

Eliminate stress about:
- Getting caught
- Hiding it from parents
- Doing it right
- A commitment that is more serious than you are

6. Have students complete “Examples of Sexual Pressure” worksheet.
7. Have students complete “What I Think” worksheet.
8. Have students complete “What I Think” worksheet with parents.
9. Complete “Get In Touch With Your Emotions” with students.
10. To work on refusal skills-have student role-play answers to “Examples of Sexual Pressure” worksheet.
11. Discuss possible progression in boy/girl relationships. Progression could include
    - being together
    - hand holding
    - good night kiss
    - long kiss
    - necking
    - petting
heavy petting
mutual sex play
intercourse

12. Brainstorm and discuss the benefits of abstinence/virginity.
   A. Immediate benefits-more time to mature, safe from disease and pregnancy, self-control, etc.
   B. Long term benefits-understand love, sex, and marriage, time for careers and life goals.

13. Brainstorm risks of being sexually active (include physical, emotional, social risks) such as guilt, disease, and pregnancy.

14. Exceptional Education Inclusion Activity
   A. Role-play and practice saying “no”
   B. Role-play refusal skills
   C. Read worksheet aloud and allow students time to complete each question after read.
EXAMPLES OF SEXUAL PRESSURE

What would you say to this kind of pressure?

1. “Don’t worry, I’ll take care of everything.”

2. “A guy/girl really needs sex.”

3. “Do you think I’d let anything bad happen?”

4. “Nobody will know but us.”

5. “You know I’ll still respect you tomorrow.”
EXAMPLES SEXUAL PRESSURES
(cont.)

6. “If you don’t have sex with me, I’ll break up with you.”

7. “Just this one time.”

8. Others? (Create your own)
WHAT I THINK
(STUDENT OPINION)

Directions: Please answer the questions with your own ideas. Interview your parents with the questions on page 2 and compare the opinions.

1. What is OK and what is not, about teenagers seeing R or X rated movies or reading pornographic magazines.

2. What is OK and what is not about teenagers wearing revealing clothes?

3. What is OK and what is not about language – swearing and slang?

4. What is OK and what is not about sexual activity for teenagers?

5. Is there something you would like to know about what your parents think?
WHAT I THINK
(PARENT OPINION)

Directions: Please answer the following questions about your opinions on the following topics. Your son/daughter is completing the same assignment. Then discuss what each of you think. If you wish, it may be sent back to class to be shared.

1. What is OK and what is not, about teenagers seeing R or X rated movies or reading pornographic magazines.

2. What is OK and what is not about teenagers wearing revealing clothes?

3. What is OK and what is not about language – swearing and slang?

4. What is OK and what is not about sexual activity for teenagers?

5. Is there something you would like to know about what your son/daughter thinks?
GET IN TOUCH WITH YOUR EMOTIONS

Directions: The questions below are designed to help sort through feelings about sexual activity and relationships

1. What is involved in a strong relationship?

2. How would you know you are in a lasting and strong relationship?

3. How would you know that you are in a not-so-good relationship?

4. What are the risks of early sexual involvement?

5. Is sexual activity simply a physical act or are emotions involved too? Explain your answer.

6. What factors should a person think about before engaging in sexual activity? (example-commitment)
GET IN TOUCH WITH YOUR EMOTIONS
(Cont.)

7. What are several reasons why a girl/guy would not want to engage in sexual activity?

8. How might a person feel if he or she engaged in sexual activity with someone who did not really care about him/her?

9. Suggest at least one good way a person could say no to sexual activity.
SEVENTH/EIGHTH GRADE
LESSON IX
SEXUALLY TRANSMITTED INFECTIONS

Objectives
Students will
• Identify signs, symptoms, and treatments of Sexually Transmitted Infections
• Discuss self-examination as a means of early detection of disease
• Discuss abstinence as the only 100% effective method of preventing pregnancy and Sexually Transmitted Infections

Concepts
1. Sexually Transmitted Infections have severe consequence and constitute a serious and widespread public health problem.
2. Accurate information regarding STIs is essential for healthful living. If a person suspects symptoms of an STI, decisions about treatment need to follow.

Materials
• Universal Precautions
• Worksheet “STI Sense”
• “STI Sense” answers and comments
• List of STIs
• Video Abstinence: It’s the Right Choice (22 minutes)

Activities
1. Have students fill out “STI Sense” worksheet (as a pre and post test).
2. Review and discuss in depth information about diseases on the list of Sexually Transmitted Infections.
3. Show the video Abstinence: It's the Right Choice.
4. Have students fill out “STI Sense” worksheet again and compare level of knowledge.
5. Discuss the necessity of Universal Precautions.
6. Exceptional Education Inclusion Activity-Read the worksheet to the class at the beginning and end.
UNIVERSAL PRECAUTIONS

Tucson Unified School District safeguards its children from the transmission of Human Immunodeficiency Virus (HIV) or AIDS and other diseases by following the “Universal Precautions” recommended by the Center for Communicable Disease Control (CDC), published in August 1987 by CDC and the Food and Drug Administration. (All children should be instructed in general hygiene measures, including hand washing procedures, to prevent disease transmission and use the universal precautions when handling blood.)

Recommendations:

1. Use gloves when handling blood or body fluids containing visible blood. *

2. Prevent direct exposure to blood by use of compresses or tissues. Use disposable towels or tissues whenever possible.

3. Wash hands immediately with soap and water using friction for 10-15 seconds whether or not gloves are worn.

4. Cover open cuts or abrasions.

5. Dispose of blood-soiled items by placing in leak-proof bags securely tied.

6. Ask an adult to disinfect blood spills with one part bleach to ten parts water or another appropriate disinfectant.

*Universal precautions are also observed for semen and vaginal discharges in settings where contact may occur.
## STI SENSE

Directions: This can be done as a pre and post test during the section on STIs.

<table>
<thead>
<tr>
<th>Beginning of Class</th>
<th>End of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
</tr>
</tbody>
</table>

1. A person with herpes can be completely cured with proper medical treatment.  
2. It is easier for girls than boys to tell if they have an STI.  
3. STIs are not all that serious.  
4. A person with one sex partner is as likely to get an STI as a person with ten partners.  
5. STIs can result in a baby being born blind.  
6. If a girl thinks a guy has an STI, it is stupid to have sex with him. *  
7. One consequence of having an STI might be the inability to have children.  
8. A girl is really being unfair if she suspects she has an STI and does not tell her boyfriend until after they have sex. *  
9. STIs among teenagers are really pretty rare.  
10. In our state, parents need to be notified if their son or daughter is treated for an STI.

* This holds true for either sex.
## STI SENSE ANSWERS

<table>
<thead>
<tr>
<th>Answer</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. False</td>
<td>Currently there is no medical cure for herpes. Treatment is available for the symptoms, but there is no cure for the disease, so the disease often recurs.</td>
</tr>
<tr>
<td>2. False</td>
<td>While it is possible for both girls and boys to have no symptoms, it is more likely that the boy may have visible symptoms. This is why it is so important to be HONEST with sex partner(s) if people find they have an STI.</td>
</tr>
<tr>
<td>3. False</td>
<td>STIs can have a variety of very serious and even life-threatening consequences. They should not be ignored or taken lightly.</td>
</tr>
<tr>
<td>4. False</td>
<td>It is possible for a person with only one sex partner to get an STI, but the more partners a person has, the more the chances increase. ABSTINENCE, therefore, and the use of SELF-CONTROL in relationships are the best ways of preventing the spread of STIs.</td>
</tr>
<tr>
<td>5. True</td>
<td>If a mother has gonorrhea at the time the baby goes through the birth canal, it can result in blindness for the baby. She has the RESPONSIBILITY for the health of her future children.</td>
</tr>
<tr>
<td>6. True*</td>
<td>It would be unwise to have sex with someone who has an STI since it spreads so easily. She needs to RESPECT herself and take RESPONSIBILITY for caring for her own body and health.</td>
</tr>
<tr>
<td>7. True</td>
<td>Sterility is a serious consequence. Several of the STIs can make it impossible to have children in the future. Most teenagers want that choice left open to them.</td>
</tr>
<tr>
<td>8. True*</td>
<td>A girl has the RESPONSIBILITY to be HONEST with a boy, and if she RESPECTS him, she would not have sex knowing she could be giving him a disease.</td>
</tr>
<tr>
<td>9. False</td>
<td>Thousands of teenagers in the U.S. have STIs. It does not matter what age you are. STIs are not fussy. It makes sense to use SELF-CONTROL and not have intimate sexual contact so you do not put yourself at risk.</td>
</tr>
<tr>
<td>10. (Depends on State Law)</td>
<td>It is always best to talk with your parents, whenever possible. However, sometimes people feel that it would be hard to talk to their parents about an STI. (In Arizona, treatment of STIs for teenagers is confidential.)</td>
</tr>
</tbody>
</table>

*This holds true for either sex.*
SEXUALLY TRANSMITTED INFECTIONS

AIDS (Acquired Immune Deficiency Syndrome, HIV)
Cause: viral

- Symptoms
  1. Symptoms show up several months to several years after contact with the HIV virus
  2. Flu-like feelings that do not go away
  3. Unexplained weight loss
  4. Diarrhea
  5. White spots in mouth
  6. Purple bumps on the skin and inside mouth, nose, rectum

- How Is It Contracted?
  It is spread through contact with someone who has the HIV virus by sharing needles, mother to unborn child, blood to blood contact, sexual contact-anal, vaginal or oral and breast milk.

- If Not Treated
  1. It can be given to a sexual partner(s) or through blood to blood contact
  2. AIDS cannot be cured, the disease is fatal
  3. Mothers can pass the virus on to their unborn children

CHLAMYDIA
Cause: microorganism similar to bacteria

- Symptoms
  1. Show up 7-21 days after having sex with infected person
  2. Most women and some men have no symptoms
  3. Discharge from the vagina/watery white drip from penis
  4. Bleeding from the vagina between periods
  5. Burning pain during urination
  6. Pain in abdomen sometimes with fever and nausea

- How Is It Contracted?
  Spread during sexual intercourse, oral sex and anal sex with someone who has chlamydia and from the birth canal to fetus.

- If Not Treated
  1. Can be passed on to sexual partners
  2. Can lead to more serious infection. Reproductive organs can be damaged
  3. Both men and women may no longer be able to have children
  4. A mother with chlamydia can give it to her baby during childbirth
CYTOMEGALOVIRUS (CMV)
Cause: viral

- Symptoms:
  1. Sometimes none
  2. Swollen glands, fatigue, fever, weakness
  3. Mononucleosis
  4. Irritations of the digestive tract, nausea, diarrhea
  5. Loss of vision

- How Is It Contracted?
  1. Close personal contact
  2. During sexual intercourse (oral, anal, vaginal) with someone who has CMV
  3. Blood transfusion and sharing IV drug equipment
  4. Pregnancy, childbirth, and breast feeding

- If Not Treated
  1. There is no cure
  2. Causes hearing loss and mental retardation in babies
  3. Can cause mononucleosis, blindness and mental disorders

GENITAL WARTS and HUMAN PAPILLOMA VIRUS (HPV)
Cause: viral

- Symptoms
  1. Symptoms show up 1-6 months after having sex
  2. Small, bumpy warts on the sex organs and anus
  3. The warts do not go away
  4. Itching or burning around the sex organs
  5. Sometimes there are no symptoms
  6. Cell changes in the cervix

- How Is It Contracted?
  Spread during genital contact, sexual intercourse, oral sex or anal sex with someone who has HPV. There are 40 types that can infect the genital area of men and women.

- If Not Treated
  1. Can pass genital warts/HPV on to sexual partners
  2. More warts grow and are harder to eliminate
  3. A mother with warts can give them to her baby during childbirth
  4. May lead to pre-cancerous conditions and cancer
  5. There is no cure but there is a vaccine developed to prevent cervical cancer and other diseases in females caused by genital HPV. The vaccine protects against 4 HPV types which together cause 70% of cervical cancers and 90% of genital warts.
**GONORRHEA (clap, drip, GC)**

Cause: bacteria

- **Symptoms**
  1. Symptoms show up 2-21 days after having sex
  2. Most women and many men have no symptoms
  3. Thick yellow or white discharge from the vagina/penis
  4. Burning or pain during urination or bowel movement
  5. More pain than usual during periods
  6. Cramps and pain in the lower abdomen

- **How Is It Contracted?**
  Spread during sexual intercourse, oral sex and anal sex with someone who has gonorrhea

- **If Not Treated**
  1. It can be spread to sexual partners
  2. Can lead to more serious infection
  3. Reproductive organs can be damaged
  4. Both men and women may no longer be able to have children
  5. A mother with gonorrhea can give it to her baby during childbirth
  6. Can cause heart trouble, skin disease, arthritis and blindness in newborns

**HEPATITIS B and A (HBV) and (HAV)**

Cause: viral

- **Symptoms**
  1. Extreme fatigue, headache, fever, hives
  2. Lack of appetite, nausea, vomiting, tenderness in the lower abdomen
  3. May progress to dark urine, clay-colored stool, yellowing of the skin and white of the eye—jaundice

- **How Is It Contracted?**
  **(HBV)**
  1. It is spread in semen, saliva, blood, and urine through sexual contact from kissing to sexual intercourse (oral, anal, vaginal)
  2. Use of unclean needles to inject drugs
  3. Sharing personal hygiene utensils such as toothbrushes and razors
  **(HAV)**
  1. Oral contact with fecal matter
  2. Unclean needles with intravenous drug use

- **If Not Treated**
  1. Hepatitis A and B are very contagious. However, HAV infection is contagious for only a short period of time
  2. Some people remain infected and contagious for the rest of their lives
3. HBV can be prevented with a vaccination
4. Passed from mother to child
5. Chronic HBV can cause severe liver disease and death

**HERPES**
Cause: viral

- **Symptoms**
  1. Symptoms show up 2-30 days after having sex
  2. Some people have no symptoms
  3. Flu-like feelings
  4. Small, painful blisters on the sex organs or mouth
  5. Itching or burning before the blisters appear
  6. Blisters last 1-3 weeks
  7. Blister go away, but herpes remains
  8. Blister reoccur

- **How Is It Contracted?**
  Spread during sexual intercourse, oral sex and anal sex with someone who has herpes

- **If Not Treated**
  1. Can be spread to sexual partners
  2. Herpes cannot be cured
  3. A mother with herpes can give it to her baby during childbirth

**MOLLUSCUM CONTAGIOSUM**

- **Symptoms**
  1. Small, pinking-white, waxy, round, polyp-like growths in the genital area or on the thighs
  2. Symptoms appear between 2 and 12 weeks after infection, but they cold take years

- **How is it Contracted?**
  1. Vaginal, anal, and oral intercourse
  2. Intimate contact

- **If Not Treated**
  1. It can spread to sexual partners
  2. Continued symptoms
  3. Growths can be removed with chemical, electrical current, or freezing

**NGU (nongonococcal or nonspecific urethritis, NSU)**
Cause: bacterial

- **Symptoms**
1. Infects both men and women
2. Symptoms show up 1-3 weeks after having sex
3. Most women and some men have no symptoms
4. Yellow or white drip from the penis
5. Discharge or burning in the vagina
6. Burning or pain during urination

- How Is It Contracted?
  Spread during sexual intercourse, oral sex and anal sex with someone who has an NGU infection.

- If Not Treated
  1. It can be spread to sexual partners
  2. Can lead to more serious infection
  3. Reproductive organs can be damaged
  4. Both men and women may no longer be able to have children
  5. A mother with NGU infection can give it to her baby during childbirth

**PELVIC INFLAMMATORY DISEASE (PID)**

- Symptoms
  1. Occurs both in men and women
  2. Pelvic pain, chills, fever, irregular menstrual periods, lower back pain in women
  3. Pain and swelling of scrotum in men

- How Is It Contracted?
  1. Spread during sexual intercourse

- If Not Treated
  1. Scar tissue in fallopian tubes resulting in possible dangerous tubal pregnancy later in life
  2. Sterility
  3. Scar tissue in vas deferens

**PEDICULOSIS PUBIS (pubic lice, crabs, lice)**

- Symptoms
  1. Symptoms usually show up 25-30 days after exposure
  2. Intense itching in pubic area
  3. Bloodstains may be noticed on underwear

- How Is It Contracted?
  1. Spread by intimate physical contact with infected person
  2. Could get from infected bedding, clothing or towels (as eggs can live up to 6 days)

- If Not Treated
1. Can be spread to sexual partner
2. Continued symptoms

**SCABIES** *(skay-bee, the itch)*
Cause: itch mite

- Symptoms
  1. Symptoms appear 4-6 weeks after infection

- How Is It Contracted?
  1. Spread by close body contact (not always sexual in nature)

- If Not Treated
  1. Can be spread to those in close contact

**SYPHILIS** *(syph, the pox)*
Cause: spirochete bacterium

- Symptoms
  
  First Stage
  1. Symptoms show up 1-2 weeks after having sex
  2. A painless, reddish-brown sore on the mouth or sex organs
  3. Sore lasts 1-5 weeks
  4. Sore goes away, but syphilis remains

  Second Stage
  1. Symptoms show up 6 weeks – 6 months after sore appears
  2. A rash anywhere on the body
  3. Flu-like symptoms.
  4. Rash and flu-like symptoms go away, but syphilis remains

- How Is It Contracted?
  1. Spread during sexual intercourse, oral sex and anal sex with someone who has syphilis

- If Not Treated
  1. Syphilis can be spread to sexual partners
  2. Infected mothers can spread it to their babies during childbirth
  3. Can cause heart disease, brain damage, blindness and death

**VAGINITIS/BACTERIAL VAGINOSIS (BC)** *(gardnerella, trich, yeast)*
- Symptoms
  1. Some women have no symptoms
  2. Itching, burning, or pain in the vagina
  3. More discharge from the vagina than normal
  4. Discharge smells and or looks different
• How Is It Contracted?
  1. Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level
  2. Spread during sexual intercourse, oral sex and anal sex. Men can carry vaginitis infections without symptoms

• If Not Treated
  1. Can be spread to sexual partners
  2. Uncomfortable symptoms will continue
  3. Men can get infections in the prostate gland and urethra
Objective
Students will
• State importance of self-examination for early detection of abnormalities
• Do self-examinations privately

Concepts
1. Self-examination of testes or breasts is a healthy practice for prevention of disease.
2. Early detection of testicular cancer can be accomplished with a simple three-minute monthly self-examination. After a warm bath or shower is the best time for an exam, when the scrotum is relaxed.
   A. Exam: Roll each testicle between thumb and fingers of both hands. If any hard lumps or nodules are detected, see a doctor promptly. Not all lumps are cancerous, only a doctor could determine further information with a thorough physical exam and possible x-ray.
   B. Symptoms: enlargement of one of the testes, change in consistency, possible dull ache in stomach or groin, sensation of heaviness.
3. Breast cancer is most treatable and curable when the tumor is small. Ninety percent of all breast lumps are discovered by women themselves and ninety percent of the lumps are benign or harmless. These are good reasons why self-examination is an important habit.
   A. Exam: look in the mirror to check for change in size, shape, contour, or a discharge. Begin at the outer edge of the breast, moving with small circles with the flat part of the fingers. Progress in a clock-like manner working toward the center of the breast. Also examine the area between the breasts and armpits.
   B. Repeat the exam lying on the back with the arm raised.

