

Teen Talk

Adapted for All Abilities

2019 Edition

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About the Curriculum

Health Connected strives to ensure all young people feel confident and supported to make informed decisions about their own sexual health. This requires honest, unbiased, and medically accurate information. It also requires a safe place for teens to articulate their values and ample opportunities to engage with their peers and the adults in their lives about sexual health.

Teen Talk Adapted for All Abilities (Teen Talk AAA) was born to fill the need for accessible and developmentally appropriate puberty and sexual health curriculum for students with various learning and physical capabilities. This course was designed to provide flexibility and support for those implementing the curriculum. Teachers can use all or part of Teen Talk AAA, choosing the appropriate topics and implementing lessons according to the students' age and cognitive abilities.

Importance of Comprehensive Sexuality Education

Without honest, unbiased, and medically accurate information, young people are left vulnerable to sexually transmitted infections (STIs), including HIV; unintended pregnancy; sexual coercion; abuse; and exploitation. Adolescents are constantly bombarded with confusing and conflicting messages about sexuality, while adults are often unable or unwilling to discuss these important topics with them.

As with all Health Connected's courses, this curriculum is medically-accurate, free of racial and ethnic biases, designed to be in compliance with California Education Code requirements and aligned with applicable California Health Education Content Standards. Teen Talk AAA course is designed to equip students with the knowledge and skills necessary to make informed sexual health decisions as they progress through adolescence to explore their independence and personal growth.

Teen Talk AAA lessons are consistent with youth culture today. The curriculum was designed for youth in diverse racial and ethnic groups. Teen Talk Adapted for All Abilities is appropriate for youth considered at "high risk" for STIs/pregnancy, as well as youth who live in counties with lower rates of STIs and teen pregnancy.

Goals and Objectives

Teen Talk AAA allows students to integrate scientifically accurate information with their own personal, family, and community values about sexuality and healthy relationships.

The immediate goals of the Teen Talk AAA course are to help participants:

- Increase knowledge of puberty and hygiene practices
- Increase knowledge and decision-making capacity about all methods of STI and pregnancy prevention
- Increase knowledge about accessing clinical services
- Increase knowledge and communication skills about sexual safety and consent
- Increase skills to communicate with peers, partners, and trusted adults about sexual issues and behavior

Over the long-term, Teen Talk AAA is intended to help participants:

- Build skills that will help them navigate complex personal decision-making as they mature
- Build a foundation for safe, healthy, and satisfying relationships in the future.

Theoretical Framework

Teen Talk AAA is mainly based on the Health Belief Model and Social Learning Theory.¹ Students are encouraged to examine what they believe are the benefits of and barriers to a given behavior, as well as ways to overcome those barriers. They receive information that helps them expect positive outcomes for a given behavior, like using birth control or remaining abstinent. Additionally, participants look at ways to make responsible choices and work on increasing their feelings of self-efficacy, while recognizing that decisions that leave them vulnerable can have serious consequences.

Health Connected also recognizes that emotional skills and social skills are key to youth's healthy development. All Health Connected curricula incorporate Social and Emotional Learning (SEL), a pedagogical approach which aims to develop students' ability to understand and manage their emotions and social lives.² Students who are socially and emotionally competent can: form and maintain healthy relationships, solve everyday problems, work cooperatively, and communicate with others. They are aware of their own feelings, needs, attitudes, and values, and care about themselves and others.³ Health Connected recognizes that learning these skills is a lifelong process. As such, we provide opportunities for students to build their social and emotional competence by emphasizing respect for all identities and abilities, and by discussing healthy relationships and communication throughout the curriculum.

Teen Talk AAA is also based on the large body of research by Douglas Kirby, who identified 17 key characteristics consistent among curriculum-based programs that are effective at preventing teen pregnancy and STIs.⁴ Health Connected used Kirby's 17 Characteristics as a guide to develop Teen Talk AAA.

Target Population and Need

Teen Talk AAA has been developed over many years of working directly with high school students in San Mateo County, a large socioeconomically and racially diverse county in the San Francisco Bay Area. In addition to ensuring that young people have access to medically accurate information that allows them to make life-long decisions about sexuality, Teen Talk AAA seeks to address several important ongoing sexual health challenges:

¹ Rosenstock, I.M., Strecher, V.J. & Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education Quarterly*, 15(2), 175-183.

² Elias, J. M., et. al. (1997). *Promoting Social and Emotional Learning: Guidelines for Educators*. Alexandria, VA: Association for Supervision and Curriculum Development.; What is SEL? (2017). In *CASEL: Educating Hearts. Inspiring Minds.*. Retrieved from www.casel.org.

³ Ibid.