Materials
• American Cancer Society pamphlet on Self Examination-Breast and Testicle

Activities
1. Discuss the American Cancer Society pamphlet (or the above information).
   Emphasize that all abnormalities should be seen by a doctor.
SEVENTH/EIGHTH GRADE
LESSON XI
TEEN PREGNANCY

Objectives
Students will
• Discuss the consequences of teenage pregnancy and responsibilities of parenthood
• Discuss pregnancy prevention

Concepts
1. Adolescent sexual involvement can hinder the potential of the teenager. Physical concerns, such as disease and pregnancies, and emotional concerns, such as guilt and apprehension, can add unnecessary pressures to growing up.
2. Pregnant teens have many difficult and serious decisions to make, such as
   A. terminate pregnancy
   B. deliver baby (parenting the child)
   C. deliver the baby (adoption)
   D. marry
   E. continue schooling
   F. support baby financially
   G. living arrangements
   H. other financial concerns
3. A decision to be sexually active requires responsible behavior. That decision plus a contraceptive “misuse” or lack of use may cause a variety of serious problems.

Materials
• “Teenage Parenting” worksheet
• Contraceptive List and Chart

Activities
2. Discuss differences between a teenage pregnancy (which probably was unplanned) and a planned pregnancy within a marriage.
3. Read and discuss the Contraceptive List and Chart.
4. Discuss “misuse” of contraception and the possibility of serious problems that may result.
5. Review the advantages of abstinence.
6. Discuss decisions made relating to an unplanned teen pregnancy: considerations must be made for individual personal/moral and religious values. All decisions are serious and difficult ones.
7. Using the following information, discuss the effectiveness, and convenience of birth control methods against pregnancy and Sexually Transmitted Infections.
8. Exceptional Education Inclusion Activities
   A. Read the worksheets to the students.
   B. Have the students make a list of items a baby needs and the cost using a catalog.
CONTRACEPTIVE LIST

A. Birth Control Pill-a hormone in the pill suppresses the release of FSH from the pituitary gland and therefore reduces the chance of ovulation (very effective), or thickens cervical mucus to prevent sperm from joining the egg. It does not protect against STDs

B. Nonoxinol 9 is a spermicide found on some condoms

C. Spermicide is a foam, cream, jelly, film, or suppository that is inserted deep into the vagina shortly before intercourse to immobilize sperm and keep them from joining the egg

D. Diaphragm, Cap and Shield are prescription barrier methods that are a soft rubber, latex, or silicone barrier that covers the cervix and blocks sperm from entering the uterus

E. Contraceptive sponge-a non-prescriptions, soft, round shaped sponge that contains a spermacide which kills sperm. Sponge may be inserted well ahead of intercourse and may be left in after intercourse.

F. Withdrawal-the act of withdrawing the penis from the vagina before ejaculation; a form of birth control that is not recommended for teens

G. Douching-rinsing out the vagina-not effective, not recommended

H. Intra-Uterine Device (IUD) a small plastic T-shaped device that is inserted into the uterus and keeps sperm from joining the egg. An IUD becomes effective when inserted and remains effective until removed.

I. Condom (male) A thin sheath of rubber or animal tissue that prevents sperm from entering the vagina. Many contain spermicide. Condoms, when used correctly, provide some protection against STIs, either gender may use them. (Female) -a lubricated loose-fitting pouch that lines the vagina and is designed to created a physical barrier against sperm and sexually transmitted diseases by surrounding the penis during intercourse. The female condom is about three inches wide and six to seven inches long (larger than a male condom) with a flexible ring at each end. The female condom is inserted by hand into the vagina up to eight hours before intercourse.

J. Fertility Awareness-Based Methods (Rhythm Method) - involves determining the fertile days of a woman’s menstrual cycle and not having intercourse during those days. Also known as natural family planning.

K. Implants - Lovonorgestrel implants consisting of six flexible plastic capsules, each about the size of a cardboard match, inserted by a specially trained health care provider under the skin of the upper inside part of one arm. The implants are usually inserted during the first seven days of a menstrual cycle.

L. The Shot (DMPA or Depo-Provera) is injected in a muscle of the patient’s arm or buttock, and during the next three months, the hormone slowly diffuses out of the muscle into the bloodstream. It prevents pregnancy by halting ovulation, thickening the cervical mucus and stopping the implantation of fertilized eggs in the uterine lining.

M. The Patch (Ortho Evra) is a thin plastic patch on the skin of the buttocks, stomach, upper arm or upper torso once a week for three weeks in a row. It will release hormones that protect against pregnancy for one month.
N. The Ring is a small flexible ring inserted into the vagina for three weeks and removed for the fourth week. It releases combined hormones that protect against pregnancy for one month. It usually prevents ovaries from releasing an egg or thicken cervical mucus to prevent sperm from joining egg

O. Cervical Cap (similar to diaphragm and shield) is a latex cup sold by prescription. It fits over the cervix and is always used with a spermicidal cream or gel. Obtaining a cap requires a pelvic examination, Pap test, and fitting by a health care provider. It is thimble shaped.

P. Vasectomy is male sterilization that involves cutting the vas deferens so no sperm will leave the testes.

Q. Tubal ligation is female sterilization done by cutting and tying off the fallopian tubes so no eggs reach the uterus.
<table>
<thead>
<tr>
<th>METHODS OF EFFECTIVENESS</th>
<th>HOW IT WORKS</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence 100% effective if continuously adhered to</td>
<td>Sperm never enters vagina; egg cannot fertilize.</td>
<td>No cost or side effects; 100% effective against HIV and other sexually transmitted diseases.</td>
<td>None</td>
</tr>
<tr>
<td><strong>Fertility Awareness-Based Method (Rhythm Method)</strong> Minimally effective if not carefully adhered to. 75-99% effective</td>
<td>Abstinence during mid-cycle days when women most likely get pregnant.</td>
<td>Does not require use of contraceptive devices.</td>
<td>Careful records must be kept; requires restraint from both partners. Identification of date of ovulation not totally reliable especially for teens. Various factors can affect cycle. Not effective if woman’s cycle is irregular.</td>
</tr>
<tr>
<td>Female and male condom with spermicide. 75-95% effective when used together.</td>
<td>Prevents transmission of sperm during intercourse. Spermicide kills the sperm.</td>
<td>No medical prescription needed; available in most pharmacies and grocery stores. <strong>Condoms and Abstinence are the only forms of birth control to offer some protection against HIV or other STIs</strong></td>
<td>Spermicides may cause an allergic reaction. Condom may leak, split, or slip off on withdrawal unless held carefully.</td>
</tr>
<tr>
<td>Vaginal Sponge 80% effective</td>
<td>A round sponge about 2” in diameter. It is loaded with spermicide; prevents sperm from fertilizing the egg.</td>
<td>No medical prescription is needed; available in most pharmacies and grocery stores.</td>
<td>May be difficult to remove; may cause an allergic reaction or infection if not removed, due to high spermicide concentration.</td>
</tr>
<tr>
<td>Diaphragm, cap, or shield. 84 - 94% effective when used with a</td>
<td>A soft rubber cup that covers the cervix and blocks sperm from</td>
<td>No side effects; can be inserted up to six hours prior to intercourse.</td>
<td>May be difficult to insert and remove; may move during sex; must be in place</td>
</tr>
<tr>
<td>Spermicide and fitted properly</td>
<td>entering the uterus. It should always be used with a spermicide.</td>
<td>for 8 hours after sex. Must be prescribed by a medical professional. Weight gain or loss necessitates a refitting.</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>Intra-Uterine Device (IUD)</strong></td>
<td>Prevents sperm from joining with egg or fertilized egg from implanting in uterus wall.</td>
<td>Low cost; no need for other contraceptive measures once in place. Medical screening and 30-day waiting period required; may prevent ability to conceive in the future; generally not recommended for women who have not had children.</td>
<td></td>
</tr>
</tbody>
</table>
| **Oral Contraceptives** | **“The Pill”**  
92% -99.7% effective | Stops the egg from being released and/or makes the cervical mucus thick and difficult for sperm to move through. Highly effective if taken each day; may reduce menstrual cramps. May cause bleeding in between periods; may delay the release of eggs for a period of time after it is stopped. Research links use with increase incidence of heart attacks, strokes and certain kinds of cancer. |
<p>| <strong>Implants</strong> | Works similar to “The Pill” except it is time released into the body. They are small matchstick-size containers inserted under the skin in the upper arm on the inside. | Extremely effective; only needs to be replaced every 3 years. The skin must be cut in order to insert the containers. May be less effective when combined with some other medications or supplements. Could prevent conception long after removed. |
| <strong>The Shot (DMPA or Depo-Provera)</strong> | Injected every 3 months into the buttocks or arm. Contains hormones to prevent conception. | Highly effective. Only needs to be re-given every three months. May cause sterility long after use is discontinued. |</p>
<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
<th>How used</th>
<th>Problems</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spermicides</td>
<td>71 – 85%</td>
<td>Inserted into the vagina shortly before intercourse to immobilize sperm and keep them from joining egg</td>
<td>May be bought over the counter</td>
<td>May be messy and irritate skin</td>
</tr>
<tr>
<td>The Ring (NuvaRing)</td>
<td>99.7%</td>
<td>The ring is inserted into the vagina for 3 weeks and releases hormones that prevent ovaries from releasing egg or sperm from joining egg</td>
<td>Does not require fitting, last for one week, worn continuously,</td>
<td>Increased vaginal discharge, vaginal irritation or infection</td>
</tr>
<tr>
<td>The Patch (Ortho Evra)</td>
<td>99.7%</td>
<td>A patch worn on the skin that releases hormones to prevent ovulation or sperm joining with egg</td>
<td>Protects against pregnancy one month, no pill to take,</td>
<td>Skin irritation, cramps, may not be effective is weight is more than 198 lbs.</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>99%</td>
<td>Surgery to close fallopian tubes. Prevents egg from entering; there tubes; therefore cannot be fertilized.</td>
<td>Eliminates need for contraceptives</td>
<td>Generally non-reversible outpatient surgery.</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>99%</td>
<td>Surgery to cut vas deferens which prevents sperm from being ejaculated.</td>
<td>Eliminates need for contraceptive devices after genital tracts are free of sperm.</td>
<td>Outpatient surgery. May not be reversible.</td>
</tr>
</tbody>
</table>

Effectiveness is drastically reduced in all methods if they are not used as directed by a doctor or by package directions.
TEENAGE PARENTING

Directions: Pretend that you are 16 years old and have found out that you are pregnant, or have fathered a child. Complete the following worksheet with that in mind.

1. Think about all the choices available. In your own personal situation, what would be difficult about raising the child and becoming a single parent?

2. Are you physically at peak health in preparation for a baby? (vitamins, immunizations, folic acid, regular medical care, infection free)

3. Now think about your family. How might your family feel about the pregnancy?

4. What choice do you think your family would suggest for you? Why?

5. What choice do you think your friends might suggest? Why?

6. List some people or places you could go to for help.
   a. 
   b. 
   c.
SEVENTH/EIGHTH GRADE
LESSON XII
FETAL DEVELOPMENT AND CHILDBIRTH

Objectives
• Students will discuss fetal development and childbirth

Concepts
1. Fertilization and Conception—Pregnancy begins when an egg cell from the mother and sperm cell from the father unite. This is called fertilization.
   A. Some people have difficulty with fertility (infertility) and may consult a physician who is a Fertility Specialist.
   B. During sexual intercourse, the erect penis is placed in the vagina and hundreds of millions of sperm are released during ejaculation. Fertilization occurs in the fallopian tubes. One sperm will fertilize one egg and the remaining sperm will eventually die. The moment of fertilization is called conception.

2. Labor and Birth—for nine months, the cervix is held tightly shut, in order to keep the baby inside the uterus. Now it must open, or dilate, to allow the baby to pass through.
   A. Contractions begin, which means that a muscle gets tense and then relaxes. Labor begins with mild muscle contractions that grow stronger and last longer as the time of birth approaches. The muscles of the uterus and abdomen work together to push the baby out. The cervix stretches to about the size of a grapefruit (10 centimeters) to let the baby’s head out.
   B. The fetus travels down through the vagina and completely out of the mother’s body. Most babies are born head first, face down, but sometimes a breech birth occurs (buttocks, arm, leg first).
   C. After the baby emerges, the doctor cuts the umbilical cord about 1 inch from the baby’s stomach. The cord dries up and falls off in one to two weeks, leaving the navel.
   D. Once the baby is born, the uterus pushes out the placenta, or afterbirth. During the next six weeks, the uterus gradually returns to normal.

Materials
• “A New Life Begins, Fertilization to Birth” chart
• Worksheet “My Birth”
• Video Fetal Development: A Nine Month Journey (15 minutes)

Activities
1. Include the following vocabulary as the concepts are discussed.
   A. Fraternal twins—two eggs (ovum) are fertilized by two sperm.
   B. Identical twins—a single ovum is fertilized by a single sperm then immediately splits. Each half of the split ovum grows into a complete baby.
C. Premature—a baby who is born in less than the 38-week gestation period, and/or a baby weighing less than five pounds. They may have lung or other difficulties because development is not quite finished.
D. Miscarriage—the mother’s body is not able to continue a pregnancy.
E. Cesarean birth—the doctor cuts through the walls of the abdomen and uterus, quickly removes the baby and placenta and closes the incision.

2. Study Chart “A New Life Begins, Fertilization to Birth.”
3. Have students complete “My Birth” worksheet with a family member. Discuss it the following day.

4. Exceptional Education Inclusion Activity
   A. Cut out pictures of a fetus at various stages of development and have the students put them in order.
   B. Have a pregnant friend visit the class.
   C. Allow the students to tape the interview with their parents.
MY BIRTH

Directions: Fill out the following information with your parents. If not living with natural parents, interview the person who can best answer these questions (you may want to do the second half of this worksheet only).

1. Place of birth (city, hospital, etc.).

2. Time of birth (weather, historical events at this time).

3. Where were they when labor began?

4. How long was labor?

5. People present at birth. (family, medical persons, other)

6. Weight at birth.

7. Any unusual happenings?

8. How did they pick your name?

9. What were the first six months like? First year?

10. Ask the questions you would like to know about your birth and early childhood, such as diseases, first steps, first words, etc.

11. What sources of information about yourself are available to you, for example, baby books, family records, albums, photos, traditional stories?

If you are adopted or not living with your natural parents, interview the person who can best answer these questions.

12. What do they know about your birth? (where, time [events happening], size)

13. What was it like the first time they saw you? How long had they known you were coming to live with them?

14. Ask about the day you came to live with them.

15. What were your first six months together like?

16. What can they tell you about your name?

17. What do they know about your early life (first words, childhood illnesses).

18. What sources of information are available (baby books, records, photographs)?
Objectives
Students will
• Discuss the legal considerations of teenage intercourse
• Discuss sexual abuse, sex crimes, victimization
• Discuss the legal considerations of pregnancy and parenthood
• Discuss advantages of abstinence

Concepts
1. The middle school child is legally considered to be a minor. Some decisions regarding sexuality may have legal implications. Any kind of sexual touch or fondling with consent is considered to be sexual abuse and is reportable to authorities and punishable by law. Sexual conduct and/or engaging in intercourse with a minor under 15 years of age is a Class 2 Felony and punishable by law. Students need to be encouraged to report any activities with illegal implications for their own welfare matters of the law. Involvement of the school nurse, school administrator and/or police would need to be considered.

2. Pregnancy of a teenager is a serious and difficult situation. Numerous family decisions will need to be addressed. The child’s welfare, the teen’s welfare and the circumstances need to be given important consideration. If a baby is born to a teenage girl, the care of that baby is a legal responsibility. The father of the child is legally responsible to help financially. Paternity can be proven with a court ordered or voluntary blood test to 99.99% accuracy. Costs of the blood test are the responsibility of the father. Fathers of children can be held responsible for the support of the child until the child reaches the age of 18. Extenuating circumstances of the pregnancy (father is a juvenile, mother agreed to have sex) are not exemptions under the law, and financial support is still expected. The law can garnish wages, seize some personal property (TV, car, stereo, house, etc.) intercept income tax refunds and hold the father in contempt of court to get financial support for the child. Childbirth expenses may also be the responsibility of the father. If the father is under 18, his parents may be held responsible for childbirth expenses up to $2,500.

3. Actual parenting of the child is an enormous responsibility. The child is entitled to be cared for under the law. The decision to parent the child or place the child for adoption is a complex and difficult decision. Individuals who are pregnant or fathered children in adolescence need adult and parental help and guidance throughout the complex situation.

4. The drug Flunitrazepam or brand name Rohypnol (ruffies, roche, R-2, rib, and rope) is also known as the “date rape” or “club drug.” Often taken to enhance other drugs, it is typically taken orally and has the effects of a sleeping pill. It is a physically and psychologically dangerous drug. Rohypnol is being used to lower the inhibitions of
young ladies causing impaired judgement, impaired motor skills, and amnesia. Many young women have reported waking up in unfamiliar surroundings and having been sexually assaulted while under the influence of the drug.

**Materials**
- Handout “Precautions”
- Handout “Protect Yourself”
- Handout “Rape and Date Rape”

**Activities**
1. Discuss the information in the concept section.
   A. sexual Abuse
   B. teen Parenting
   C. date Rape Drug
2. Have students suggest how they might report an abuse or rape situation and to whom they would report. Role-playing might help students discuss the difficult topic.
3. Review “Protect Yourself” handout.
4. Review “Precautions Against Sexual Assault.”
5. Review “Rape and Date Rape” handout.
6. Discuss the “Date Rape” drug and how girls could be tricked into using the drug without knowing it.
7. Lists the cost of childbirth and infant care and discuss the results.

**8. Exceptional Educational Inclusion Activities**
   A. Have the students make a poster of ways to protect themselves
   B. Role-play ways to protect him/herself.
PROTECT YOURSELF

1. TRUST YOUR FEELINGS.

2. If you are feeling scared, confused or just uncomfortable, there is probably a good reason.

3. REMEMBER THAT YOU COULD BE AT RISK. Anyone can be a victim. It is easier to think about protecting yourself if you know that it could happen to you— not just to other people.

4. THINK ABOUT SITUATIONS THAT COULD BE OR ARE UNSAFE. Avoid them, or make sure someone you trust is with you. Be alert to those who could slip drugs unknowingly into drinks (Rohypnol). Talk about it with someone you trust, too.

5. DO NOT BE AFRAID TO ASK FOR HELP. If you are in danger or afraid, it is smart to ask someone for help. It is not a sign of weakness. It is just common sense.