⁴ Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

- Nationally, by 9th grade, 24% of teens have had sexual intercourse. By the time they reach 12th grade, 58% of teens have engaged in sexual intercourse.⁵
- Nationally, among currently sexually active students (those who have had sexual intercourse in the past 3 months), 13.8% reported that neither they nor their partner had used any method to prevent pregnancy during their last sexual intercourse.⁶
- Similarly, nationwide, among currently sexually active students, 20.6% had consumed alcohol or used drugs before their last sexual intercourse.⁷

In addition, participants in the Teen Talk AAA course may also face additional sexual health risks. In particular, people with disabilities experience domestic or sexual violence at a higher rate than people without disabilities:

- 37.3% of women with a disability experience domestic violence in their lifetime, compared to 20.6% of women without a disability.⁸
- 19.7% of women with a disability have a history of unwanted sex with an intimate partner, compared to 8.2% of women without a disability.⁹
- In their lifetime, 83% of women with disabilities will be sexually assaulted (Stimpson & Best, 1991), and only 3% of sexual abuse cases involving people with developmental disabilities are ever reported (Valenti-Hein and Schwartz, 1995).
- Of people with intellectual disabilities, 80% of women and 30% of men have been sexually assaulted, and 50% of those women have been assaulted more than ten times (Sobsey & Doe, 1991; Sorenson, 2000).

Information for Instructors

Curriculum Overview

Teen Talk AAA uses participatory teaching methods that actively involve the students and allow for discussion and reflection. Teen Talk AAA was designed for students 10-18 years old to:

- Increase knowledge about puberty and hygiene
- Increase knowledge and decision-making capacity about pregnancy prevention, STI protection, and birth control
- Reduce misinformation and myths about sexual health topics
- Increase comfort communicating with parents or other trusted adults
- Teach tolerance and respect
- Increase refusal and negotiation skills
- Clarify personal values
- Increase self-efficacy to engage in protective sexual health behaviors
- Increase knowledge about accessing clinical services

Appropriate Group Size, Frequency, Age Groups, and Demographics

⁵ Kann, L., McManus, T., Harris, W., et al. Youth Risk Behavior Surveillance – United States, 2015, MMWR Surveill Summ 2016;65(No. SS-6):26-30.

⁶ Ibid.

⁷ Ibid.

⁸ Centers for Disease Control and Prevention (2014). Disability and Health: Women with Disabilities. Retrieved from <https://www.cdc.gov/ncbddd/disabilityandhealth/women.html>

⁹ Ibid.

Teen Talk AAA is designed to be implemented in a school or community-based organization classroom setting and can be provided to diverse demographic groups. The first part of Teen Talk AAA is designed for students about to go through or currently going through puberty. Most of the Teen Talk AAA curriculum is geared towards students in middle school or early high school, but is appropriate for students up to 12th grade. The majority of the lessons in Teen Talk AAA are designed to help young people prepare for sexual health decision-making. Most activities are suited for a developmental age range of 10-16, but can be adapted and modified based on student needs.

Implementation

Teen Talk AAA consists of 11 sessions. Although Teen Talk AAA is broken down into separate topics, most of the lessons are interdisciplinary and span over several topic areas. For instance, abstinence is addressed in most of the lessons even if a specific lesson is focused on a different topic.

The curriculum gives instructors flexibility in addressing the different topic areas by allowing them to choose between several activities for each lesson, as well as sometimes offering alternate approaches to the activity (e.g. lecture vs. group activity). For example, in Session 7, Pregnancy Options, instructors can choose between the activities “Pregnancy Options” or “No Easy Decision.” Instructors can base their decisions on the classroom personality (e.g. quiet vs. more vocal), classroom structure (e.g. small vs. large groups), instructor comfort level or expertise, student maturity, and other factors such as student needs. The activities are designed to include options that educators can choose from based on developmental age, reading level, language, and cognitive abilities of the students in their class. Some other strategies and techniques for implementation include:^{10,11}

- Pacing
 - e.g. Teaching the activity slower to allow students time to process the information.
- Adaption for visuals
 - e.g. Presentations and handouts with images.
- Environmental supports
 - Thinking about how the students learn best, but also recognizing that not all students will use the same environmental supports.
 - e.g. Sitting on the floor instead of at a desk.
- Simple and concrete materials
 - Simple: A picture of a cell of an STI.
 - Concrete: An STI plush toy.
- Short instruction times
 - Recognizing the amount of time students are able to stay engaged and on task for lessons.
- Structured sessions
 - Writing out a schedule for students to be able to follow along.
 - e.g. Agendas.
- Breaks for students during class session
 - Allowing students time to disengage from learning.
- Repetition
 - e.g. Going over concepts more than once.
- Generalization
 - A concept that is learned and used across different environments and people.
 - e.g. Practicing consent at home, school, with family, caretakers, and teachers

¹⁰ Eyres, R. M. (2015). *Sexuality Education for Students with Autism, Developmental, and Intellectual Disabilities*. Lecture presented at Star Autism Support and Vizzle, Arkansas. Retrieved from <http://home.edweb.net/webinar/sexuality-education-for-students-with-autism-developmental-and-intellectual-disabilities/>

¹¹ Ontario Teachers' Foundation. (2017). Teaching Strategies for Students with Special Needs. Retrieved from <https://www.teachspced.ca/teaching-strategies-students-special-needs#sn>

- Modeling
 - Demonstrating how to do something.
 - e.g. Asking for consent “Is it OK if I hug you?”
- Hands-on materials to increase understanding of concepts
 - e.g. Birth control samples or a condom demonstration.
- Realistic examples
 - Examples of situations that can happen in their lives or that they may encounter.
- Check for understanding
 - e.g. Asking follow up questions or giving them a pre and post assessment.

There are many ways an instructor can choose to teach the material depending on the set-up and size of their class. It is also possible to use the curriculum to teach a student one-on-one. For some lessons, instructors can choose to divide the students into smaller groups, while other lessons can be done with an entire class. To ensure that each student gets the most information from each lesson, we recommend small class sizes of around 10 students. If there are more than 10 students, it would be beneficial to have additional instructors in the classroom to assist certain students’ individual needs.

Teen Talk AAA also includes an Implementation Tool that is included in your “Appendices,” section. The Teen Talk Adapted for All Abilities Implementation Tool was created for an instructor to be able to assess how the session and activities are progressing. We would love to get feedback from instructors using the Implementation Tool (pg. 369) to see how sessions and activities are going in the classroom.

Duration

Depending upon how instructors choose lessons, the course should be delivered over a minimum of 10 hours. It is strongly recommended that the program spans at least 10 days (approximately an hour a day), rather than several hours a day for a shorter period of time. Instructors can segment the lessons to include breaks, making sure to not overwhelm or lose the students’ focus. Of course, the instructor’s speed in covering these lessons, as well as the students’ speed in completing them, will vary greatly. The times given should be used as a guide.

Lessons are laid out in a logical sequence and should be conducted in the order provided. Additional activities can be found in each session. Homework is used to reinforce the messages given in class.

Depending on how much time an instructor has with the class and the learning level of the students, it may not be necessary to go through all lessons in the Teen Talk AAA curriculum. An instructor can choose to pick individual lessons to do with the class based on the specific needs of the students or the level of their learning abilities. If a topic is relevant and necessary for a specific class, an instructor may want to repeat that lesson throughout the year.

Mixed Gender Groups

It is strongly recommended that Teen Talk AAA be taught in mixed gender groups. The advantage of teaching in a mixed gender environment is that it models and helps students practice effective communication among different genders. Most young people will need to be able to discuss these sensitive topics with peers and parents/guardians of another gender. Mixed gender classes foster mutual respect and understanding among all genders. Single gender groups can sometimes create a feeling of secretiveness and mystery between the genders and one gender may be left feeling confused and curious about what another gender is learning.

In addition, delivering the content in separate gender environments can create significant challenges for students who either do not identify with a specific gender or who are transitioning from one gender to another. The California Education Code requires that school-based sexual health education programs be accessible to students of

all orientations and gender identities. Providing the course in a mixed gender environment helps students of all gender identities feel included in the experience.

Teaching Students with Disabilities

The Teen Talk AAA curriculum provides several adaptations of sexual health activities for students with disabilities. According to the California Education Code, instruction and materials must be appropriate for students with disabilities and be accessible to them. This includes, but is not limited to, “the provision of a modified curriculum, materials and instruction in alternative formats and auxiliary aids.” “Disability” refers to the inability to perform an activity because of some mental or physical challenges. Individuals with disabilities have the same needs, desires, and sexual feelings as people without disabilities. It is important that instructors acknowledge that individuals with disabilities are sexual people with sexual needs. Please modify Teen Talk AAA where necessary to meet the needs of all of your students.

Available in Spanish

All of the Teen Talk AAA activities that contain either a handout, written visual component, or a statement that needs to be read out loud to students have been translated into Spanish. The entire curriculum can be taught in Spanish as long as the instructor can read the instructor guidelines in English. According to the California Education Code, instruction must be made available on an equal basis to English language learners. Please be sure all of your students are being reached.

Teaching Tolerance and Respect

Teen Talk AAA is based on the belief that every person is valuable in society. The curriculum, as well as the instructor, must teach that making fun of, discriminating against, and bullying others is harmful. Teen Talk AAA emphasizes empathy for those who are often discriminated against, such as persons living with HIV, transgender individuals, or those who identify as gay, lesbian, or bisexual. Teen Talk AAA follows the guidelines of the American Psychological Association, which states that people do not choose their sexual orientation or gender identity (American Psychological Association, 2012).

Throughout the curriculum, we use the pronoun “they” instead of “he/she.” Until recently, this was not grammatically correct; however it is now recognized as a generally accepted pronoun to ensure students of all gender identities feel included and respected.

Parent Notification

Per the California Healthy Youth Act (adopted on October 1, 2015), as of January 1, 2016, California requires comprehensive sexuality education be taught at least once in middle school and once in high school. Laws and policies regarding the teaching of sensitive issues, such as sexuality education, vary greatly from state to state, district to district, and even school to school. These laws and policies are also constantly changing. Please check your state’s, district’s, school’s, or organization’s current policies before teaching Teen Talk AAA.