6. DO NOT TRY TO HANDLE EVERYTHING ON YOUR OWN. If something has happened to you, or if you are afraid or confused, a counselor or another adult you trust can help you talk through your feelings.

7. USE COMMON SENSE SELF-DEFENSE RULES.
   - Do not walk alone at night.
   - Do not take rides from people you do not know very well.
   - Do not hitchhike.
   - And all the others you have heard; they make sense!

8. SAY WHAT YOU MEAN AND WHAT YOU WANT. If someone is pressuring you, you can say “no!” If someone touches you in a way that you do not like or that is confusing, leave and talk to someone about it. Do not let friends talk you into doing something that seems scary or unsafe. Trust your feelings.
PRECAUTIONS AGAINST SEXUAL ASSAULT

The best way to protect your body is to use your head. Many people, both men and women, wonder what they would (or should) do in the event of physical assault. The best answer is simply to consider all the options and do whatever you can to get out of the situation without being harmed. Some people can fight, some do not believe they would be able to struggle. Most importantly, think about it beforehand so that you avoid panic.

Some good advice about avoiding attacks:
1. Be aware of your surroundings, your location-do not look lost.

2. Avoid going out alone at night whenever possible. Go with friends or, if you must go alone, travel quickly and be alert to your situation.

3. Lock your house, your car, your garage, your windows and do not let anyone in unless you are sure of who it is and why they are there. Almost half of all victims KNOW their assailant!

4. Let someone know where you are going and when you will return.

5. Demand identification from all repairmen and service people who want to come into your home.

6. Keep your car in good running order, and have enough gas to get where you are going.

7. Get new, efficient locks whenever you move into a new house or apartment.

8. If you come home late often, vary your route.

9. Walk on the side of the street facing on coming traffic. If you are being harassed by people in a car, walk in the direction they come from so that they will have to turn around to follow you.

10. If you are being followed, run to the nearest place where there are people. Do anything you can to attract attention, scream, yell, pound on doors or windows.

11. Rohypnol is being used to lower the inhibitions of young ladies causing impaired judgement, impaired motor skills, and amnesia.

12. If you are assaulted, report the incident to the police or to a rape crisis service in your neighborhood. Rapists are repeaters, and the only way a victim can help prevent this from happening to someone else is to get the assailant off the streets.

13. DO NOT HITCHHIKE! EVER! AND DO NOT PICK UP HITCHHIKERS!
RAPE AND DATE RAPE

1. What is rape?

   Rape is any form of genital contact that a person has not initiated or explicitly agreed to, and that is imposed on this person by another person who uses deception, threat, social blackmail, or physical violence to achieve the genital contact.

2. What is date rape (often called acquaintance rape)?

   A. Acquaintance rape, or date rape, is an extremely prevalent and serious problem.
   B. No one “owes” another person sex, no matter how much money or time is spend on them.
   C. Refusing sex does not indicate anything is wrong with you. You have the right to say no at any time you are with another person.
   D. Men will not be harmed if they get aroused but do not experience orgasm.
   E. Women who enjoy affection but are not ready for sex are not “teasing,” and they do not deserve to be pushed into sex.
   F. The way one dresses does not give permission for sexual advances or rape.
   G. Drugs lower one’s inhibitions and while under the influence one may not adhere to pre-set standards.
   H. 85% of the rapes occur by a known assailant.
*Recommendations for self-contained exceptional education classes.*

Suggestions:
1. In addition to a “Question Box” try using a tape recorder for students to leave their questions orally.
2. Teachers may write responses on board in place of worksheets.
3. Whenever possible, teachers should try to incorporate lessons into environment where the student will actually use that skill.
4. Pairing students or dividing class into smaller groups can help non-readers complete worksheets with peer assistance.
5. See bibliography for details on materials and other reference books.

Additional Activities:
1. May change “do you like yourself?” worksheet to yes/no answers, done orally for non-readers.
2. In a group discussion, set up individual weekly goals to work on certain skills or behaviors. Evaluate at the end of the week to determine if the goal has been met or not. Chart success and set up incentives, rewards as appropriate.
3. Invite hairdressers, fashion consultants, exercise instructors to talk of self-improvement. Do “make-overs” with students, guiding them in age appropriate hairstyles, clothes, body-image awareness.
4. Discuss and role-play roles of family members. Talk about changes according to individual experiences.
5. Invite people in non-traditional jobs to talk to students about pros and cons.
6. Visit a variety of job sites that show traditional and non-traditional roles.
7. List a variety of ways that people act with friends in different situations. May include what to do when seeing someone daily as opposed to greeting someone after a long separation, when to use hugs as opposed to shaking hands, etc.
8. Discuss and role-play options for recreation and leisure activities. Try different approaches to asking friends to join in activities, how to deal with rejection, how to turn down invitations politely, etc.
9. Role-play appropriate reactions to seeing family members fighting.
10. Discuss who to go to for help if necessary and when it is appropriate to seek help.
11. Invite family members to talk to students about cultural societal standards for dating, marriage, and divorce.
12. Role-play appropriate interactions between boys and girls who are friends, who are boyfriend and girlfriend, who are relatives.
13. Discuss where and when it’s appropriate to hold hands, hug, shake hands, etc.
14. Discuss and role-play being assertive in a variety of situations. May include saying no to peer pressure, standing up for rights, accepting criticism, or rejection from others.
15. Use samples of TV shows to illustrate decision-making, appropriate interactions, age appropriate styles and activities. May role-play other options.
16. Activities may be done on a more individual basis according to maturity of student and interest of parents/guardians.
17. Legal considerations should be optional according to individual students.
18. Practice safety and self-protection techniques against assault. The 3-step plan should be practiced in a variety of settings:
   A. Say “no”
   B. Run away
   C. Get help from someone
   D. Should practice seeking other options if no one is immediately available
19. Invite self-defense experts in to demonstrate techniques.
Middle School Review

This can be used as an oral or written review.
Directions: Circle the correct answer.

T  F  1. One must have a good self-concept to reach full potential.
T  F  2. Today’s media is not considered to be an influence on how people perceive sex.
T  F  3. A stereotype is a fixed idea that does not allow for individual differences.
T  F  4. Sexuality is something people develop only in adolescence.
T  F  5. A social change for teenagers can be an identification with peer groups.
T  F  6. Adolescence is the time of growth and development between the ages of 10-15.
T  F  7. Relationships between boys and girls are the same in adolescence as they were in childhood.
T  F  8. Pre-teens and teens are never moody.
T  F  9. Teens start to be less dependent on their parents in middle school years.
T  F  10. Teens enjoy being independent.
T  F  11. A commitment is a promise made and kept.
T  F  12. Dating is a natural progression from friendships to marriage.
T  F  13. Ideas important to families are family values.
T  F  14. Some cultures and religions have special ceremonies to celebrate growing up.
T  F  15. All families are the same.
T  F  16. Self-examination of testicles or breasts is a healthy way to prevent disease.
T  F  17. Date rape and acquaintance rape are the same.
T  F  18. Sexual abuse is reportable and punishable under the law.
T  F  19. Paternity can be proven up to 99.99% accuracy.
Directions: Match the correct phrase with each item.

1. _____ cervix  
   A. Pear-shaped female organ in which the fetus grows and develops.
2. _____ vagina  
   B. Female organ in which egg cells and sex hormones are produced.
3. _____ uterus  
   C. Neck-like narrow end of the uterus.
4. _____ fallopian tubes  
   D. Either of two tubes through which the egg travels to the uterus.
5. _____ ovary  
   E. Protects vagina from germs.
6. _____ clitoris  
   F. A small knob of tissue which contains many nerve endings.
7. _____ labia  
   G. Passage that leads from uterus to external organs.
8. _____ penis  
   H. Gland in male that produces sperm.
9. _____ urethra  
   I. Duct through which urine is discharged.
10. _____ scrotum  
    J. Either of two ducts that allow sperm to pass from the testicles.
11. _____ testicle  
    K. The male sex organ.
12. _____ vas deferens  
    L. The external pouch that contains the testicles.
13. _____ prostate gland  
    M. Releases a fluid that cleanses the urethra.
14. _____ cowpers gland  
    N. Gland that makes a milky fluid that mixes with sperm to make semen.
15. _____ seminal vesicle  
    O. Releases a fluid which mixes with sperm, nourishes them, and makes them mobile.
**Directions:** Match the disease with the correct description.

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<tr>
<td>1.</td>
<td>_____AIDS</td>
<td>P. The most common STI.</td>
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<td>2.</td>
<td>_____chlamydia</td>
<td>Q. Painful infection of fallopian tubes, pelvic area.</td>
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<td>3.</td>
<td>_____genital warts</td>
<td>R. Caused by bacteria and if untreated can cause heart damage, arthritis.</td>
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<tr>
<td>4.</td>
<td>_____herpes</td>
<td>S. Caused by a bacteria called spirochete. If untreated can cause blindness, heart disease, paralysis and insanity.</td>
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<td>5.</td>
<td>_____NGU</td>
<td>T. Symptoms include blisters on genitals.</td>
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<td>6.</td>
<td>_____syphilis</td>
<td>U. Cause has not yet been discovered—infests urethra in men and cervix in women.</td>
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<td>7.</td>
<td>_____vaginitis</td>
<td>V. Yeast infections are included in this type of disease.</td>
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<tr>
<td>8.</td>
<td>_____pelvic inflammatory disease PID</td>
<td>W. Also know as crabs; infest pubic hair and feed on human blood.</td>
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<td>9.</td>
<td>_____pubic lice</td>
<td>X. Tiny parasitic mites that burrow in the skin.</td>
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<td>10.</td>
<td>_____scabies</td>
<td>Y. Cauliflower-like growths found on genitals and buttocks.</td>
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Z. Acquired immune deficiency syndrome.
Directions: Match the correct phrase with each item.

11. ____ birth          A. erect penis ejaculates sperm into vagina.
12. ____ embryo         B. union of the female egg cell and the male sperm cell.
13. ____ cesarean birth  C. the moment of fertilization.
14. ____ sexual intercourse  D. muscles of uterus and abdomen work to push baby out.
15. ____ labor           E. fetus travels through birth canal and out of the body.
16. ____ fraternal twins  F. attaches to fetus and placenta.
17. ____ fetus            G. two ova fertilized by two sperm.
18. ____ fertilization    H. name of an unborn baby at week four of development.
19. ____ umbilical cord   I. name of an unborn baby at week seven of development.
20. ____ conception      J. at birth, the baby is removed from the mother through an incision in the abdomen and uterus walls.
Teacher Key

1. T
2. F
3. T
4. F
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6. T
7. F
8. F
9. T
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11. T
12. T
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14. T
15. F
16. T
17. T
18. T
19. T

1. C
1. G
2. A
3. D
4. B
5. F
6. E
7. K
8. I
9. L
10. H
11. J
12. N
13. M
14. O

1. Z
2. P
3. Y
4. R
5. T
6. U
7. S
8. V
9. Q
10. W
11. X
12. E
13. H
14. J
15. A
16. D
17. G
18. I
19. B
20. F
21. C
## TEACHER RESOURCE MATERIAL
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DEVELOPMENTAL STAGES
OF THE SECONDARY SEX
CHARACTERISTICS
Teacher Resources

1. Male Genital Development
   A. Pre-puberty-usually none
   B. Initial enlargement of the scrotum and testes; reddening and texture changes of
      the scrotum.
   C. Initial enlargement of the penis; further growth of testes and scrotum.
   D. Further enlargement of the penis, testes and scrotum; growth in breadth and
development of the glans.
   E. Adult in size and contour.

2. Pubic Hair Development
   A. Pre-puberty-hair over the pubic area similar to that on the abdomen.
   B. Sparse growth of long, straight, downy hair at the base of the penis or along the
      labia.
   C. Hair becomes darker, more coarse and curly; spreads sparsely over the entire
      pubic area.
   D. Further spread of hair distribution not extending to the thighs.
   E. Adult in amount and type.

3. Female Breast Development
   A. Pre-puberty-increased pigmentation of the papilla only.
   B. Enlargement of areolar diameter; small area of elevation around the papillae.
   C. Further elevation and enlargement of breasts and areolas, with no separation of
      the contours.
   D. Areolas and papillae project from the breast to form a secondary mound.
   E. Adult, with projection of the papillae only, recession of the areolas into the
      general breast contour.

4. Other Changes
   A. Pre puberty-usually none.
   B. Usually time of peak height velocity for girls.
   C. Usual point of onset of menstruation. Facial hair begins to grow and voice
      deepens for boys.
   D. Usual time of peak height velocity for boys; axillary hair begins to grow

* The A’s are corresponding time periods, as well as the B’s, C’s, etc.
1. Fertilization occurs when an ovum and a sperm combine to form a new cell. A man places the erect penis in the woman’s vagina. Semen, containing sperm cells, is ejaculated into the vagina. Millions of sperm cells are deposited at one time. If an ovum (egg) is in the woman’s fallopian tube, a sperm may combine with the ovum and fertilize it. A single cell is formed. The cell divides into two cells and continues to divide. The fertilized ovum travels down the fallopian tube to the uterus where it attaches itself to the lining of the uterus. The developing ball of cells is called an embryo. This attachment of the embryo is the beginning of pregnancy.

2. Male Reproduction—While the female has a cycle that only produces one (97% of the time) egg per month, the male can produce about 150 million sperm per day. There is no monthly cycle for sperm. They begin to develop in the testes when the hormones become active in the male body (10-16 years), usually closer to 12-14 years of age. The same hormones that cause female eggs to start developing are active in the male and cause sperm to be produced in the testes.

3. Sperm start out in the testes where it is cool (1-8 degrees) lower than body temperature. The scrotum keeps the testes outside the body so they are cool. It takes about six weeks for sperm to develop in the testes. From there, they move into a coiled tube called the epididymis where they get lots of nourishment and mature so they can fertilize; this takes 10-20 days. Now they are ready for a long journey to the outside of the body. Sperm move through the vas deferens by muscle contractions of the tube. They cannot swim until they get into liquid. They travel from the scrotum into the body and to a holding area at the end of the vas deferens. When the male is sexually aroused, some sperm, sugary liquid from the seminal vesicle, and a little milky fluid from the prostate gland mix in the area called the ejaculatory duct. When the sperm (only about 5% of the mixture) and the liquid mix together, the sperm are able to swim. This mixture is called semen. Now the semen is ready to come out of the penis. By this time, the male has an erection (the penis is filled with blood and sticks out straight). Before the semen comes out, called ejaculation, little glands called Cowpers glands send out a few drops of liquid that clean out the pathway. Both urine and semen come out the same tube. When a male gets an erection, he cannot urinate at the same time. A muscle closes off the bladder. The Cowpers glands squirt out their cleaning fluid and the urethra is clean and ready for semen. When the male ejaculates, the semen (with sperm in it) shoots out the penis. This can happen during wet dreams, during masturbation or during sexual intercourse.

4. Voice changes in the male also take place in two stages. Some early voice changes take place prior to first ejaculation, but the deep tonal change tends to appear after the appearance of underarm hair and the period of maximum growth. Males may also be relieved to learn that the beard is the last thing to grow. Many men are unable to grow moustaches and beards throughout their twenties and sometimes never.

5. Female Reproduction—Many times when a female begins to menstruate, she is considered “a woman,” although she may not feel much different. Menstruation has a lot of names; the most common is “period.” It is the result of at least a month’s activity inside the female body. Usually between the ages of 9 and 18 years, a female
begins menstruating. Menstruation is made up of blood and tissue that come from the uterus and is no longer needed. It dribbles out of the female body through the vagina for two to eight days. Although the discharge is called “bleeding” and looks like bloods, not much of it is blood (usually less than 1/4 cup). The female isn’t bleeding as if she had a cut. The lining of the uterus, which is naturally cleaning itself out, no longer has fresh new blood flowing through it because the blood supply has been shut off to that part of the lining. So a female isn’t bleeding to death. During this time, the female wears either a sanitary napkin or a tampon to catch the discharge so it won’t stain clothes. She should change this every four hours or less, even if she is not flowing heavily. The first day of menses (men seez), a shorter word for menstruation, is called the first day of that menstrual cycle. A cycle usually lasts about a month. When a young female first starts her period, she probably will not have regular monthly cycles for a year or more. (Some are never regular). The cycle ends the day before the next period starts. It is usually 20-40 days long. What is happening when the female is not flowing? Her body is very active. While the uterus is cleaning out (menses), an egg is actively developing in the ovary. This usually takes about two weeks-this is the time of the cycle which is highly variable in time and may be affected by stress, illness, and many other factors. It may be just a few days to a month in length. After ovulation, the cycle length is very consistent-12 to 16 days in length, and is controlled by hormones. As the egg is maturing, a blister forms on the ovary. When the egg is mature, the blister pops the egg pops out of the ovary. This is called ovulation. The finger like ends of the oviduct swim around the ovary, pick up the egg and move it into the oviduct. Inside the oviduct are tiny little hairs that move the egg into the uterus. This usually takes three to five days. If fertilization, sperm and egg combining, is to take place, it happens here in the widest part of the oviduct. During the few weeks all this is going on, the uterus is building up its lining with fresh tissue and blood. By the time the egg arrives, the lining is rich and soft. It is ready if the egg is fertilized and can implant itself in the lining. That would start a pregnancy. If the egg is not fertilized, the lining breaks down in the uterus and dribbles out the vagina as the menses.
AUDIO VISUAL RESOURCES

FOURTH GRADE

Growing Up For Boys
15 minutes  Marsh Media, 1995
Presents boys in grades 4-6 with a candid look at the basics of male anatomy and development, health, hygiene and good grooming. The video can also help ease some of the growing pains as boys seek to cope with the physical and psychological changes that are part of growing up.

Growing Up For Girls
15 minutes  Marsh Media, 1995
Provides girls in grades 4-6 with clear, authoritative information about the female reproductive system, the emotional physical transformations of puberty, and the importance of good health and hygiene. This video encourages a positive body image as well as a sense of self-worth for girls as they face the challenges of change and growth.

Better Safe Than Sorry
15 minutes  Altschul Group Corporation, 1990
Dramatizes various situations which students can identify and engage in problem-solving discussions. A group of youngsters ranging in ages five to nine are led through a discussion of simple rules created to help children prevent and/or deal with potential abuse. Four principal themes are reinforced throughout the film: Say no, get away, tell someone and be believed.

It’s a Change Thing
15 minutes  Kotex, Kimberly-Clark Corporation, 1998
Video is directed at girls and provides reassurance that change is normal. Video discusses external and internal changes including body growth, menstruation, and emotions. This video may be used earlier to help girls who begin their cycles earlier than fourth grade. It is available from the school nurse.

Spanish Videos—may be used in 4th or 5th grade.
Break The Silence 30 minutes, child abuse.
Boy To Man 20 minutes
Girl To Woman 20 minutes
FIFTH GRADE

**Break the Silence: Kids Against Child Abuse**  English and Spanish
30 minutes  AIMS Multimedia, 1998
Physical abuse, sexual abuse and neglect are explained in a way young children can understand. Four children talk candidly about their abuse and their abusers as they describe how adults use fear, manipulation and neglect to hurt children. As each story is told, animated versions of the child and the abuser help illustrate how the abuse happened and how it made the child feel.