In California, parents/guardians must be notified if their child is going to receive sexuality education at the beginning of the school year or at least 14 days before instruction begins, allowing parents time to review all curricula/teaching materials and decide if their child will participate. If a parent does not want their child to participate, it is the responsibility of the parent to notify the school and the child should be given an alternative assignment. The law states that districts/schools may not send out a permission slip or “opt-in” letter. A sample parent/guardian notification letter that you may adapt is located in the Appendix.

Minors’ Sexual and Reproductive Rights in California

At the printing of this edition of Teen Talk AAA, minors of ANY AGE in California may consent for medical care related to the prevention or treatment of pregnancy (California Family Code Section 6925). This includes birth control and abortion services. However, minors must be 12 years of age or older to consent to STI testing and treatment (California Family Code Section 6925). Additionally, public schools in California may not require parent permission to excuse a minor during school hours for confidential services, which include appointments for sexual and reproductive services. (66 Ops. California Atty. Gen. 244 (1983); 87 Ops. California Atty. Gen 168 (2004)).

Teen Talk AAA includes information on youth sexual and reproductive health resources and clinics for the different geographic regions of the San Francisco Bay Area in California (Peninsula, San Francisco, East Bay, and South Bay). It is an essential part of any good comprehensive sexuality education program to provide students with information on where to obtain sexual and reproductive health care, such as birth control, pregnancy testing, STI testing and treatment, etc. If you live outside of the Bay Area, please create your own list of local sexual and reproductive health services using the template provided, while paying close attention to teen-friendly clinics or clinics that are tailored to the specific needs of adolescents. Be sure to not include a Crisis Pregnancy Center on your clinic list. These centers are not medical facilities and do not offer a complete, unbiased look at a person's pregnancy options.

In California, teens have the right to family planning, access, care and treatment, and may qualify for Family PACT. Family PACT is state-sponsored insurance that provides no-cost family planning services. Be sure to tell your students not only where to obtain these services, but also that these services are often free, confidential, and do not require parental consent.

According to the California Minor Consent Law,¹² if a patient is able to understand the nature and consequence of their medical condition and proposed treatment and is able to communicate their decision, they are seen as competent. Other patient health care rights in regards to competency include:

- A health care provider cannot assume a patient is incompetent.
- Age is not sufficient in determining competency. The California Minor Consent Law includes that minors are able to provide consent for certain medical situations.
- Physical or medical conditions are not sufficient indicators that a person is not competent.
- The nature and consequence of medical conditions need to be explained to minors in terms that would be understood by the minor.
- A health care providers' personal beliefs of a patient making unwise or wrong medical decisions is not sufficient basis for determining competency.
- Competency is based on specific situations. If a minor is deemed incompetent in one situation, they may be considered competent in another.

Consent may also be required from a third party such as a parent, legal guardian, or conservator for those that are 18 years or older with mental disabilities.

For more information on Minor Consent Law in California reference the link provided below, topics include:

- California Minor Consent Law and health care provider obligations
 - Mandated reporting for health care providers
 - Family PACT and Medi-Cal information
 - FAQs for providers on confidentiality and minor consent
- http://publichealth.lacounty.gov/dhsp/You/Adolescent_Confidentiality_Toolkit.pdf

Materials Needed and Optional Materials

Teen Talk AAA was designed for simple implementation with typical supplies available in most schools – paper,

¹²Simmons, M., Shalwitz, J., & Pollock, S. (2002). Understanding Confidentiality and Minor Consent in California: An Adolescent Provider Toolkit. Retrieved from: http://publichealth.lacounty.gov/dhsp/You/Adolescent_Confidentiality_Toolkit.pdf

crayons/markers/colored pencils, blackboard or whiteboard, computer with a projector or SmartBoard for showing slides and images. It is also extremely helpful to have a sampling of tampons and sanitary pads, available at any drug or grocery store, to pass around when discussing menstruation, as well as samples of different birth control methods when discussing birth control options. Materials needed are listed at the beginning of each activity.

Instructor Resources

General Resources:

Following are a list of resources instructors may find useful in preparing to deliver Teen Talk AAA and throughout the course.

ACLU of Northern California

www.aclunc.org

Resources for parents and community members about sex education in California.

Advocates for Youth

www.advocatesforyouth.org/teens

Creates programs and promotes policies which help young people make informed and responsible decisions about their sexual and reproductive health.

California Department of Education

www.cde.ca.gov/ls/he/se/

Information on comprehensive sexual health education and HIV/AIDS/STI prevention; includes legal requirements for education in these areas and additional resources for quality instructional programs.

Centers for Disease Control and Prevention

www.cdc.gov/std/default.htm

The Division of STI Prevention at the CDC provides national leadership, research, policy development, and scientific information to help people live safer, healthier lives through the prevention of STIs and their complications.

Center for Relationship Abuse Awareness

www.stoprelationshipabuse.org/professional-resources/teachers/

Education and specialized trainings on prevention and awareness around domestic violence.

Gay, Lesbian and Straight Education Network (GLSEN)

www.glsen.org

GLSEN works with instructors, policy makers, community leaders, and students to address anti-LGBT behavior and bias in schools.

Sex, Etc.

www.sexetc.org

Provides information by and for teens, on a variety of sexual health issues.