**Feelings: Inside, Outside, Upside Down**
19 minutes  Sunburst, 1998
Examines the feelings of young people of both sexes toward the changes taking place in their bodies. Shows viewers how talking about these feelings with someone who has been through puberty can change their outlook.

**Don’t Stop Before You Get Started**
19 minutes  AIMS Multimedia, 1998
Promotes positive self-image in a lively, humorous manner that appeals to students in grades 5-9. Describes how a negative self-image limits growth, while a positive self-image can promote opportunities for having satisfying relationships, solving problems, and feeling good about oneself.

**Trust Me: Learning to Be Responsible**
23 minutes  Sunburst, 1996
Six scenarios explore issues of responsibility and help students work toward creating their own standards of responsibility: When must you take responsibility? What are your responsibilities as a student? Are you responsible for keeping a commitment even when you didn’t promise? How does the way you act affect the way grown-ups treat you? What are your responsibilities as a friend? What happens when your rights conflict with your responsibility?

**Boy to Man**  English and Spanish
20 minutes  United Learning an AGC Educational Media Company, 1992
Directed at male students, this video uses scenarios to provide students with an understanding of the physical and emotional changes of puberty. Provides factual information about male and female development.

**Girl to Woman**  English and Spanish
20 minutes  United Learning an AGC Educational Media Company, 1992
Directed at female students, this video uses scenarios to provide students with an understanding of the physical and emotional changes of puberty. Provides factual information about male and female development.
It’s a Change Thing
15 minutes Kotex, Kimberly-Clark Corporation, 1998
Video is directed at girls and provides reassurance that change is normal. Video discusses external and internal changes including body growth, menstruation, and emotions. Available from the school nurse.

SIXTH GRADE

Human Growth V
21 minutes SVE and Churchill Media, 1998
Presents animation depicting maturation and the reproductive system. Also presents reactions, questions, observations and feelings of young people about the wonder that is changing them.

Sexual Harassment: It’s Hurting People
18 minutes Sunburst, 1994
Points out what viewers may not know about sexual harassment: that both girls and boys can be its victims; that it can involve the use of profanity, sexist terms, dirty jokes, or nasty rumors as well as unwanted physical contact; and that while harassers may not intend to hurt anybody and think their actions are funny, what they are really engaging in is unwelcome, obnoxious, and illegal behavior that is no laughing matter and has a hurtful effect. Calling sexual harassment a major offense that can lead to suspension, urges that it be taken seriously. Suggests steps students can take if it happens to them or if they see someone else sexually harassed. Urges that they also report these incidents to a parent, teacher, or principal.

Update: Sexually Transmitted Diseases
28 minutes Sunburst, 1995
Video revolves around true-to-life stories of teenagers who must deal with the harsh realities of Sexually Transmitted Infections (STIs). Interweaving these stories, two hotline counselors and an STI clinic doctor use detailed, candid language to discuss genital warts, chlamydia, herpes, HIV, and other common STIs, and the harm each can do if left untreated. Advises viewers with any symptoms of an STI to seek early treatment. Urges viewers who are sexually active to protect themselves against STIs through consistent and proper use of condoms, and calls abstinence the best choice for staying healthy.
Human Growth V
21 minutes SVE and Churchill Media, 1998
Updated video previously adopted by TUSD Governing Board presents animation depicting maturation and the reproductive system. Also presents reactions, questions, observations and feelings of young people about the wonder that is changing them.

Fetal Development: A Nine Month Journey
15 minutes Sunburst, 1988
Traces fetal development from the moment of fertilization of a human egg by just one of several million sperm to the emergence of an actual baby through the birth canal at nine months. Clearly details the embryo’s rapid development after it implants itself in the uterus. Marks off the development as the embryo becomes a fetus and begins to look more and more like a baby. Shows how the mother’s body adjusts to the growing fetus. Details how the mother’s body prepares itself for the imminent birth. Describes events in the birth canal as the baby prepares to be born.

Abstinence: It’s the Right Choice
22 minutes SVE and Churchill Media, 1995
Intertwines street interviews with footage of a group of curious teens, who learn refusal techniques and alternatives to engaging in sexual activity from an older sister and her boyfriend. In an informal discussion led by these experienced peer counselors, and with essential advice offered by a mom, the video emphasizes to teens that there has never been a better time to abstain.

The Incurable STDs
18 minutes United Learning, 1994
Describes and distinguishes AIDS and the 15 incurables nobody talks about. Details the plague of cervical cancer. Emphasizes that one mistake is one too many by reinforcing abstinence as the best prevention. Includes a student guide and 25 black line masters.

Real People: Relationships, When They Hurt, When They Help
28 minutes Sunburst, 1997
Explores relationship problems to help teens recognize the warning signs of an unhealthy relationship. Explains why teens might fall into a relationship trap, offers ways to break loose, rebuild their self-esteem, and gorge the healthy patterns that can enrich their lives. Lists resources teens in an unhealthy relationship can turn to for help.

When Dating Turns Dangerous
33 minutes Sunburst, 1995
Addresses the growing problem of dating violence, describes the patterns it takes and why abusers act the way they do, and how the abuse gradually destroys a victim’s self-esteem. Asserting that abusers will not change without treatment, offers effective strategies for helping a victim reestablish a normal life.

Real People: When I Say Stop, I Mean Stop
25 minutes Sunburst, 1998
Provides definitions, types and solutions to peer pressure and sexual harassment. Video allows students to critically think about potentially unsafe situations and how to handle them more responsibly. Includes a teacher’s guide, role-play guidelines, scenarios, and a questionnaire that allows students to rate comments as acceptable/unacceptable behaviors.

**Say No and Keep Your Friends**
25 minutes Sunburst, 1994
Camp “junior counselors” role-play assertiveness in a variety of situations with friends. Provides examples of assertiveness responses. Several opportunities are provided to stop video to discuss questions and responses.

**Teenage Sex: Resisting the Pressure**
30 minutes Sunburst, 1992
Designed for teenagers who need help in handling pressure to be sexually active. Affirming that everyone has the right to decide his or her own sexual behavior, emphasizes the importance of setting limits before a situation arises. Teaches basic assertiveness techniques to use in specific situations, helps viewers reach and enforce the decision to be abstinent.
NINTH – TWELFTH GRADES

**What Teens Want to Know About Sex**  
28 minutes  Sunburst, 1994  
Presents the facts teens need to know for informed sexual decision-making. Provides answers to teens’ concerns about sexual development, conception, pregnancy, contraception, and STIs. Debunk myths about sex and carries a strong abstinence message.

**Abstinence by Choice: Choosing to Be Disease-Free**  
22 minutes  United Learning, 1998  
Directed at the health and safety of teens, this video provides factual medical information about STIs. Video uses straightforward, honest discussion to explain in detail the hazards of sexual activity for teens, and to emphasize that because no form of protection is 100% effective, the safest choice is abstinence.

**Abstinence by Choice: Emotional Choices: Not Just a Body**  
19 minutes  United Learning, 1998  
Video uses a group of insightful teens to examine the emotional impact of becoming sexually active, and of behaviors such as use of alcohol, which can put teens at risk. The self-affirming message, “Your worth the wait…give yourself time to be ready,” is clearly voiced through teen discussion and host presentation.

**Abstinence by Choice: Physical Choices and Consequences: Pregnancy**  
16 minutes  United Learning, 1998  
Video makes a convincing argument for the choice of abstinence by illustrating the life-changing consequences of unplanned teen pregnancies. Once pregnant, an adolescent is forced to make many difficult decisions – none of which are easy or without consequences. The video encourages viewers to carefully think through consequences before they make the choice to have sex.

**Abstinence by Choice: Social Choices and Consequences**  
17 minutes  United Learning, 1998  
This video explores the contemporary issues of date rape and sexual images in the media. Spontaneous teen discussions look at dating, the risks of becoming sexually active, and reasons to wait. Family influences are discussed and peer support and accountability are advocated. The conclusion presents a positive, upbeat message of staying healthy and keeping your future your own by choosing abstinence.

**This Ain’t No Dress Rehearsal: Abstinence and Teens**  
27 minutes  Sunburst, 1996  
By using humor and old film clips, this video delivers a powerful abstinence message. Physician, Dr. John Young tells students there is “no dress rehearsal for life or sex.” The video explains how the most prevalent STIs among teens are contracted and the serious
medical problems and emotional turmoil these diseases can precipitate. Young people who have STIs offer poignant insights into why they chose to get sexually involved and how their disease has affected their life.

**STIs, AIDS and the Clean Love Solution**  
30 minutes  United Learning, 1997  
Utilizes a story-line of two high school students who are doing a project to learn more about STIs and AIDS. They visit doctors, clinics, STI educators and young people who are infected with AIDS and other STIs. Video covers all common STIs without going into detailed symptoms. Video stresses communication between partners and abstinence. Emphasizes there is no such thing as safe sex.

**Just Like Us AIDS Prevention**  
28 minutes  Sunburst, 1993  
This video provides interviews with HIV-positive, ethnically diverse young people, most of whom got the AIDS virus from heterosexual sex. The purpose of the video is to help students understand that anyone can get AIDS. Gives viewers an emotionally charged look at what it is like to have AIDS. Through these compelling interviews, abstinence is promoted.

**AIDS: One Teenager’s Story**  
32 minutes  Sunburst, 1996  
This video is designed to break through teenagers’ sense of invulnerability and bring home the fact that AIDS can happen to them. Information is given on transmission, testing, treatment and emotional impact through the telling of one teen’s story. Emphasizes to take care of oneself and to be aware of the responsibility they have to protect themselves from sharing the depicted teenager’s fate.
EXCEPTIONAL EDUCATION ADDITIONS*

With the increasing commitment to providing functional and age-appropriate instruction to students with disabilities, the Family Life Curriculum Committee included additional activities throughout the curriculum that are appropriate to the exceptional education population. Many of the concepts that are presented throughout the curriculum are applicable to every student, regardless of their level of intellectual functioning. The adaptations are required in presenting the concepts in a more concrete manner, (as through role-play) and in the natural environment with a variety of situations, both social and vocational.

Important to the success of any course is the presence of a qualified instructor. The following guidelines are suggested in determining such qualified people:

1. Person should have successfully taught disabled students and be well liked by parents and administrators.

2. Person should be comfortable discussing the topic of sexuality.

3. Person should serve as a good model in personal grooming and manners.

4. Person should be a creative teacher with an ability to use socio-drama, role playing and audiovisual approaches as techniques for curriculum development and teaching.

5. Person should display an openness, acceptance and sensitivity to religious and social beliefs different than his/her own.

The special education adaptations have been made on the premise that early and lifelong social/sexual training will allow students with disabilities to enjoy the kind of relationships that make life meaningful. These may include the following needs. (1)

1. A friend-someone to talk to, to share important things.
2. Some warmth-someone to touch us, to put their hand on our shoulder in a way that says, “I like you.”
3. Approval-some message from others that tells us, “I am ok.”
4. Dignity-some communications from others that we are of worth.
5. Social outlets-to avoid loneliness.
6. Affection-love; feeling and knowing we are loved. That is not necessarily sex.
7. Sexual satisfaction- purely biological need for sex and sexual stimulation, so small in comparison to other real human needs, but nevertheless a very genuine need.
Another aspect of sex education must be to teach personal safety and self-protection techniques. Students with disabilities may be more vulnerable than others to sexual abuse for several reasons. (2)

1. Offenders may think it is “safer” to assault someone with a disability. They may believe that physically disabled persons will not be able to defend themselves against assault, that blind persons will not be able to identify the attacker, that hearing impaired persons will not be able to call for help or talk to anyone about the assault, or that persons who are mentally disabled will not understand what is happening or will not be believed. Although these beliefs are not accurate, the fact that these misconceptions prevail may make offenders more likely to victimize individuals with disabilities.

2. Generally, children and adolescents with disabilities do not receive the same information that non-disabled persons of the same age group receive about sexual abuse. Disabled students do not receive this information if they are segregated in a special classroom where sexual abuse prevention information is not provided. If the students are mainstreamed, they may not be fully comprehending the information being presented in the regular classroom, because of the mode of presentation. Additionally, information available to the general public may not be accessible to persons with certain disabilities. For example, there is very little printed information about sexual abuse available in a form that blind persons can use easily. Information presented on radio and television may not be accessible to the hearing impaired persons. There is very limited information about sexual abuse which has been adapted for mentally disabled persons. This lack of information makes persons with disabilities more likely to believe myths about sexual abuse and less likely to understand the crime. Thus, they are more vulnerable to sexual abuse.

3. Persons with disabilities are often dependent upon professionals and others who provide services and care specific to the person’s disability. This dependence can increase a persons’ vulnerability to sexual abuse.

4. Sometimes, disabled persons request assistance from strangers who may take advantage of the situation and become abusive. Or, a stranger may offer assistance to disabled persons solely for the purpose of putting them in situations where they can be assaulted.

5. Some people feel that the best method of decreasing the vulnerability of individuals with disabilities is to severely limit life activities; deny opportunities to live independently, participate in community activities, attend evening classes. Shielding disabled persons from the outside world may lower self-confidence and foster an attitude of helplessness and dependence. While this protectiveness may limit the individual’s contact with strangers, it does not protect the individual from assaults by acquaintances, such as friends, family members and caretakers. Statistics show that in at least 60% of
reported sexual assault cases, the offender was known to the victim before the assault. Data from the Seattle Rape Relief Developmental Disabilities Project indicates that the incidence of acquaintance rape as opposed to sexual assault by strangers is substantially higher among disabled victims. (3)

6. Obtaining knowledge about sexual abuse is the first step toward its prevention. Thus, persons with disabilities should receive information about sexual abuse and its prevention. In addition, persons with disabilities should be made more aware of situations where they face increased vulnerability to sexual assault because of a disability, and should receive positive education and training about preventing sexual assault in these situations. It is only through such efforts that sexual abuse of persons with disabilities will be decreased.

7. Finally, it should be emphasized that addressing sexual behavior and intimacy for the special education population is closely related to teaching social skills in the broader sense. Intimacy, in this case, is not meant to be equated with physical pleasures derived from close contact. Rather, it is meant to include communicating, caring, responding and understanding the social implications of one’s behavior. The main emphasis should, therefore, be on developing social skills for school, work and home setting and maximizing opportunities for friendship development.

1. Edwards and Wapnick, Being Me. Ednick Communications, Inc.

*This supplement is designed for the self-contained exceptional education classroom. Additional inclusion activities are included with the individual lessons.
Dear Parent or Guardian:

You have received information regarding the Family Life Curriculum to be taught in your child’s school. In addition, if you prefer your child not to attend, an alternative program ____________________ will be taught. A parent meeting was held to further assist you in making a family decision concerning permission for your child to participate in this unit of study.

**Please complete this form and return it to your child’s school.**

I request that ____________________ be placed in Tucson Unified School District’s

Student Name

Family Life Curriculum Program:
1. Human Growth and Development
2. Human Sexuality

__________________________________  ____________________________
Parent/Guardian Signature               Date

**OR**

I wish ____________________ to be placed in the alternative program.

Student Name

__________________________________  ____________________________
Parent/Guardian Signature               Date

**NOTE: IF NO DECISION IS MADE, THE STUDENT WILL BE PLACED IN THE ALTERNATIVE PROGRAM.**  

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TUCSON UNIFIED SCHOOL DISTRICT
CURRICULUM AND INSTRUCTION
PARENT INFORMATIONAL MEETING

SCHOOL

DATE

Dear Parents/Guardian:

Your son/daughter will have the opportunity to receive instruction in a unit of study entitled Family Life Curriculum, Part I Human Growth and Development, Part II Human Sexuality. The topics to be included are communication, choices, decision-making, changes during adolescence, and age appropriate anatomy and physiology of the reproductive system. The lessons are designed to help students gain an appreciation of the functions of the family unit and to begin to understand the growth and maturational changes that he/she is beginning to experience.

It is believed that this important educational activity is one that is best shared by the home and the school. You may wish to discuss topics with your son/daughter at the same time they are being presented at school.

A special meeting for parents and guardians concerning the Family Life Curriculum will be held at ______________________ on________________ at___________ O’clock. At this meeting you will have an opportunity to review the curriculum, preview the material and receive a content outline for your child’s grade level. Please plan to attend.

___________________________
Principal

___________________________
Teacher(s)
POSSIBLE STUDENT QUESTIONS

Directions: These previously asked questions are to assist the teacher in preparing to answer current student questions.

Fifth and Sixth Grade Boys

1. What will happen to a boy in the 6th grade? Can he make a woman pregnant?

2. If a man was raped, or a woman forced a little boy to have sex with her, could she have a baby?

3. Can a man make sperm on a woman’s pussy?

4. If a mother had twins in the tubes, would the mother or baby die?

5. When an 11 year old guy has sex with a 15 year old girl, can she have a baby?

6. When do we get our sperm?

7. How do we get our sperm?

8. What is a sperm?

9. If she has twins, is there pain on delivery?

10. What if she doesn’t want the baby and wants an abortion?

11. Can you do it without going inside a girl?

12. If a man raped a 6-year-old girl, can she get pregnant?

13. If a guy has STI on his penis, and a girl sucks it, will she get the STI in her mouth?

14. Will an STI go away by itself?

15. Can you have sex if you can’t have babies?

16. Why does the mother have to breastfeed the baby?

17. When you have sex with a woman, does sperm always come out?

18. What is an abortion?
19. How do they make babies for people who have trouble getting pregnant?

20. If a woman is pregnant and drinking or on heroin, or smoking will anything happen to the baby?

21. What is Viagra?

22. Is smoking bad for babies?

23. When a man has a sex operation to change into a girl, how do they change the penis into a vagina? Can they have babies?

24. Can a man have a baby?

25. When a woman and a man have sex, does it hurt?

26. Can a girl rape a boy?

27. How can a girl have sex with a girl?

Fifth and Sixth Grade Girls

1. How does the mother know when the baby will come out?

2. If the egg and sperm unite, do you always have a baby?

3. Can you have a baby when you’re 13?

4. How do you treat an STIs?

5. What is fondling?

6. Why don’t boys have babies instead of girls.

7. What is a sperm?

8. What is abortion?

9. What if the baby’s born dead?

10. Do other people know when you have a period?

11. Abortion and adoption, what is the difference?

12. What if you have one period, then no more?
13. What are the signs of a period starting?

14. Why do most women shave?

15. What happens to a man or woman in a sex change?

16. Can two women have a baby?

17. After a sex change, can a man still make a lady pregnant?

18. Can a 10 year old girl have a baby?

19. If you don’t eat will the baby die?

20. Can a sonogram tell if it’s a boy or girl?

21. If the male is stoned, will it be passed on to the baby?

22. How come the man can’t have the baby?

23. When they do a cesarean section, do they cut the vagina?

24. Can you get an STI from a doorknob?

25. How do they make babies outside the body?

26. How do they get the sperm from the men?

28. Is it true if you kiss for a long time you get pregnant easily?

**Middle School Boys**

1. Why do you sometimes get stiff when you’re not thinking about sex?

2. Why do you have to wear a jockstrap?

3. Is something wrong if you have one testicle lower than the other?

4. How tough is that hymen thing?

5. How soon does milk get into a girl’s breasts?

6. What are falsies, and why do some girls have to wear them?

7. How much blood do girls lose during their period?
8. Do girls want you not to know when their period is? Why should they hide it?