Sexuality and U

www.sexualityandu.ca/teachers

Sexuality and U can help you teach students about puberty, contraception, STI prevention and sexual well-being with a comprehensive, positive approach to sexuality.

Sexuality Information and Education Council of the United States (SIECUS)

www.siecus.org

SIECUS is the leading national nonprofit organization which affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive information about sexuality, and advocates the right of individuals to make responsible sexual choices.

Teaching Sexual Health

www.teachers.teachingsexualhealth.ca/teaching-tools/

Their goal is to enhance excellence in education by providing teachers with evidence-based sexual health education background and delivery methods and comprehensive resources.

We're Talking Preteen and Teen Health

www.pamf.org/preteen and www.pamf.org/teen

Medically-accurate health information written by teens, provided by the Palo Alto Medical Foundation

Resources for Teaching Special Needs Students about Sexual Health:

Massachusetts Department of Public Health

www.mass.gov/eohhs/docs/dph/com-health/prevention/hrhs-sexuality-and-disability-resource-guide.pdf

A guide written by young people living with disabilities, their families, and health care providers on information about growing up healthy and safe.

Family and Youth Services Bureau

<https://teenpregnancy.acf.hhs.gov/resources/sexual-health-and-youth-disabilities-sexuality-education-all>

Webinar on sexual health and youth with disabilities.

Woodbinehouse Publishers

www.woodbinehouse.com/main.asp?product_id=978-1-890627-33-1&.asp

Books for teaching children with Down Syndrome about sexuality and boundaries.

The Arc

www.autismnow.org/articles/resources-for-learning-about-sexuality/

Resources for parents, family members, caregivers, and people with disabilities on the subject of sexuality.

Advocates for Youth

www.advocatesforyouth.org/publications/publications-a-z/2559

Sexual health research, resources for educators, and education for young people with disabilities.

Ontario Teachers' Foundation: Special Education Gateway

www.teachspced.ca/teaching-strategies-students-special-needs#sn

Effective strategies and resources for teaching students with special needs.

Sessions & Activities

Session 1: Introduction, Values, and Communication

Goals

- Create a safe space for students to discuss sexual health topics and inform students of their reproductive and sexual health rights and resources.
- Provide opportunities for students to ask sexual health questions throughout the program without embarrassment.
- Give students practice in identifying and articulating their personal beliefs and values within a peer environment.
- Recognize the importance of parent and trusted adult communication when it comes to understanding sexual health topics.

Objectives

At the end of this session, students will be able to:

- Name one place that offers help with sexual health needs.
- Utilize the anonymous question box.
- Identify one trusted adult in their lives that they can communicate with about their bodies, sex, and relationships.
- Identify one value they hold about sex or sexual activity.

Why is this important?

This session establishes the foundation of safety and openness for the entire course. In Session 1, we begin to give students practice in identifying and articulating their personal beliefs and values within a peer environment, a critical skill as they get older and must feel confident to express their beliefs about sexual health in much more complex and nuanced ways.

Materials Needed

- Class agreements written on large poster paper or classroom writing surface
- A writing surface (e.g. white board, Smartboard)
- Dry erase markers or other classroom writing implement
- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Photocopies of Teen Clinic List/Teen Resources Worksheet, one for each student
- Agree and Disagree Signs – two signs or a set of signs for each student
- List of value statements
- Photocopies of Tree of Trust, Ask Your Adults, Let's Talk, or My Trusted Adult worksheet, one for each student

Preparation

- Decorate a box for students to place their anonymous questions in each day.
- Cut scratch paper into 2" x 2" squares. Cut enough to give one piece to every student during each session.
- Display the class agreements in a visible location, where they can remain throughout the course.
- Choose which evaluation method will work best for your class and if needed, photocopy the Pretest back-to-back, one for each student.

Teen Clinic List and Resources

- If not located in California, use the Clinic List template to create a worksheet with contact information for local clinics.
- Photocopy Teen Clinic List and Resources worksheet back-to-back, one for each student.

What Are My Values? Activity

- Display the class agreements in a visible location, where they can remain throughout the course.
- Read over the list of statements to get a sense of which ones will be best for your class to discuss. Use as many or as few as you wish.
- If choosing to do Option 1, place a sign with the word, “AGREE” on one side of the room and a sign with the word “DISAGREE” on the opposite side.
- If choosing to do Option 2 or Option 3, make a set of cards (one Agree and one Disagree card) for each student using the templates at the end of the activity.
- Be sure to become familiar with medical terminology students may not be familiar with, to help with clarification during values activity.
- When using this activity, keep in mind that not all students are/will be in relationships with the opposite sex. When appropriate, modify language to include diverse types of couples.

Tree of Trust

- Photocopy Tree of Trust worksheet, one for each student.

Trusted Adult Interview

- Photocopy Ask Your Adults, Let’s Talk, or My Trusted Adult worksheet, one for each student.

Total Instruction Time

Minimum time: 60 min

Maximum time: 75 min

Activity and Time Needed

Class Agreements: 5-10 min

Anonymous Question Box: 5-10 min

Teen Clinic List and Resources: 5-10 min

What Are My Values? Activity: 15 min

Tree of Trust: 15 min

Explain and prepare for the Trusted Adult Interview (homework): 10 min.

Session Wrap-Up: 5 min.

Activity 1.1: Introduction and Group Agreements

Objective: To set the ground rules for the program and create a safe space for students to speak openly throughout the course.

1. **Introduce Teen Talk, Adapted for All Abilities.** Tell students that for the next few days, the class will be discussing human sexuality and sexual health topics. Some students may have already discussed some of the topics we will cover during Teen Talk AAA with their parents or during previous programs; for some students, this may be brand new information.
2. **Describe the class agreements and expectations.** Teen Talk AAA works best when tailored towards a specific classroom's needs. Depending on the different learning abilities of the students, certain classroom agreements may be more important to stress than others. Overall, students need to be able to express themselves without fear of being put down, humiliated, or laughed at. As you are explaining the group agreements, make sure to establish or reinforce any discrimination policies, such as anti-homophobic or anti-gender discrimination policies. Using the group agreements you have posted on a poster board or a class writing surface, explain the following expectations and ground rules.
 - **Respect:** Respect means no put-downs, no hate language, and no swear words. Listen while the teacher or other classmates are talking. No interruptions. Remember that everyone has the right to their own values and their own opinions. Talking about bodies, sex, and pregnancy in a classroom can feel a little weird or embarrassing, especially on the first day. Everyone has questions and emotions about sexual health. Please be sensitive and kind to your classmates.
 - **Privacy:** Comments made by students in the classroom should stay in the classroom. No gossiping outside of class about a particular question or comment from an individual student. Information given by the teacher can be shared. Frame it as an opportunity for students to be sexual health leaders in their schools.
 - **Reporting:** The instructor is required by law to report to Child Protective Services if students say they have been abused, raped, or neglected or they are thinking about suicide – in other words, if someone is hurting them or they are thinking about hurting themselves. Although state laws vary, the legal age of consent to have sex in California is 18. In California, a teacher must file a report if a student 13 years old or younger is having sex with anyone older than them. A teacher must file a report if a student is 14 to 15 years old and having sex with someone 21 or older. This is not about getting someone “in trouble;” it’s about getting someone the help that they need.
Note to Instructor: Visit teenhealthlaw.org to find out what the laws around the age of consent are in states other than CA.
 - **Communication:** Encourage students to practice communicating about these topics with their peers and partners and to discuss the issues raised in class with their parents/guardians or other trusted adults. Tell students that parents/guardians are a great resource for values related to sex and sexuality.
 - **Ask Questions:** There are no dumb questions. No personal questions about the instructor nor classmates are allowed. Sometimes the instructor may not know the answers to all of the questions, in which case the instructor will do some research and share the answer when the instructor finds it. This is a perfect time to introduce the Anonymous Question Box in the next activity.

For a classroom of lower-functioning students, a more simplified version of the Group Agreements could be presented as follows:

- **Respect:** Respect is being mindful of other's in the classroom by listening openly and not interrupting or judging someone based on their comments or questions.
- **Privacy:** Unless we find out someone is hurting you or you are thinking about hurting yourself or others, this is a safe space where everything that happens inside of the classroom is going to be kept private.
- **It's OK to feel embarrassed:** Talking about bodies or topics around sex can make someone feel awkward, which is OK! Feeling weird or embarrassed is a natural feeling some may have towards the topic, just remember to be respectful of other people's feelings.

1) Respect

- One microphone
- No judging

2) Privacy

3) Reporting

- 13 or younger with anyone older
- 14 or 15 with anyone 21 or older

4) Communication

- With parent(s) and other trusted adults
- With peers and partners

5) Ask questions

1) Respect

2) Privacy

3) It's OK to feel
embarrassed!

Activity 1.2: Anonymous Question Box

Objective: To provide students with an outlet to ask questions regarding sexual health if they are not comfortable asking their question during the session.

1. **Introduce the Anonymous Question Box.** The Anonymous Question Box is a way for students to ask questions that they may not feel comfortable asking during class time, though students are encouraged to ask lots of questions during class time as well.
2. **Describe the Question Box Guidelines.** Explain that you will provide every student with a piece of scratch paper during every Teen Talk AAA session. Give students the following directions for how to use the Question Box:
 - Everyone must put a paper in the box. If students do not have a question at that time, they can write a statement about what they learned in class that day, a topic of interest (e.g., “dating” or “pregnancy”) or write “no question.” This ensures the questions remain anonymous.
 - No names. Questions are anonymous and are not to be used to hurt or embarrass others. Questions with names in them will not be read out loud.
 - No personal questions of the instructor. Personal questions will not be read out loud.
 - Nobody can take anything out of the Question Box, except for the instructor.
3. **Pass out scratch paper and set aside time at the end of class** on the first day for students to write their questions. For the remaining sessions, you will pass out scratch paper at the beginning of the session so that students have the entire class period to think of a question.
4. **Collect the questions.** Walk around to each students’ desk so they can put their question in your Question Box or ask them to place their question in the box on their way out of the classroom.
5. **Read through the questions** you receive and remove any personal questions or questions with names before the next day’s session. Be sure to separate students’ questions by class period if you have multiple classes/periods.