9. Can a girl still have periods when she’s pregnant?

10. Why do girls have to be so careful when they are menstruating?

11. How often should I have wet dreams?

12. Can you have wet dreams in the daytime?

13. Do girls have wet dreams?

14. Should you let your parents know when you start having them?

15. Do you automatically know how to have intercourse when you marry?

16. What exactly do you do when you screw?

17. How often do adults have intercourse?

18. Does everybody in high school screw?

19. What’s the soonest a boy should screw a girl?

20. What’s RH? Is that slang?

21. How do you know you won’t give your kid too many chromosomes?

22. How does Viagra work?

**Middle School Girls**

1. Can a boy get an erection from a girl sitting on his lap?

2. Why do some boys have skin over the end of their penis?

3. How big does the penis get when it gets big?

4. Does a boy have to shoot off his sperm before he can get his penis small again?

5. If boys don’t mature as fast as girls, how come they are interested in sex so soon?

6. What’s the clitoris for? Where actually is it?

7. How can I tell if I have a hymen?
8. Why is one breast sometimes bigger than the other?

9. How come some girls’ nipples are different from mine?

10. What if your vagina is too small for a penis?

11. Is it true girls can masturbate too? How?

12. Is there something wrong with me if I don’t want to try masturbating?

13. Do boys ever get cramps even though they don’t menstruate?

14. Do boys have something monthly they discharge?

15. Can I use tampons if I’m a virgin?

16. What’s the longest you can go without a period?

17. Can they give you medicine for irregular periods?

18. What kind of dreams are “wet” dreams that boys talk about?

19. What do boys do in case they have seminal emissions at school when they don’t expect them?

20. Can a boy control them, or have them whenever he wants?

21. How often do boys have them? On a regular schedule?

22. Is it just another term for masturbation?

23. Why do boys like to have intercourse more than girls?

24. My girl friend had intercourse with a boy and she didn’t get a baby, why was that?

25. Can sexual intercourse get to be habit forming?

26. Can a girl tell by intercourse if she’s what they call frigid?

27. Is it hard to give birth?

28. How do some babies get deformed? Did the couple have intercourse wrong?

29. What happens to the sperm that doesn’t enter the egg cell?

30. How is artificial fertilizing done?
31. Can animals and humans mate?

32. What are morning after pills?
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
<td>The natural or induced loss of an embryo or fetus before it can live outside the mother’s body.  (Webster definition) For medical definition see high school lesson.</td>
</tr>
<tr>
<td>Abstinence</td>
<td>Refraining from sex.</td>
</tr>
<tr>
<td>Acne</td>
<td>A disorder of the skin caused by inflammation of the skin glands and hair follicles; chiefly found in adolescents and marked by pimples.</td>
</tr>
<tr>
<td>Acquired Immune Deficiency Syndrome</td>
<td>A breakdown of the functioning of the immune system that protects the body against infections due to the Human AIDS Immodeficiency Virus (HIV).</td>
</tr>
<tr>
<td>Adolescence</td>
<td>The period of life between puberty (appearance of secondary sex characteristics) and adulthood (cessation of major body growth).</td>
</tr>
<tr>
<td>Afterbirth</td>
<td>The placenta and fetal membranes expelled from the uterus following the birth of a child.</td>
</tr>
<tr>
<td>Amenorrhea</td>
<td>Absence of menstruation.</td>
</tr>
<tr>
<td>Amniocentesis</td>
<td>A medical procedure that enables a physician to examine the chromosomes and to study the body chemistry of an unborn child.</td>
</tr>
<tr>
<td>Amniotic sac</td>
<td>A thin membrane forming the closed sac or “bag of waters” that surrounds the unborn child within the uterus and contains amniotic fluid in which the fetus is immersed.</td>
</tr>
<tr>
<td>Anesthetic</td>
<td>A substance which has the power to produce a loss of feeling, particularly the sensation of pain.</td>
</tr>
<tr>
<td>Antibodies</td>
<td>A substance produced by the body tissue that has the power to kill or inhibit the growth of disease causing microorganisms.</td>
</tr>
<tr>
<td>Anus</td>
<td>The opening from the rectum for getting rid of solid waste.</td>
</tr>
<tr>
<td>Assertive</td>
<td>Bold and forward in manner.</td>
</tr>
<tr>
<td>Autonomous</td>
<td>Independent.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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</tr>
<tr>
<td>Birth Control</td>
<td>Controlling the number of children born in a family. Preventing or lessening the frequency of pregnancy through the use of pills, condoms, etc.</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>Genetic conditions and many other types of diseases and disorders caused by a variety of factors existing at birth.</td>
</tr>
<tr>
<td>Breast</td>
<td>The upper anterior part of the chest. The mammary gland in the female which secretes milk for nourishment of young. During puberty, estrogens from the ovary stimulate growth and development of the breast.</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Cancer of the breast, which may first appear as a lump, hard knot, or tissue thickening in the area between the armpit and the breast.</td>
</tr>
<tr>
<td>Breech Birth</td>
<td>A birth position in which the baby is presented and delivered buttocks first.</td>
</tr>
<tr>
<td>Cesarean Birth</td>
<td>(also cesarean section) Delivery of a child through a surgical incision in the abdominal and uterine walls.</td>
</tr>
<tr>
<td>Cartilage</td>
<td>An elastic tissue from which bone may later be formed through a process called calcification.</td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td>Cancer of the cervix, which is diagnosed by means of a PAP smear.</td>
</tr>
<tr>
<td>Cervix</td>
<td>In the female the narrow portion or neck of the uterus, or womb, that forms its lower end and opens into the vagina.</td>
</tr>
<tr>
<td>Chancre</td>
<td>The first sign of syphilis; a reddish sore where the germ enters the body.</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>Abuse of a child, which may be physical, sexual, or emotional.</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>(also mucopurulent cervicitis or nongonococcal urethritis) An infection characterized by heavy vaginal discharge, urethral discharge, frequent urination, recurring bladder infections, and infections of the eye and anus. Diagnosis is difficult; when identified, antibiotics must be taken by both partners. It is seen more frequently than gonorrhea today.</td>
</tr>
<tr>
<td>Chromosomes</td>
<td>Tiny structures within the nuclei of cells that help to determine inherited traits.</td>
</tr>
<tr>
<td>Cilia</td>
<td>The hair-like surface of a cell, often used for locomotion.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td>Circumcision</td>
<td>Clipping off of the foreskin of the penis.</td>
</tr>
<tr>
<td>Clinician</td>
<td>Physician or nurse practitioner with training in the area of medicine and health.</td>
</tr>
<tr>
<td>Clitoris</td>
<td>A small, highly sensitive nipple of flesh in the female, located just above the urethral opening in the upper triangle of the vulva.</td>
</tr>
<tr>
<td>Cold Sore</td>
<td>A blister that forms on or around the lips and is caused by a virus (see Herpes Simples Type I).</td>
</tr>
<tr>
<td>Colostrum</td>
<td>A thin, milky fluid secreted by the female breast just before and after childbirth.</td>
</tr>
<tr>
<td>Conception</td>
<td>The fertilization of an egg by a sperm.</td>
</tr>
<tr>
<td>Condom</td>
<td>Male-A thin sheath of rubber or animal tissue that prevents sperm from entering the vagina. Female-a rubber sheath inserted into the vagina to prevent sperm from entering the vagina.</td>
</tr>
<tr>
<td>Congenital</td>
<td>Existing at or dating from birth.</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>A condition that occurs when a pregnant woman who has syphilis transfers the infection to her unborn child.</td>
</tr>
<tr>
<td>Contraception</td>
<td>Voluntary prevention of conception.</td>
</tr>
<tr>
<td>Contraceptive Sponge</td>
<td>A non-prescription, soft, round-shaped sponge that contains a spermicide. It kills sperm in order to prevent pregnancy.</td>
</tr>
<tr>
<td>Corpus Luteum</td>
<td>Part of the follicle left in the ovary following ovulation that form a temporary endocrine gland.</td>
</tr>
<tr>
<td>Cowpers Gland</td>
<td>A gland that supplies fluids that mix with the sperm to form semen.</td>
</tr>
<tr>
<td>Date Rape</td>
<td>Forced sexual intercourse involving a person whom the victim knows; also called acquaintance rape.</td>
</tr>
<tr>
<td>Dating</td>
<td>A sharing of social activities and time with members of the opposite sex.</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>A muscle that separates the chest and abdominal cavities. Also, a form of birth control A soft rubber cup that covers the cervix and blocks sperm from entering the uterus.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
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</tr>
<tr>
<td>Dilation</td>
<td>Expanding of the cervix opening and the first stage of labor.</td>
</tr>
<tr>
<td>Douching</td>
<td>A process of rinsing out the vagina; not a method of birth control</td>
</tr>
<tr>
<td>Down’s Syndrome</td>
<td>A genetic disorder characterized by mild to serious physical and mental retardation, a result of chromosome abnormality in which an infant has inherited an extra chromosome.</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>Painful menstruation.</td>
</tr>
<tr>
<td>Etopic Pregnancy</td>
<td>The growth of a fertilized egg in a part of the body other than the uterus.</td>
</tr>
<tr>
<td>Ejaculation</td>
<td>Discharging or ejecting of semen from the penis.</td>
</tr>
<tr>
<td>Embryo</td>
<td>The unborn in its early stage of development—from one week following conception to the end of the second month in humans.</td>
</tr>
<tr>
<td>Emotions</td>
<td>A person’s feelings, which affect thinking, relationships with other people, and behavior.</td>
</tr>
<tr>
<td>Endometrium</td>
<td>A soft, spongy tissue that forms the inner lining of the uterus.</td>
</tr>
<tr>
<td>Epididymis</td>
<td>A large coiled tube that is located at the outer surface of each testicle and stores the sperm after they are produced.</td>
</tr>
<tr>
<td>Episiotomy</td>
<td>An incision made between the vagina and anus to prevent tearing during childbirth.</td>
</tr>
<tr>
<td>Erection</td>
<td>The stiffening and enlargement of the penis (or clitoris), usually as a result of sexual excitement.</td>
</tr>
<tr>
<td>Estrogen</td>
<td>A female sex hormone.</td>
</tr>
<tr>
<td>Fallopian Tube</td>
<td>The oviduct or egg-conducting tube that extends from each ovary to the uterus in the female.</td>
</tr>
<tr>
<td>Family</td>
<td>The basic unit of society.</td>
</tr>
<tr>
<td>Female Reproductive System</td>
<td>Cervix, fallopian tubes, ovaries, uterus, and vagina.</td>
</tr>
<tr>
<td>Female Sex Glands</td>
<td>The ovaries</td>
</tr>
<tr>
<td>Fertilization</td>
<td>The union of egg (ovum) and sperm (spermatozoan), which results in conception.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fertilized Egg</td>
<td>An ovum (egg) that has been joined with a spermatozoon (sperm) to start a new life.</td>
</tr>
<tr>
<td>Fetus</td>
<td>In humans, the unborn child from the third month after conception until birth.</td>
</tr>
<tr>
<td>Foreskin</td>
<td>The skin covering the tip of the penis or clitoris; prepuce.</td>
</tr>
<tr>
<td>Fraternal Twins</td>
<td>Two offspring developed from two separate ova (eggs) usually fertilized at the same time.</td>
</tr>
<tr>
<td>Genital Organs</td>
<td>(genitals or genitalia) The sex or reproductive organs.</td>
</tr>
<tr>
<td>Genital Warts</td>
<td>A Sexually Transmitted Infection in which pink or red warts with cauliflower tops appear.</td>
</tr>
<tr>
<td>Gonads</td>
<td>The organs of reproduction.</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>A contagious inflammation of the genital mucous membranes caused by the gonococcus bacteria. It is transmitted chiefly by sexual contact.</td>
</tr>
<tr>
<td>Heredity</td>
<td>The transmission of bodily traits and characteristics or of diseases from parents to offspring.</td>
</tr>
<tr>
<td>Herpes I</td>
<td>Common cold sore or fever blister. A viral infection consisting of vesicles and ulcers located mainly on the mouth.</td>
</tr>
<tr>
<td>Herpes II</td>
<td>A viral infection consisting of vesicles and ulcerations on the surface of the skin and mucous membranes of the genital area which can be transmitted by sexual contact.</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>A person who has sexual preference for people of the opposite sex.</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>Sexual attraction to, or sexual activity with members of one’s own sex, not to be confused with gestures of friendship.</td>
</tr>
<tr>
<td>Hormones</td>
<td>Body chemicals that act as chemical regulators by stimulating a reaction in some part of the body by producing changes in body structures and by regulating the rate of body metabolism.</td>
</tr>
<tr>
<td>Hymen</td>
<td>The membranous fold that partly covers the external opening of the vagina in most virgin females, maidenhead.</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>Surgical removal of the uterus (pan hysterectomy includes removal of uterus, ovaries, and fallopian tubes)</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Identical Twins</td>
<td>Two offspring developed from one fertilized ovum (egg).</td>
</tr>
<tr>
<td>Immature</td>
<td>Not being ready to accept the responsibility for one’s own actions or being able to share with or help another when it may cause some discomfort. Anything that has not finished growing or developing.</td>
</tr>
<tr>
<td>Immunities</td>
<td>The ability of the body to resist the growth of disease causing microorganisms.</td>
</tr>
<tr>
<td>Impotence</td>
<td>The inability to get or maintain an erection.</td>
</tr>
<tr>
<td>Incest</td>
<td>Any form of sexual activity that occurs between blood relatives as well as step-parents and step-children.</td>
</tr>
<tr>
<td>Individuality</td>
<td>The characteristics or qualities that set one person apart from others.</td>
</tr>
<tr>
<td>Infertility</td>
<td>Not fertile. The inability to produce children.</td>
</tr>
<tr>
<td>Inherited Genes</td>
<td>A unit of a chromosome that determines the character and activities of a cell. Genes also give the body certain characteristics such as height, color of hair and eyes, etc.</td>
</tr>
<tr>
<td>Intercourse</td>
<td>Insertion of the penis into the vagina.</td>
</tr>
<tr>
<td>Labia</td>
<td>The outer and larger pair of lips and the inner and smaller pair of lips of the female external genitals (vulva).</td>
</tr>
<tr>
<td>Labia Majora</td>
<td>The outer fold of tissue on either side of the vaginal opening.</td>
</tr>
<tr>
<td>Labia Minora</td>
<td>The inner folds of tissue on either side of the vaginal opening.</td>
</tr>
<tr>
<td>Latent Syphilis</td>
<td>The third stage of syphilis, which usually begins about two or more years after the initial infection, when the individual feels that he/she is cured or never had the disease in the first place.</td>
</tr>
<tr>
<td>Lesbian</td>
<td>A female homosexual.</td>
</tr>
<tr>
<td>Male Reproductive</td>
<td>Penis, scrotum, testicles, epididymis, vas deferens, seminal vesicles, prostate gland.</td>
</tr>
<tr>
<td>System</td>
<td></td>
</tr>
<tr>
<td>Masturbation</td>
<td>Self-stimulation of the genitals through manipulation; autoeroticism.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td><strong>Menarche</strong></td>
<td>The onset of menstruation in the female, occurring during puberty and ushering in the period of adolescence.</td>
</tr>
<tr>
<td><strong>Menopause</strong></td>
<td>The period of cessation of menstruation in the human female, occurring usually between the ages of 45 and 55; climacteric; change of life.</td>
</tr>
<tr>
<td><strong>Menstruation</strong></td>
<td>The discharge of blood from the uterus through the vagina that normally recurs at approximately four-week intervals in women between the ages of puberty and menopause.</td>
</tr>
<tr>
<td><strong>Minor</strong></td>
<td>Anyone under 18 years of age.</td>
</tr>
<tr>
<td><strong>Miscarriage</strong></td>
<td>Natural premature expulsion from the uterus of the product of conception-a fertilized ovum, embryo, or nonviable fetus.</td>
</tr>
<tr>
<td><strong>Molester</strong></td>
<td>A person who makes indecent sexual advances towards another without consent.</td>
</tr>
<tr>
<td><strong>Moniliasis</strong></td>
<td>A fungus or yeast infection caused by the overgrowth of a specific pathogen normally found in the vagina.</td>
</tr>
<tr>
<td><strong>Mons Pubis</strong></td>
<td>A rounded fatty pad of tissue covered with pubic hair, located in the front of the female body, directly on top of the pubic bone.</td>
</tr>
<tr>
<td><strong>Multiple Births</strong></td>
<td>A birth in which the mother delivers more than one child.</td>
</tr>
<tr>
<td><strong>Natural Birth</strong></td>
<td>Any birth not requiring outside help from drugs or instruments.</td>
</tr>
<tr>
<td><strong>Nocturnal Emission</strong></td>
<td>An involuntary male orgasm, ejaculation of semen during sleep; “a wet dream.”</td>
</tr>
<tr>
<td><strong>Nongonococcal Urethritis (NGU)</strong></td>
<td>A Sexually Transmitted Infection caused by several different kinds of bacteria-like organisms that effect the urethra in men and the cervix in women. It is also a non-specific Sexually Transmitted Infection.</td>
</tr>
<tr>
<td><strong>Oral Contraceptives</strong></td>
<td>A prescriptive method of contraception that contains hormones that work the same way as the natural female hormones (estrogen and progesterone); also called birth control pills.</td>
</tr>
<tr>
<td><strong>Orgasm</strong></td>
<td>The peak or climax of sexual excitement in sexual activity.</td>
</tr>
<tr>
<td><strong>Ovary</strong></td>
<td>The female sex gland, in which the ova are formed.</td>
</tr>
<tr>
<td><strong>Ovogenesis</strong></td>
<td>Formation and development of the ovum.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ovulation</td>
<td>The release of a mature, unimpregnated ovum from one of the graafian follicles of an ovary.</td>
</tr>
<tr>
<td>Ovum</td>
<td>Female’s reproductive cell, egg.</td>
</tr>
<tr>
<td>Paternity</td>
<td>Fatherhood.</td>
</tr>
<tr>
<td>Pediculosis</td>
<td>An STI caused by pubic lice or crab lice.</td>
</tr>
<tr>
<td>Penis</td>
<td>The male organ for intercourse and urination.</td>
</tr>
<tr>
<td>Perinatal Periods Of Risk</td>
<td>A method for determining the major broad group of causes for infant and fetal deaths. In Pima County, most fetal and infant deaths are to babies who are very small. This research method says that these deaths are mainly due to the mother’s health before she got pregnant.</td>
</tr>
<tr>
<td>Pituitary Gland</td>
<td>The “mater gland” located in the head, that is responsible for the proper functioning of all the other glands, especially the sex glands, the thyroid, and the adrenals.</td>
</tr>
<tr>
<td>Placenta</td>
<td>The disc-like organ that connects the fetus to the uterus by means of the umbilical cord, and through which the fetus is fed and waste products are eliminated; the afterbirth.</td>
</tr>
<tr>
<td>Premature Birth</td>
<td>A birth of a baby weighing less than 5 pounds (2500 grams).</td>
</tr>
<tr>
<td>Premenstrual Syndrome (PMS)</td>
<td>A variety of symptoms that some females experience before their menstrual periods, including nervous tension, anxiety, irritability, bloating, depression, mood swings and fatigue.</td>
</tr>
<tr>
<td>Problem Solving Approach</td>
<td>A series of steps to apply to a situation to help make a responsible decision.</td>
</tr>
<tr>
<td>Progesterone</td>
<td>A female sex hormone.</td>
</tr>
<tr>
<td>Promiscuous</td>
<td>Engaging in sexual intercourse with many persons; engaging in casual sexual relations.</td>
</tr>
<tr>
<td>Prostate</td>
<td>The gland in the male that surrounds the urethra and the neck of the bladder.</td>
</tr>
<tr>
<td>Puberty</td>
<td>(pubescence) The stage of life at which a child turns into a young man or young woman; the reproductive organs become functionally operative and secondary sex characteristics develop.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Quadruplets</td>
<td>Multiple birth involving four children.</td>
</tr>
<tr>
<td>Quintuplets</td>
<td>Multiple birth involving five children.</td>
</tr>
<tr>
<td>Rape</td>
<td>Forcible sexual intercourse with a person who does not give consent or who offers resistance.</td>
</tr>
<tr>
<td>Rapist</td>
<td>One who commits rape.</td>
</tr>
<tr>
<td>Reproductive System</td>
<td>The body structures associated with procreation. The male reproductive system is continuous with the urinary system and has as its primary function the development of the male germ cells, spermatozoa. The female reproductive system is completely separate and serves a double purpose, since it not only develops the female germ cells, or ova, but also houses and nourishes the embryo through the nine months of its development into a complex organism.</td>
</tr>
<tr>
<td>Rhythm Method</td>
<td>A method of contraception that involves determining the fertile days of a woman’s menstrual cycle; also known as natural family planning.</td>
</tr>
<tr>
<td>Scrotum</td>
<td>The pouch suspended from the groin that contains the male testicles and their accessory organs.</td>
</tr>
<tr>
<td>Secondary Sex Characteristics</td>
<td>The characteristics that develop during puberty, including body hair and the development of breasts in the female and muscles in the male.</td>
</tr>
<tr>
<td>Self-Actualization</td>
<td>Reaching or striving for one’s full potential as a person.</td>
</tr>
<tr>
<td>Self-Concept</td>
<td>The sum total of how a person views him/herself.</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>Respect or worth one has for oneself.</td>
</tr>
<tr>
<td>Semen</td>
<td>The secretion of the male reproductive organs that is ejaculated from the penis at orgasm and contains, in the fertile male, sperm cells.</td>
</tr>
<tr>
<td>Seminal Vesicles</td>
<td>Two pouches in the male, one on each side of the prostate, behind the bladder, that are attached to and open into the sperm ducts. They secrete a fluid that mixes with the sperm to make them mobile and to provide nourishment.</td>
</tr>
<tr>
<td>Somniferous Tubules</td>
<td>Thread-like tubes in the testes that produce sperm.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Inappropriate sexual behavior between adult and child, adult and adult, or child and child.</td>
</tr>
<tr>
<td>Sexual Attitudes</td>
<td>The feeling and ideas of an individual regarding sex, and male and female roles and relationships.</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Sex role, sexual orientation, and feelings about oneself.</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases STIs</td>
<td>Another term used for venereal diseases; diseases passed through sexual contact.</td>
</tr>
<tr>
<td>Sexual Maturity</td>
<td>State when sexual organs are fully developed and a person becomes capable of reproduction.</td>
</tr>
<tr>
<td>Siamese Twins</td>
<td>Pair of congenitally united twins, physically joined</td>
</tr>
<tr>
<td>Spermatogenesis</td>
<td>The formation of mature sperm.</td>
</tr>
<tr>
<td>Sperm Cells</td>
<td>The mature reproductive cell, or cells in the male capable of fertilizing the female egg, or ovum, and causing impregnation.</td>
</tr>
<tr>
<td>Spermicide</td>
<td>A chemical compound that kills sperm.</td>
</tr>
<tr>
<td>Spirochete</td>
<td>A small bacterium that causes syphilis.</td>
</tr>
<tr>
<td>Stereotype</td>
<td>An assumption that people in a particular group will think or act in a certain way.</td>
</tr>
<tr>
<td>Sterility (sterile)</td>
<td>The inability to produce offspring.</td>
</tr>
<tr>
<td>Sterilization</td>
<td>Any procedure (usually surgical) by which an individual is made incapable of reproduction.</td>
</tr>
<tr>
<td>Stillbirth</td>
<td>A full-term child born dead; also called stillborn.</td>
</tr>
<tr>
<td>Syphilis</td>
<td>A serious Sexually Transmitted Infection caused by the spirochete treponema palliduan that can affect any organ of the body. It is chiefly transmitted by sexual contact.</td>
</tr>
<tr>
<td>Testicle</td>
<td>The testes; the male sex gland.</td>
</tr>
<tr>
<td>Testosterone</td>
<td>The male sex hormone.</td>
</tr>
<tr>
<td>Toxic Shock Syndrome TSS</td>
<td>A disease associated with certain brands of tampons; symptoms are vomiting, dizziness, sudden high fever, diarrhea, and fainting.</td>
</tr>
</tbody>
</table>
Transparent Membrane  A thin tissue that forms a sac.