Note to Instructor: It is recommended that you maintain the rule of anonymity established for the Anonymous Question Box by not comparing handwriting or watching what students write. Punishing students for writing “inappropriate” or “rude” questions should be avoided, as this only loses the students’ trust in the process and takes away from the safe environment you have created. Unless a student has written a direct threat to someone else or has written something to suggest they may not be safe, please honor the rules and purpose of the box.

For students who have difficulty writing, classroom helpers or paraeducators can assist in writing down the questions for the students. For certain classrooms, using the anonymous question box may not be feasible. Because students have questions around sexual health that come up at other times in the day, it can be beneficial to leave the box in the classroom so students can put their questions in anytime during the school day as they have been notified about the rules.

Activity 1.3: Pretest

Objectives: To assess students' knowledge about conception, contraception, STIs, consent and sexuality.

Note to Instructor: This curriculum includes many types of assessments, including two versions of written assessments that may be done based on the functioning level and motor skills of your students. The first version of the written pretest contains information only on Puberty and Anatomy, and it would be for students between 5th and 6th grade who will be completing Sessions 1, 2, and 3 only. The second version of the written pretest contains information from all 11 sessions and is recommended for high school students, although it could also be done with middle school students who are higher functioning. The third version uses the same questions as the second version, but includes picture icons for students who are lower functioning. If you are only completing certain sessions with your classes or if your students have difficulty reading and/or writing, there are more versions of assessments at the end of each future session that can help you gauge how much students learned during that specific lesson.

1. **Explain to students that you will be passing out a test to see how much they know about sex and sexuality and to see what they need to learn.** If they have questions about what certain words mean, then you can answer them. If they don't know the answer to a question, they should mark "Not Sure." Let them know that they will take the same test on the last day of Teen Talk AAA to see how much they've learned and how their feelings about sexual health have changed.
2. **Pass out the tests to each student.** Give students 10-15 minutes to complete the test.
3. **If you have time, collect the tests and review the answers together as a class.**

TTAAA Puberty Talk **Pre Test**

Circle the correct answer.

1. The **changes** that occur during puberty usually **happen**:

- A. Overnight B. Over 1 year C. Over several years D. Not Sure

2. During puberty, **most females**:

- A. Start their period B. Grow hair under their arms C. Both of these D. Not sure

3. The part of the **male body** that **makes sperm** cells is the:

- A. Ovary B. Testicle C. Penis D. Not sure

4. In order to **make a baby**, a sperm cell must fertilize (join with) an ovum (egg).

- ☐ True ☐ False ☐ Not sure

5. **Females ovulate (release eggs)** from their ovaries from the time they are born.

- ☐ True ☐ False ☐ Not sure

6. It is **normal for males** to get **erections**, even when they are not thinking sexual thoughts.

- ☐ True ☐ False ☐ Not sure

There is no correct answer to these questions. Answer how you feel.

7. I feel confident that I could tell someone to stop making fun of another person's body or looks.

- ☐ True ☐ False ☐ Not sure

8. I feel confident that I could tell someone to stop touching me in a way that makes me feel uncomfortable.

- ☐ True ☐ False ☐ Not sure

TTAAA Puberty Talk Preexamen

Encierra la respuesta correcta.

1. **Los cambios** que ocurren en la pubertad por lo general **suceden**:

- A. A la noche B. Durante 1 año C. Durante varios años D. No estoy seguro

2. Durante la pubertad, la mayoría de **las niñas**:

- A. Empiezan a tener su periodo B. Empiezan a tener pelo debajo en las axilas C. Los dos de estos D. No estoy seguro

3. La parte del **cuerpo masculino** que produce las células del **esperma** es:

- A. El ovario B. El testículo C. El pene D. No estoy seguro

4. Para **concebir un bebé**, una célula de esperma debe fertilizar (unirse con) un óvulo (huevo).

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

5. **Los ovarios femeninos ovulan** (sueltan huevos) desde que las mujeres nacen.

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

6. **Es normal que los niños** tengan erecciones, aún si no están pensando en cosas sexuales.

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

No hay respuestas correctas para las siguientes preguntas. Responde cómo te sientes.

7. **Estoy seguro de que podría decirle a alguien que pare de burlarse de la apariencia o del cuerpo de otra persona.**

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

8. **Estoy seguro de que podría decirle a alguien que pare de tocarme de un modo que me hace sentir incómodo.**

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

Puberty Talk AAA Answer Key

Circle the correct answer.