Trichomoniasis  A sexually transmitted vaginal infection that is caused by a protozoan. It usually occurs at the end of a menstrual period, with symptoms of an odorous discharge, genital itching, and a burning sensation during urination from urethra and bladder infections.

Triplets  Multiple birth involving three children.

Tubal Ligation  Female sterilization that includes cutting and tying off the fallopian tubes so no eggs will reach the uterus.

Twins  Multiple birth with two children; Fraternal-two eggs fertilized, Identical-one egg fertilized and splits into two.

Umbilical Cord  The flexible structure connecting the fetus and the placenta; navel cord.

Urethra  The duct through which the urine passes from the bladder and is excreted from the body.

Urine  Waste water. The secretion of the kidneys that is stored in the bladder and periodically discharged from it by way of the urethra.

Uterine Lining  The innermost lining of the uterus also called the endometrium. This lining begins as a thin coating of the uterus which thickens and is shed during menstruation if pregnancy does not occur.

Uterus  The hollow pear-shaped organ in females within which the fetus develops in the womb.

Vagina  The canal in the female, extending from the vulva to the cervix, that receives the penis during sexual intercourse and through which an infant passes at birth.

Vaginitis  A sexually transmitted common vaginal infection in females.

Values  The principles that are important to a person.

Vas deferens  Ductus deferens. The sperm ducts in males, leading from the epididymis to the seminal vesicles and the urethra.

Virgin  A person who has not had sexual intercourse.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulva</td>
<td>The external sex organs of the female, including the nons veneris, the labia majora, the labia minora, the clitoris, and the vestibule.</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>The act of removing the penis from the vagina before ejaculation.</td>
</tr>
<tr>
<td>Yeast Infections</td>
<td>A vaginal infection caused by a fungus; symptoms include thick, white discharge and genital itching.</td>
</tr>
</tbody>
</table>
# TEACHERS GLOSSARY OF SLANG TERMS

Directions: This list is not to be reproduced for student use but may be helpful for translating student words into correct terminology or to assist the teacher in answering student questions.

<table>
<thead>
<tr>
<th>Term</th>
<th>Slang Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breasts</td>
<td>tits, jugs, boobs, hooters</td>
</tr>
<tr>
<td>Clitoris</td>
<td>clit, buzzer</td>
</tr>
<tr>
<td>Contraception</td>
<td>birth control</td>
</tr>
<tr>
<td>Ejaculation</td>
<td>come (cum), get your rocks off, climax</td>
</tr>
<tr>
<td>Erection</td>
<td>hard on, boner, wood</td>
</tr>
<tr>
<td>Glans Penis</td>
<td>head</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>straight, regular</td>
</tr>
<tr>
<td>Homosexual</td>
<td>fag, gay, queer, fairy, cock sucker</td>
</tr>
<tr>
<td>Labia</td>
<td>lips</td>
</tr>
<tr>
<td>Lesbian</td>
<td>lez, dike, butch</td>
</tr>
<tr>
<td>Masturbation</td>
<td>beat the meat, jack off, jerk off, play with yourself</td>
</tr>
<tr>
<td>Menstruation</td>
<td>period, curse, flagging, time of the month, on the rag</td>
</tr>
<tr>
<td>Nocturnal Emissions</td>
<td>wet dream</td>
</tr>
<tr>
<td>Orgasm</td>
<td>come, climax</td>
</tr>
<tr>
<td>Ovum</td>
<td>egg</td>
</tr>
<tr>
<td>Penis</td>
<td>dick, rod, tool, unit, prick, dong, cock, pecker, peter, schlong</td>
</tr>
<tr>
<td>Prostitution</td>
<td>whole, hooker, lady of the evening</td>
</tr>
<tr>
<td>Semen</td>
<td>come (cum), wad</td>
</tr>
<tr>
<td>Sterilization</td>
<td>safe, getting fixed</td>
</tr>
<tr>
<td>Testicles, Gonads</td>
<td>balls, nuts, rocks, family jewels</td>
</tr>
<tr>
<td>Uterus</td>
<td>womb, baby basket, oven</td>
</tr>
<tr>
<td>Vagina</td>
<td>puss, pussy, beaver, twat, snatch, box, cunt</td>
</tr>
<tr>
<td>Venereal Disease/Sexually</td>
<td>VD, drip, dose, clap, syph, bed disease</td>
</tr>
<tr>
<td>Transmitted Disease</td>
<td></td>
</tr>
<tr>
<td>Virgin</td>
<td>cherry, heifer</td>
</tr>
</tbody>
</table>
# Local Prevention Education Menu for Students

<table>
<thead>
<tr>
<th>Grades</th>
<th>Topic</th>
<th>Organization</th>
<th>Length</th>
<th>Number of Sessions</th>
<th>Cost</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th - 12th</td>
<td>Dating Violence</td>
<td>Kaity's Way</td>
<td>30 - 90 minutes</td>
<td>1 or 2 sessions</td>
<td>no cost, honorarium</td>
<td>Participants hear Kaity's Story which explains teen dating violence and gives a realistic account and identifies warning signs regarding teen dating violence. There is emphasis on expectations of a healthy dating relationship. Kaity's Law is explored and its purpose discussed. <a href="http://www.kaitysway.org">www.kaitysway.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Healthy Relationships</td>
<td>Emerge!</td>
<td>60 - 90 minutes</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>Attendees participate in activities to help identify qualities they look for in relationships and discuss whether these qualities are part of a healthy relationship. Participants also articulate their reasons for decisions they make about their behaviors in relationships and consider how to promote healthy relationships in the community. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Domestic Abuse 101 Presentation</td>
<td>Emerge!</td>
<td>60 - 120 minutes</td>
<td>1 session</td>
<td>no cost</td>
<td>This presentation provides a thorough overview of the dynamics of domestic abuse, including a definition of domestic abuse, power and control, effects of abuse on children, how to help, safety planning, and Emerge! services. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Bullying and Sexual Harassment</td>
<td>SACASA</td>
<td>50 minutes</td>
<td>1 session</td>
<td>no cost</td>
<td>This presentation walks students through the dynamics of bullying and sexual harassment. Differences between healthy and unhealthy behaviors are addressed. Students discuss how they can intervene to stop these behaviors and become a part of the solution. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
</tr>
<tr>
<td>6th - 12th</td>
<td>Sexual and Relationship Violence</td>
<td>SACASA</td>
<td>300 minutes</td>
<td>6 (50 min.) sessions</td>
<td>no cost</td>
<td>This class, taught by trained peer educators, provides students information on boundaries, bullying, sexual harassment, dynamics of relationship/dating violence and red flags, sexual abuse, consent, sexual assault, and bystander intervention. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
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<tr>
<td>Audience</td>
<td>Topic</td>
<td>Organization</td>
<td>Length</td>
<td>Number of Sessions</td>
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<tr>
<td>Parents, Teachers,</td>
<td>Dating Violence</td>
<td>Kaity's Way</td>
<td>0.5 - 1.5 hours</td>
<td>1 or 2 sessions</td>
<td>no cost, honorarium</td>
<td><em>Kaitly's Way</em> is the true story of a young girl caught up in the midst of dating violence; it gives a realistic account of teen dating violence, the warning signs to look for, and the expectations of a healthy dating relationship. Also <em>Kaitly's Law</em> is explored and its purpose discussed. <a href="http://www.kaitysway.org">www.kaitysway.org</a></td>
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<td>Administrators</td>
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<tr>
<td>Parents, Teachers,</td>
<td>Domestic Abuse</td>
<td>Emerge!</td>
<td>1-6 hours</td>
<td>varies</td>
<td>no cost</td>
<td>This can be delivered as a short presentation or a long workshop. The short presentation provides a thorough overview of the dynamics of domestic abuse; including a definition of domestic abuse; it discusses power and control, the effects of abuse on children, how to help, safety planning, and Emergel services. The long workshop is an in-depth look at domestic abuse including an examination of family, community, and societal structures that support and prevent it. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
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<tr>
<td>Parents, Teachers,</td>
<td>Effects of Violence on</td>
<td>Emerge!</td>
<td>3.5 hours</td>
<td>1 session</td>
<td>no cost</td>
<td>Children are often witnesses to the abuse of a parent and are profoundly affected by it. This workshop will enable participants to understand risk and protective factors that determine how severely a child is impacted by abuse and to understand the behaviors that children who have witnessed abuse might exhibit. The workshop will explain how abuse affects family dynamics and will list parenting challenges faced by the victim as a result of the abuse. Participants must have attended the Domestic Abuse 101 Workshop. <a href="http://www.emergecenter.org">www.emergecenter.org</a></td>
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<tr>
<td>Administrators</td>
<td>Children</td>
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<tr>
<td>Parents, Teachers,</td>
<td>Sexual and Relationship</td>
<td>SACASA</td>
<td>2 hours</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>During this presentation, participants will learn about boundaries, bullying, sexual harassment, dynamics of relationship/dating violence and red flags, sexual abuse, consent, sexual assault, Arizona laws related to sexual violence, survivor safety, appropriate resources and intervention, and mandated reporting. <a href="http://www.pcao.pima.gov">www.pcao.pima.gov</a></td>
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<td>Administrators</td>
<td>Violence</td>
<td>PCAO Victim Services Division</td>
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<tr>
<td>Parents, Teachers,</td>
<td>Bullying and Sexual</td>
<td>SACASA</td>
<td>2 hours</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>This presentation walks participants through the dynamics of bullying and sexual harassment. Differences between healthy and unhealthy behaviors are addressed. Participants discuss how they can intervene to stop these behaviors and become a part of the solution. Strategies for engaging students in prevention are also discussed. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
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<td>Administrators</td>
<td>Harassment</td>
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<tr>
<td>Parents, Teachers,</td>
<td>Sexual and Relationship</td>
<td>SACASA</td>
<td>approx. 40 hours</td>
<td>8 online sessions</td>
<td>approx. $70 (tuition varies)</td>
<td>During this &quot;train the trainer,&quot; participants will learn about boundaries, bullying, sexual harassment, dynamics of relationship/dating violence and red flags, sexual abuse, consent, sexual assault, Arizona laws related to sexual violence, survivor safety, appropriate resources and intervention, mandated reporting, and presentation skills. This training includes tools for early intervention to interrupt the cycle of violence. When completed, participants will be equipped to teach both the two-hour adult prevention training and the six-session youth curriculum. <a href="http://www.sacasa.org">www.sacasa.org</a></td>
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<tr>
<td>Administrators</td>
<td>Violence</td>
<td>Pima Community College On-Line Course (EDU119A)</td>
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<tr>
<td>Parents, Teachers,</td>
<td>Internet Safety, Cyber-bullying and On-Line Stalking</td>
<td>PCAO</td>
<td>1.5-3 hours</td>
<td>1 or 2 sessions</td>
<td>no cost</td>
<td>Attendees will learn definitions of bullying and cyber-bullying and how both are used to harm individuals and groups of people. Participants will learn methods to avoid situations that may serve to harm others. Identification of techniques used by bullies and the characteristics of their intended victims are discussed. The consequences and potential legal ramifications are outlined in this presentation. <a href="http://www.pcao.pima.gov">www.pcao.pima.gov</a></td>
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## National Prevention Education Menu

<table>
<thead>
<tr>
<th>Organization</th>
<th>Length</th>
<th>Topic</th>
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<tr>
<td><strong>Dating Matters: Understanding Teen Dating Violence Prevention</strong></td>
<td>60-minute interactive online curriculum</td>
<td>Dating Violence and Healthy Relationships</td>
<td>no cost</td>
<td>Educators can participate in this interactive training to help teens understand the risk factors and warning signs associated with teen dating violence. Developed by the Centers for Disease Control and Prevention (CDC) in partnership with Liz Claiborne Inc., Dating Matters will highlight the importance of promoting healthy relationships. Dating Matters uses a public health approach, helping teachers move from the problem to the solution. This curriculum focuses on primary prevention to stop violence before it occurs and uses a social-ecological model to highlight the complex interaction of individuals, relationship, community, and societal factors that cause violence. <a href="http://www.cdc.gov/violenceprevention/datingmatters.html">www.cdc.gov/violenceprevention/datingmatters.html</a></td>
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<tr>
<td><strong>Love is Not Abuse</strong></td>
<td>4 (45 minute) sessions to be conducted in a Health or English/Language Arts class</td>
<td>Dating Violence</td>
<td>no cost</td>
<td>This curriculum is a step-by-step guide to teaching high school students about the issue of dating violence. It also offers teachers detailed information about the scope of the problem and how to respond to students in need of assistance. Each lesson begins with a piece of poetry or literature that illustrates “a key dating-violence concept, allowing students to explore new perspectives through the eyes of a fictional character or author.” Love Is Not Abuse aims to raise awareness about the problem of dating violence, recommend resources for students in need, and help prevent dating violence from occurring in the future. <a href="http://www.loveisnotabuse.com">www.loveisnotabuse.com</a></td>
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<tr>
<td><strong>Safe Place - Expect Respect</strong></td>
<td>24-week support group, 8 (1 hour) youth leadership training sessions</td>
<td>Dating Violence and Healthy Relationships</td>
<td>$170</td>
<td>This is a school-based program for preventing teen dating violence and promoting safe and healthy relationships in middle and high school. Expect Respect engages the entire school community in preventing teen dating violence and promoting healthy relationships. Learning about healthy relationships requires practicing healthy relationships. Expect Respect is based on an active and experiential learning process. Creative activities in all program components engage youth in exploring their experiences and beliefs and in taking a stand against violence. <a href="http://www.safeplace.org">www.safeplace.org</a></td>
</tr>
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</table>
A. A person who has been referred to juvenile court may apply for destruction of the person's juvenile court records.

B. If the records concern a referral or citation that did not result in further action or that resulted in diversion, placement in a community based alternative program, an adjudication of incorrigibility, the filing of a petition or citation for an offense other than a felony or the filing of a petition for a felony offense for which the person was adjudicated delinquent for an offense that was not classified as a felony, the person shall file an application with the juvenile court and shall serve a copy of the application on the county attorney in the county in which the referral was made. The person shall certify under oath that all of the following apply:

1. The person is at least nineteen years of age.
2. The person has not been convicted of a felony offense or adjudicated delinquent for an offense that would be a felony offense if committed by an adult.
3. A criminal charge is not pending.
4. The person has successfully completed all of the terms and conditions of court ordered probation, including the payment of all restitution.
5. The destruction of the records would be in the interests of justice.
6. The destruction of the records would further the rehabilitative process.

C. Subsection B of this section does not apply to violations of section 28-1381, 28-1382 or 28-1383.

D. The juvenile court may order the destruction of records under subsection B of this section if the court finds all of the following:

1. The person is at least nineteen years of age.
2. The person has not been convicted of a felony offense.
3. The person was not adjudicated for an offense that would have been a felony offense if the person had been convicted as an adult.
4. The person successfully completed all of the terms and conditions of probation, including the payment of all restitution.
5. The destruction of the records is in the interests of justice.
6. The destruction of the records would further the rehabilitative process.

E. If the records concern a petition that resulted in an adjudication of delinquency for an offense classified as a felony or a petition or citation that resulted in an adjudication of delinquency for a violation of section 28-1381, 28-1382 or 28-1383, the person shall file the application with the juvenile court and shall serve a copy of the application on the county attorney in the county in which the referral was made. The person shall certify under oath that all of the following apply:

1. The person is at least twenty-five years of age.
2. The person has not been convicted of a felony offense.
3. The person has successfully completed all of the terms and conditions of probation, including the payment of all restitution.
4. The person has not been convicted of a felony offense or adjudicated delinquent for an offense that would be a felony offense if committed by an adult.
5. A criminal charge is not pending.
6. The person has successfully completed all of the terms and conditions of court ordered probation, including the payment of all restitution.

F. The juvenile court may order the destruction of records under subsection E of this section if the county attorney does not object within ninety days after the date of the notice and the court finds that all of the following apply:

1. The person is at least twenty-five years of age.
2. The person has not been convicted of a felony offense.
3. The person has successfully completed all of the terms and conditions of probation, including the payment of all restitution.
4. The destruction of the records would be in the interests of justice.
5. The destruction of the records would further the rehabilitative process.

G. The juvenile court may store any records for research purposes.

8-350. Dangerous offenders; sex offenders; notification to schools; definition

A. A person who has been convicted of a violation or attempted violation of any of the following offenses shall, within ten days after the conviction or within ten days after entering and remaining in any county of this state, register with the sheriff of that county:

1. Unlawful imprisonment pursuant to section 13-604.01 if the victim is under eighteen years of age and the unlawful imprisonment was not committed by the child's parent.
2. Sexual conduct with a minor; classifications

A. A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.

B. Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 13-604.01.

C. The school that the person attends shall make the information it receives pursuant to this section available to teachers, parents, guardians or custodians upon request.

D. For the purposes of this section, "sexual conduct" means the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument or the intentional or knowing infliction of serious physical injury on another person.

13-1405. Sexual conduct with a minor; classifications

A. A person who has been convicted of a violation or attempted violation of any of the following offenses or who has been convicted of an offense committed in another jurisdiction which if committed in this state would be a violation or attempted violation of any of the following offenses shall, within ten days after the conviction or within ten days after entering and remaining in any county of this state, register with the sheriff of that county:

1. Unlawful imprisonment pursuant to section 13-604.01 if the victim is under eighteen years of age and the unlawful imprisonment was not committed by the child's parent.
2. Kidnapping pursuant to section 13-1304 if the victim is under eighteen years of age and the kidnapping was not committed by the child's parent.
3. Sexual abuse pursuant to section 13-1404 if the victim is under eighteen years of age.
4. Sexual conduct with a minor pursuant to section 13-1405.
5. Sexual assault pursuant to section 13-1406.
6. Sexual assault of a spouse pursuant to section 13-1406.01.
7. Molestation of a child pursuant to section 13-1410.
8. Continuous sexual abuse of a child pursuant to section 13-1417.
9. Taking a child for the purpose of prostitution pursuant to section 13-3206.
10. Child prostitution pursuant to section 13-3212.
11. Commercial sexual exploitation of a minor pursuant to section 13-3552.
12. Sexual exploitation of a minor pursuant to section 13-3553.
13. A second or subsequent violation of indecent exposure to a person under the age of fifteen years pursuant to section 13-1402, subsection B.
14. A second or subsequent violation of public sexual indecency to a minor under the age of fifteen years pursuant to section 13-1403, subsection B.
15. A third or subsequent violation of indecent exposure pursuant to section 13-1402.
16. A third or subsequent violation of public sexual indecency pursuant to section 13-1403.
17. A violation of section 13-3822 or 13-3824.
B. Before the person is released from confinement the state department of corrections in conjunction with the department of public safety and each county sheriff may complete the registration of any person who was convicted of a violation of any offense listed under subsection A of this section. Within three days after the person's release from confinement, the state department of corrections shall forward the registered person's records to the department of public safety and to the sheriff of the county in which the registered person intends to reside. Registration pursuant to this subsection shall be consistent with subsection E of this section.
C. Notwithstanding subsection A of this section, the judge who sentences a defendant for any violation of chapter 14 or 35.1 of this title or for an offense for which there was a finding of sexual motivation pursuant to section 13-118 may require the person who committed the offense to register pursuant to this section.
D. The court may require a person who has been adjudicated delinquent for an act that would constitute an offense specified in subsection A or C of this section to register pursuant to this section. Any duty to register under this subsection shall terminate when the person reaches the age of twenty-five.
E. A person who has been convicted of or adjudicated delinquent and required to register in the convicting state for an act that would constitute an offense specified in subsection A or C of this section and who is not a resident of this state shall be required to register pursuant to this section if the person is either:
1. Employed full time or part time in this state, with or without compensation, for more than fourteen consecutive days or for an aggregate period of more than thirty days in a calendar year.
2. Enrolled as a full-time or part-time student in any school in this state for more than fourteen consecutive days or for an aggregate period of more than thirty days in a calendar year. For the purposes of this paragraph, "school" means an educational institution of any description, public or private, wherever located in this state.
F. Any duty to register under subsection D or E of this section for a juvenile adjudication terminates when the person reaches the age of twenty-five.
G. At the time of registering, the person shall sign a statement in writing giving such information as required by the director of the department of public safety, including all names by which the person is known. The sheriff shall fingerprint and photograph the person and within three days thereafter shall send copies of the statement, fingerprints and photographs to the criminal identification section within the department of public safety and the chief of police, if any, of the place where the person resides.
H. Upon the person's initial registration and every year after the person's initial registration, the person shall obtain a nonoperating identification license or a driver license from the motor vehicle division in the department of transportation. Notwithstanding sections 28-3165 and 28-3171, the license shall be valid for one year from the date of issuance, and the person shall submit to the department of transportation proof of the person's address. The motor vehicle division shall make a copy of the photograph available to the criminal identification section of the department of public safety or to any law enforcement agency.
I. Except as provided in subsection E or J of this section, the clerk of the superior court in the county in which a person has been convicted of a violation of any offense listed under subsection A of this section, has been ordered to register pursuant to subsection C or D of this section shall notify the sheriff in that county of the conviction within ten days after entry of the judgment.
J. Within ten days after entry of judgment, a court not of record shall notify the arresting law enforcement agency of an offender's conviction of a violation of section 13-1402. Within ten days after receiving this information, the law enforcement agency shall determine if the offender is required to register pursuant to this section. If the law enforcement agency determines that the offender is required to register, the law enforcement agency shall provide the information required by section 13-3825 to the department of public safety and shall make community notification as required by law.
K. A person who is required to register pursuant to this section because of a conviction for the unlawful imprisonment of a minor or the kidnapping of a minor is required to register, absent additional or subsequent convictions, for a period of ten years from the date that the person is released from prison, jail, probation, community supervision or parole and the person has fulfilled all restitution obligations. Notwithstanding this subsection, a person who has a prior conviction for an offense for which registration is required pursuant to this section is required to register for life.
L. Any violation of any offense listed under subsection A or C of this section to register pursuant to this section. Any duty to register under this subsection shall terminate when the person reaches the age of twenty-five.
M. A person who is at least eighteen years of age and who stands convicted of a dangerous crime against children in the first degree involving sexual assault of a minor who is twelve years of age or younger or sexual conduct with a minor who is twelve years of age or younger shall be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served thirty-five years or the sentence is commuted. This subsection does not apply to masturbatory contact.
B. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the first degree involving attempted first degree murder of a minor who is under twelve years of age or second degree murder of a minor who is under twelve years of age or sexual assault of a minor who is under twelve years of age or sexual conduct with a minor who is under twelve years of age may be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served thirty-five years or the sentence is commuted. If a life sentence is not imposed pursuant to this subsection, the person shall be sentenced to a presumptive term of imprisonment for twenty years.

C. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the first degree involving attempted first degree murder of a minor who is twelve, thirteen or fourteen years of age, second degree murder of a minor who is twelve, thirteen or fourteen years of age, sexual assault of a minor who is twelve, thirteen or fourteen years of age, taking a child for the purpose of prostitution, child prostitution, sexual conduct with a minor who is twelve, thirteen or fourteen years of age or continuous sexual abuse of a child or involving or using minors in drug offenses shall be sentenced to a presumptive term of imprisonment for twenty years. If the convicted person has been previously convicted of one predicate felony the person shall be sentenced to a presumptive term of imprisonment for thirty years.

D. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the first degree involving aggravated assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse or kidnapping shall be sentenced to a presumptive term of imprisonment for seventeen years. If the convicted person has been previously convicted of one predicate felony the person shall be sentenced to a presumptive term of imprisonment for twenty-eight years.

E. Except as otherwise provided in this section, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children involving sexual abuse under section 13-1404 is guilty of a class 3 felony and shall be sentenced to a presumptive term of imprisonment for five years, and unless the person has previously been convicted of a predicate felony, the presumptive term may be increased or decreased by up to two and one-half years pursuant to section 13-702, subsections C, D and E. If the person is sentenced to a term of imprisonment the person is not eligible for release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted. If the convicted person has been previously convicted of one predicate felony the person shall be sentenced to a presumptive term of imprisonment for fifteen years and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted.

F. The presumptive sentences prescribed in subsections B, C and D of this section or subsection E of this section if the person has previously been convicted of a predicate felony may be increased or decreased by up to seven years pursuant to the provisions of section 13-702, subsections B, C and D.

G. Except as provided in subsection E of this section, a person sentenced for a dangerous crime against children in the first degree pursuant to this subsection is not eligible for suspension of sentence, probation, pardon, or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served or commuted.

H. A person who stands convicted of any dangerous crime against children in the first degree pursuant to subsection C or D of this section having been previously convicted of two or more predicate felonies shall be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served not fewer than thirty-five years or the sentence is commuted.

I. Notwithstanding chapter 10 of this title, a person who is at least eighteen years of age or who has been tried as an adult and who stands convicted of a dangerous crime against children in the second degree pursuant to subsection C or D of this section is guilty of a class 3 felony and shall be sentenced to a presumptive term of imprisonment for ten years. The presumptive term may be increased or decreased by up to five years pursuant to section 13-702, subsections B, C and D. If the person is sentenced to a term of imprisonment the person is not eligible for release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served the sentence imposed by the court, the person is eligible for release pursuant to section 41-1604.07 or the sentence is commuted. A person who is convicted of any dangerous crime against children in the second degree having been previously convicted of one or more predicate felonies is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the person has served more than thirty-five years or the sentence is commuted.

J. Section 13-604, subsections M and O apply to the determination of prior convictions.

K. The sentence imposed on a person by the court for a dangerous crime against children under subsection D of this section involving child molestation or sexual abuse pursuant to subsection E of this section may be served concurrently with other sentences if the offense involved only one victim. The sentence imposed on a person for any other dangerous crime against children in the first or second degree shall be consecutive to any other sentence imposed on the person at any time, including child molestation and sexual abuse of the same victim.

L. In this section:

- "Dangerous crime against children" means any of the following committed against a minor under fifteen years of age:
  (a) Second degree murder.
  (b) Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument.
  (c) Sexual assault.
  (d) Molestation of a child.
  (e) Sexual conduct with a minor.
  (f) Commercial sexual exploitation of a minor.
  (g) Sexual exploitation of a minor.
(h) Child abuse as prescribed in section 13-3623, subsection B, paragraph 1.
(i) Kidnapping.
(j) Sexual abuse.
(k) Taking a child for the purpose of prostitution as defined in section 13-3206.
(l) Child prostitution as defined in section 13-3212.
(m) Involving or using minors in drug offenses.
(n) Continuous sexual abuse of a child.
(o) Attempted first degree murder.
A dangerous crime against children is in the first degree if it is a completed offense and is in the second degree if it is a preparatory offense, except attempted first degree murder is a dangerous crime against children in the first degree.
2. "Predicate felony" means any felony involving child abuse pursuant to section 13-3623, subsection B, paragraph 1, a sexual offense, conduct involving the intentional or knowing infliction of serious physical injury or the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument, or a dangerous crime against children in the first or second degree.
13-3721. Tattoos, brands, scarifications and piercings; minors; anesthesia; exception; defense; violation; classification; definitions
A. It is unlawful for a person:
1. To intentionally brand, scarify, implant, mutilate, tattoo or pierce the body of a person who is under eighteen years of age without the physical presence of the parent or legal guardian of the person requesting the brand, scar, tattoo, implant, mutilation or piercing.
2. Who tattoos or pierces the body of another person to use a needle or any substance that will leave color under the skin more than once or to use a needle that is not sterilized by use of state licensed medical facilities pursuant to title 36, chapter 4.
3. To engage in the business of tattooing, branding, scarifying, implanting, mutilating or body piercing out of a home or an impermanent structure, including a tent, trailer, trunk or other impermanent structure.
4. Who is not licensed pursuant to title 32 to administer anesthesia during the course of any procedure involving the branding, scarifying, tattooing, implanting or piercing of the body of another person.
B. Subsection A, paragraph 1 does not apply to the ear piercing of a person who has written or verbal permission from a parent or legal guardian or to procedures that are prescribed by a health care provider who is licensed pursuant to title 32.
C. It is a defense to a prosecution for a violation of subsection A, paragraph 1 that the person requested age identification and relied in good faith on the accuracy of the information contained in the identification.
D. A person who violates this section is guilty of a class 6 felony.
E. For the purposes of this section:
1. "Implant", "mutilate", "brand", "scarify" or "pierce" means to mark the skin or other body part with any indelible design, letter, scroll, figure, symbol or other mark that is placed by the aid of instruments on or under the skin or body part and that cannot be removed without a surgical procedure or any design, letter, scroll, figure, symbol or other mark done by scarring on or under the skin or other body part. Implant does not include cosmetic implants.
2. "Tattoo" means to mark the skin with any indelible design, letter, scroll, figure, symbol or any other mark that is placed by the aid of needles or other instruments upon or under the skin with any substance that will leave color under the skin and that cannot be removed, repaired or reconstructed without a surgical procedure or any design, letter, scroll, figure, symbol or other mark done by scarring upon or under the skin.
13-361. Refusal or neglect to provide for spouse; classification
A married person, having sufficient ability to provide for his or her spouse's support or who is able to earn the means of such spouse's support, who knowingly fails or refuses to provide the spouse with necessary food, clothing, shelter or medical attendance, unless by such spouse's misconduct he or she was justified in so doing, is guilty of a class 6 felony.
13-3610. Abandonment of spouse; classification
A married person, having sufficient ability to provide for his or her spouse's support or who is able to earn the means of such spouse's support, who knowingly abandons and leaves such spouse in a destitute condition, is guilty of a class 6 felony.
13-3553. Sexual exploitation of a minor; classification
A. A person commits sexual exploitation of a minor by knowingly:
1. Recording, filming, photographing, developing or duplicating any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
B. Sexual exploitation of a minor is a class 2 felony and if the minor is under fifteen years of age it is punishable pursuant to section 13-604.01.
13-1401. Definitions
In this chapter, unless the context otherwise requires:
1. "Oral sexual contact" means oral contact with the penis, vulva or anus.
2. "Sexual contact" means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such contact.
3. "Sexual intercourse" means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
4. "Spouse" means a person who is legally married and cohabiting.
5. "Without consent" includes 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 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.
13-1402. Indecent exposure; classifications
A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast or breasts and another person is present, and the defendant is reckless about whether such other person, as a reasonable person, would be offended or alarmed by the act.
B. Indecent exposure is a class 1 misdemeanor. Indecent exposure to a person under the age of fifteen years is a class 6 felony.

13-1403. Public sexual indecency; public sexual indecency to a minor; classifications
A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the defendant is reckless about whether such other person, as a reasonable person, would be offended or alarmed by the act:
1. An act of sexual contact.
2. An act of oral sexual contact.
3. An act of sexual intercourse.
4. An act involving contact between the person's mouth, vulva or genitals and the anus or genitals of an animal.
B. A person commits public sexual indecency to a minor if he intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless whether a minor under the age of fifteen years is present.
C. Public sexual indecency is a class 1 misdemeanor. Public sexual indecency to a minor is a class 5 felony.

13-1404. Sexual abuse; classifications
A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.
B. Sexual abuse is a class 5 felony unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony punishable pursuant to section 13-604.01.

13-1405. Sexual conduct with a minor; classifications
A. A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.
B. Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 13-604.01.
C. Sexual conduct with a minor who is at least fifteen years of age is a class 6 felony. Sexual conduct with a minor who is at least fifteen years of age is a class 2 felony if the person is the minor's parent, stepparent, adoptive parent, legal guardian or foster parent and the convicted person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted.

13-1406. Sexual assault; classification; increased punishment
A. A person commits sexual assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person without consent of such person.
B. Sexual assault is a class 2 felony, and the person convicted shall be sentenced pursuant to this section and the person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted. If the victim is under fifteen years of age, sexual assault is punishable pursuant to section 13-604.01. The presumptive term may be aggravated or mitigated within the range under this section pursuant to section 13-702, subsections B, C and D. If the sexual assault involved the intentional or knowing administration of flunitrazepam, gamma hydroxy butyrate or ketamine hydrochloride without the victim's knowledge, the presumptive, minimum and maximum sentence for the offense shall be increased by three years. The additional sentence imposed pursuant to this subsection is in addition to any enhanced sentence that may be applicable. The term for a first offense is as follows:

13-1410. Molestation of child; classification
A. A person commits molestation of a child by intentionally or knowingly engaging in sexual contact, except sexual contact with the female breast, with a child under fifteen years of age.
B. Molestation of a child is a class 2 felony that is punishable pursuant to section 13-604.01.

13-1412. Lewd and lascivious acts; classification
A person who knowingly and without force commits, in any unnatural manner, any lewd or lascivious act upon or with the body or any part or member thereof of a male or female adult, with the intent of arousing, appealing to or gratifying the lust, passion or sexual desires of either of such persons, is guilty of a class 3 misdemeanor.

13-1417. Continuous sexual abuse of a child; classification
A. A person who over a period of three months or more in duration engages in three or more acts in violation of section 13-1405, 13-1406 or 13-1410 with a child under fourteen years of age is guilty of continuous sexual abuse of a child.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.
D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charged felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. If more than one victim is involved, a separate count may be charged for each victim.

13-3603.01. Partial-birth abortion; classification; civil action; definitions
A. A person who knowingly performs a partial-birth abortion and who kills a human fetus is guilty of a class 6 felony.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.
D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charged felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. If more than one victim is involved, a separate count may be charged for each victim.

A. A person who knowingly performs a partial-birth abortion and who kills a human fetus is guilty of a class 6 felony.
B. Partial-birth abortion is a class 2 felony if the person is the minor's parent, stepparent, adoptive parent, legal guardian or foster parent and the convicted person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted.

13-1418. Continuous sexual abuse of a child; classification
A. A person who over a period of three months or more in duration engages in three or more acts in violation of section 13-1405, 13-1406 or 13-1410 with a child under fourteen years of age is guilty of continuous sexual abuse of a child.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.
D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charged felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. If more than one victim is involved, a separate count may be charged for each victim.

13-3603.01. Partial-birth abortion; classification; civil action; definitions
A. A person who knowingly performs a partial-birth abortion and who kills a human fetus is guilty of a class 6 felony.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.
D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charged felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. If more than one victim is involved, a separate count may be charged for each victim.

13-3603.01. Partial-birth abortion; classification; civil action; definitions
A. A person who knowingly performs a partial-birth abortion and who kills a human fetus is guilty of a class 6 felony.
B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-604.01.
C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.
D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charged felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. If more than one victim is involved, a separate count may be charged for each victim.

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2. Damages in an amount equal to three times the cost of the partial-birth abortion.
3. "Emotional abuse" means a pattern of ridiculing or demeaning the vulnerable adult, making derogatory remarks to the vulnerable adult, verbally harassing the vulnerable adult or threatening to inflict physical or emotional harm on the vulnerable adult.
4. "Physical injury" means the impairment of physical condition and includes but shall not be limited to any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition which imperils health or welfare.
5. "Serious physical injury" means physical injury which creates a reasonable risk of death, or which causes serious or permanent disfigurement, or serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.
6. "Vulnerable adult" means an individual who is eighteen years of age or older and who is unable to protect himself from abuse, neglect or exploitation by others because of a mental or physical impairment.
A person who is subject to registration under this article and who fails to comply with the requirements of this article is guilty of a class 4 felony.

13-3825. Community notification
A. Within seventy-two hours after a person who was convicted is released from confinement or who was accepted under the interstate compact for the supervision of parolees and probationers and has arrived in this state, the agency that had custody or responsibility for supervision of the person who was convicted of committing an offense for which the person was required to register pursuant to section 13-3821 or that has accepted supervision under the interstate compact for the supervision of parolees and probationers shall provide all of the following information to the department of public safety by entering all of the following information into the sex offender profile and notification data base:
1. The offender's identifying information.
2. A risk assessment of the offender.
3. The offender's date of release from confinement or, if the offender is sentenced to probation without jail time, the date the sentence is imposed.
B. Following the tenth day after the person is released from confinement or, if the offender is sentenced to probation without jail time, the date the sentence is imposed, the department of public safety shall cross-reference the information the department receives pursuant to subsection A of this section with the sex offender registry to determine if the person is registered as required by section 13-3821. If the person is not registered, the department of public safety shall notify the county attorney in the county in which the person was convicted or the interstate compact administrator for this state. If the person is registered, the department of public safety shall forward the information the department received pursuant to subsection A of this section to the sheriff in the county where the person is registered.
C. After receiving the information pursuant to subsection B of this section, the sheriff shall forward the information to the chief law enforcement officer of the community in which the person resides. After reviewing the information received and any other information available to the local law enforcement agency, the local law enforcement agency shall categorize each offender and place each offender into a notification level. Within forty-five days, the local law enforcement agency shall notify the community of the offender's presence in the community pursuant to the guidelines established by the community notification guidelines committee. If the community does not have a chief law enforcement officer, the sheriff shall perform the duties of the local law enforcement agency.
D. If a person who has been convicted of an offense in another state registers pursuant to section 13-3821, subsection A, the sheriff in the county in which the person registers shall forward the information to the chief law enforcement officer of the community in which the person resides. The chief law enforcement officer shall contact the state in which the person was convicted and shall obtain information regarding the person. After reviewing the information received and any other information available, the local law enforcement agency shall complete the risk assessment, shall categorize the person, shall place the person into a notification level and shall enter the information into the computer system. If the law enforcement agency is unable to obtain sufficient information to complete the sex offender community notification risk assessment, the agency shall categorize the offender as a level two offender.
Within forty-five days, the local law enforcement agency shall notify the community of the person's presence in the community pursuant to the guidelines established by the community notification guidelines committee. If the community does not have a chief law enforcement officer, the sheriff shall perform the duties of the local law enforcement agency.
E. On receiving notice pursuant to section 13-3822 that a person who is required to register has changed the person's address, the chief law enforcement officer of the community to which the person has relocated may notify that community of the person's relocation to the community, pursuant to subsection C of this section. If the community does not have a local law enforcement agency, the sheriff of the county to which the person has relocated shall notify the community of the person's relocation.
F. In cooperation with the county probation department or the state department of corrections, a law enforcement agency may delegate all or part of the notification process for offenders on community supervision to the county probation department or to the state department of corrections, as appropriate.
G. This section does not prohibit law enforcement officers from giving a community notice of any circumstances or persons that pose a danger to the community under circumstances that are not provided for under this section.
H. This section does not apply to persons subject to the registration requirements in section 13-3821 as a result of offenses adjudicated by a juvenile court.

13-1413. Capacity of minor sexual assault victim to consent to medical examination
Notwithstanding any other provision of the law, when it is not possible to contact the parents or legal guardian within the short time span in which the examination should be conducted a minor twelve years of age or older alleged to be the victim of a violation of section 13-1406 may give consent to hospital, medical and surgical examination, diagnosis and care in connection with such violation. Such consent shall not be subject to incapacity because of the victim's age. The consent of the parent, parents or legal guardian of such minor shall not be necessary to authorize such hospital, medical and surgical examination, diagnosis and care, and such parent, parents or legal guardian shall not be liable for payment for any services rendered pursuant to this section.

13-3604. Soliciting abortion; punishment; exception
A woman who solicits from any person any medicine, drug or substance whatever, and takes it, or who submits to an operation, or to the use of any means whatever, with intent thereby to procure a miscarriage, unless it is necessary to preserve her life, shall be punished by imprisonment in the state prison for not less than one nor more than five years.

13-3716. Notice of conviction of dangerous crime against children or child abuse; violation; classification
A. It is unlawful for a person who has been convicted of a dangerous crime against children as defined in section 13-604.01 or child abuse pursuant to section 13-3623, subsection B or subsection C, paragraph 1 to fail to give notice of the fact of the conviction to a business institution or organization which sponsors any activity in which adults supervise children. Such business institutions or organizations include schools, preschools, child care providers and youth organizations.
B. A person who violates this section is guilty of a class 5 felony.

25-511. Failure of parent to provide for child; classification
A. Except as provided in section 25-501, subsection F, any parent of a minor child who knowingly fails to furnish reasonable support for the parent's child is guilty of a class 6 felony.
B. It is an affirmative defense to a charge of a violation of subsection A of this section that the defendant has complied with a valid court order that was in effect for the time period charged and that set forth an amount of support for the minor child or was unable to furnish reasonable support. Inability to furnish reasonable support is not a defense if the defendant voluntarily remained idle, voluntarily decreased his income or voluntarily incurred other financial obligations.

C. The trier of fact, in determining whether the defendant has failed to furnish reasonable support, shall consider all assets, earnings and entitlements of the defendant and whether the defendant has made all reasonable efforts to obtain the necessary funds. On a showing of previous employment or lack of a physical or mental disability precluding employment, the trier of fact may infer that the defendant is capable of full-time employment at least at the federal adult minimum wage. This inference does not apply to noncustodial parents who are under the age of eighteen and who are still attending high school.

25-501. Duties of support; exemption

A. Except as provided in subsection F of this section, every person has the duty to provide all reasonable support for that person's natural and adopted minor, unemancipated children, regardless of the presence or residence of the child in this state. In the case of mentally or physically disabled children, if the court, after considering the factors set forth in section 25-320, subsection A, deems it appropriate, the court may order support to continue past the age of majority. If a child reaches the age of majority while the child is attending high school or a certified high school equivalency program, support shall continue to be provided while the child is actually attending high school or the equivalency program but only until the child reaches nineteen years of age unless the court enters an order pursuant to section 25-320, subsection B.

B. The court may order that a judgment made against a parent pursuant to this section be satisfied through periodic payments as other child support orders.

25-807. Precedence of maternity and paternity proceedings; delay for blood or tissue tests; court order; evidentiary use; alternative tests

A. Proceedings to establish maternity and paternity shall have precedence over other civil proceedings. The case shall be set for trial within sixty days from the filing of an answer or oral denial by the defendant.

B. A delay in determining paternity in an action commenced prior to the birth of the child shall be granted until after the birth of the child for purposes of paternity tests if any party to the proceedings requests.

C. The court, on its own motion, or on motion of any party to the proceedings, shall order the mother, her child or children and the alleged father to submit to the drawing of blood samples or the taking of deoxyribonucleic acid probe samples, or both, and shall direct that inherited characteristics, including but not limited to blood and tissue type, be determined by appropriate testing procedures. An expert duly qualified as an examiner of genetic markers shall be agreed upon by the parties or appointed by the court to analyze and interpret the results and report to the court.

D. If the results of the blood tests indicate that the likelihood of the alleged father's paternity is ninety-five percent or greater, the alleged father is presumed to be the parent of the child and the party opposing the establishment of the alleged father's paternity shall establish clear and convincing evidence that the alleged father is not the father of the child.

E. The examiner's report shall be admitted at trial unless a timely written challenge to the examiner's report is filed with the court within twenty-one days of the initial trial date. If the results of the examiner's report have been challenged and on the reasonable request of a party, the court shall order an additional test to be made by the same laboratory or an independent laboratory at the expense of the party requesting additional testing.

F. If a timely written challenge is not filed pursuant to subsection E, the examiner's report is admissible in evidence without the need for foundation testimony or other proof of authenticity or accuracy.

G. The court shall, on application of either party, determine the proportion and time in which the initial test costs shall be paid.

H. On motion of a party to the proceedings, the court may order that experts perform alternative or additional tests including medical, scientific and genetic tests.

25-810. Liability of parents if putative mother or father is a minor; periodic payments

A. Except as provided pursuant to section 25-501, subsection F, if a defendant admits paternity or if the issue is decided in the affirmative in an action instituted during the child's minority, the court shall direct, subject to applicable equitable defenses and using a retroactive application of the current child support guidelines, the amount, if any, the defendant shall pay for the past support of the child and the manner in which payment shall be made. The court may also direct the defendant to pay the costs of litigation.

B. The court shall enter an order for support determined to be due for the period between the commencement of the proceeding and the date that current child support is ordered to begin. The court shall not order past support retroactive to more than three years before the commencement of the proceeding unless the court makes a written finding of good cause after considering all relevant circumstances, including:

1. The circumstances, conduct or motivation of the party who claims entitlement to past support in not seeking an earlier establishment of maternity or paternity.

2. The circumstances, conduct or motivation of the party from whom past support is sought in impeding the establishment of maternity or paternity.

3. The diligence with which service of process was attempted on the defendant.

C. The court shall also direct the amount the father shall pay for the actual costs of the pregnancy, childbirth and any genetic testing and other related costs subject to production of billing statements or other documentation. This documentation is prima facie evidence of amounts incurred and is admissible in evidence without the need for foundation testimony or other proof of authenticity or accuracy.

D. In any proceeding under this article the court shall order either parent or both parents to pay any monies reasonable and necessary for the support of the minor unemancipated child until the child reaches the age of majority or is emancipated. In determining the
amount of support for the child, the court shall apply the child support guidelines pursuant to section 25-320, subsection A. If a child reaches the age of majority while the child is attending high school or a certified high school equivalency program, support shall continue to be provided while the child is actually attending high school or the equivalency program but only until the child reaches nineteen years of age unless the court enters an order pursuant to subsection F of this section.

E. The court may modify an order of support pursuant to section 25-503, subsection D.

F. If the child is physically or mentally disabled and the court deems it appropriate, the court may order support to continue past the age of majority and to be paid to the custodial parent, guardian or child, even if at the time of filing the complaint the child has reached the age of majority.

G. After considering the financial resources of both parties and the reasonableness of the positions each party has taken throughout the proceedings, the court may order a party to pay a reasonable amount to the other party for the costs and expenses of maintaining or defending any proceeding under this article. The court may order the party to pay these amounts directly to the attorney. The attorney may enforce the order in the attorney's name with the same force and effect and in the same manner as if the order had been made on behalf of any party to the action. For the purposes of this subsection, "costs and expenses" includes attorney fees, deposition costs, appellate costs and other reasonable expenses the court determines were necessary.

H. The court has contempt powers to enforce its orders.

I. In any proceeding after judgment the court shall determine amounts owing under the existing orders of the court and shall provide for the payment of that amount.

J. The parties may terminate an action brought under this article by agreement and compromise only if the court has approved the terms of the agreement and compromise.
ARIZONA GUIDELINES FOR SEX EDUCATION

R7-2-303. Sex Education
A. Instruction in sex education in the public schools of Arizona shall be offered only in conformity with the following requirements.

1. Common schools: Nature of instruction; approval; format.
   a. Supplemental/elective nature of instruction. The common schools of Arizona may provide a specific elective lesson or lessons concerning sex education as a supplement to the health course study.
      i. This supplement may only be taken by the student at the written request of the student's parent or guardian.
      ii. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
      iii. Elective sex education lessons shall not exceed the equivalent of one class period per day for one-eighth of the school year for grades K-4.
      vi. Elective sex education lessons shall not exceed the equivalent of one class period per day for one-quarter of the school year for grades 5-8.
   b. Local governing board approval. All elective sex education lessons to be offered shall first be approved by the local governing board.
      i. Each local governing board contemplating the offering of elective sex education shall establish an advisory committee with membership representative of district size and the racial and ethnic composition of the community to assist in the development of lessons and advise the local governing board on an ongoing basis.
      ii. The local governing board shall review the total instructional materials for lessons presented for approval.
      iii. The local governing board shall publicize and hold at least two public hearings for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval.
      iv. The local governing board shall maintain for viewing by the public the total instructional materials to be used in approved elective sex education lessons within the district.
   c. Format of instruction.
      i. Lessons shall be taught to boys and girls separately.
      ii. Lessons shall be ungraded, require no homework, and any evaluation administered for the purpose of self-analysis shall not be retained or recorded by the school or the teacher in any form.
iv. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or his parents' personal beliefs or practices in sex, family life, morality, values or religion.

2. High Schools: Course offering; approval; format.

a. A course in sex education may be provided in the high schools of Arizona.

b. The local governing board shall review the total instructional materials and approve all lessons in the course of study to be offered in sex education.

c. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or his parents' personal beliefs or practices in sex, family life, morality, values or religion.

d. Local governing boards shall maintain for viewing by the public the total instructional materials to be used in all sex education courses to be offered in high schools within the district.

3. Content of instruction: Common schools and high schools.

a. All sex education materials and instruction shall be age appropriate, recognize the needs of exceptional students, meet the needs of the district, recognize local community standards and sensitivities, shall not include the teaching of abnormal, deviate, or unusual sexual acts and practices, and shall include the following:

i. Emphasis upon the power of individuals to control their own personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control and ethical considerations such as respect for self and others; and

ii. Instruction on how to say "no" to unwanted sexual advances and to resist negative peer pressure. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another person.

b. All sex education materials and instruction which discuss sexual intercourse shall:

i. Stress that pupils should abstain from sexual intercourse until they are mature adults;

ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100 percent effective;

iii. Stress that Sexually Transmitted Infections have severe consequences and constitute a serious and widespread public health problem;

iv. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;

v. Promote honor and respect for monogamous heterosexual marriage; and
vi. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and legal liabilities related to sexual intercourse with a minor.

B. Certification of compliance. All districts offering a local governing board-approved sex education course or lesson shall certify, under the notarized signature of both the president of the local governing board and the chief administrator of the school district, compliance with this rule except as specified in paragraph (C). Acknowledgment of receipt of the compliance certification from the State Board of Education is required as a prerequisite to the initiation of instruction. Certification of compliance shall be in a format and with such particulars as shall be specified by the Department of Education.

C. All districts offering State Board approved sex education lessons or courses prior to the effective date of this rule shall comply with this rule on or before June 30, 1990.

15-716. Instruction on acquired immune deficiency syndrome; department assistance

A. Each common, high and unified school district may provide instruction to kindergarten programs through the twelfth grade on acquired immune deficiency syndrome and the human immunodeficiency virus.

B. Each district is free to develop its own course of study for each grade. At a minimum, instruction shall:

1. Be appropriate to the grade level in which it is offered.
2. Be medically accurate.
3. Promote abstinence.
4. Discourage drug abuse.
5. Dispel myths regarding transmission of the human immunodeficiency virus.

C. No district shall include in its course of study instruction which:

1. Promotes a homosexual life-style.
2. Portrays homosexuality as a positive alternative life-style.
3. Suggests that some methods of sex are safe methods of homosexual sex.

D. At the request of a school district, the department of health services or the department of education shall review instruction materials to determine their medical accuracy.

E. At the request of a school district, the department of education shall provide the following assistance:

1. A suggested course of study.
2. Teacher training.
3. A list of available films and other teaching aids.

F. At the request of a parent, a pupil shall be excused from instruction on the acquired immune deficiency syndrome and the human immunodeficiency virus as provided in subsection A of this section. The school district shall notify all parents of their ability to withdraw their child from the instruction.