1. The **changes** that occur during puberty usually **happen**:
A. Overnight B. Over 1 year **C. Over several years** D. Not Sure
2. During puberty, **most females**:
A. Start their period B. Grow hair under their arms **C. Both of these** D. Not sure
3. The part of the **male body** that **makes sperm** cells is the:
A. Ovary **B. Testicle** C. Penis D. Not sure
4. In order to **make a baby**, a sperm cell must fertilize (join with) an ovum (egg).
☒ True ☐ False ☐ Not sure
5. **Females ovulate (release eggs)** from their ovaries from the time they are born.
☐ True **☒ False** ☐ Not sure
6. It is **normal for males** to get **erections**, even when they are not thinking sexual thoughts.
☒ True ☐ False ☐ Not sure

TTAAA Teen Talk Pre Test

Circle the correct answer.

1. Which type of birth control method helps protect against pregnancy and STIs?
 A. Birth control pill B. Condom C. Ring D. Not Sure
2. Choose the fluid that can pass HIV.
 A. Saliva B. Sweat C. Blood D. Not Sure
3. In a healthy relationship, both people feel...
 A. Afraid B. Frustrated C. Respected D. Not Sure
4. Anyone who is having sex should get a regular check-up at a clinic.

TRUE

FALSE

NOT SURE

5. Name **ONE** local clinic where a teen can go to for FREE and CONFIDENTIAL sexual health services.

6. What must someone do before they have sex with someone?
 A. Ask politely and wait for the "YES" B. Hold hands C. Buy them gifts D. Not Sure

7. If someone is sexually assaulted, it is never their fault.

TRUE

FALSE

NOT SURE

8. Who could you talk to if someone touched you sexually and you didn't want them to?

There is no correct answer to these questions. Answer how you feel.

- | | | | |
|--|-----|----|----------|
| 9. I feel comfortable going to a clinic for sexual health services. | YES | NO | NOT SURE |
| 10. I can talk about sexual health with a parent or trusted adult. | YES | NO | NOT SURE |
| 11. I can talk to a current or future partner about what I want to or don't want to do sexually. | YES | NO | NOT SURE |

Teen Talk AAA Preexamen

Dibuja un círculo alrededor de la respuesta correcta.

- ¿Cuál método anticonceptivo reduce el riesgo del embarazo y las ITS?
A. Pastilla anticonceptiva B. Condón C. Anillo D. No estoy seguro
- Dibuja un círculo alrededor del fluido que puede transmitir el VIH.
A. Saliva B. Sudor C. Sangre D. No estoy seguro
- En una relación saludable, las dos personas se sienten...
A. Miedosos B. Frustrados C. Respetados D. No estoy seguro
- Alguien que está teniendo sexo debe de hacerse un chequeo anual en una clínica.

VERDADERO FALSO NO ESTOY SEGURO
- Nombra UNA clínica local donde un adolescente puede ir para servicios salud sexual GRATUITOS y CONFIDENCIALES.

- ¿Qué tienes que hacer antes de tener sexo con alguien?
A. Pídele de manera cortés y espera hasta que dice Sí B. Tomarse de las manos C. Cómprale regalos D. No estoy seguro
- Si alguien es la víctima de agresión sexual, nunca es su culpa.

VERDADERO FALSO NO ESTOY SEGURO
- ¿Con quién podrías hablar si alguien te toca sexualmente y no lo querías?

No hay respuestas correctas a las siguientes preguntas. Contesta cómo te sientes.

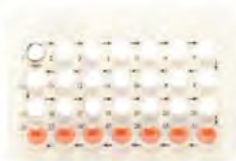
- | | | | |
|--|----|----|-----------------|
| 9. Me siento cómodo yendo a una clínica para servicios de salud sexual. | SÍ | NO | NO ESTOY SEGURO |
| 10. Puedo hablar con un padre o adulto de confianza sobre la salud sexual. | SÍ | NO | NO ESTOY SEGURO |
| 11. Puedo hablar con una pareja actual o futura sobre lo que sí o no quiero hacer sexualmente. | SÍ | NO | NO ESTOY SEGURO |

TTAAA Teen Talk Pre Test

Circle the correct answer.

1. Which type of birth control method helps protect against pregnancy and STIs?

B. Birth control pill



B. Condom



C. Ring



D. Not Sure



2. Choose the fluid that can pass HIV.

B. Saliva



B. Sweat



C. Blood



D. Not Sure



3. In a healthy relationship, both people feel...

B. Afraid



B. Frustrated



C. Respected



D. Not Sure



4. Anyone who is having sex should get a regular check-up at a clinic.

TRUE



FALSE



NOT SURE



5. Name **ONE** local clinic where a teen can go to for FREE and CONFIDENTIAL sexual health services.



6. What must someone do before they have sex with someone?

B. Ask politely and wait for the "YES"



B. Hold hands



C. Buy them gifts



D. Not Sure



7. If someone is sexually assaulted, it is never their fault.

TRUE



FALSE



NOT SURE



8. Who could you talk to if someone touched you sexually and you didn't want them to?



There is no correct answer to these questions. Answer how you feel.

9. I feel comfortable going to a clinic for sexual health services.

YES



NO NOT SURE



10. I can talk about sexual health with a parent or trusted adult.

YES



NO NOT SURE



11. I can talk to a current or future partner about what I want to or don't want to do sexually.

YES



NO NOT SURE



Teen Talk AAA Preexamen

Dibuja un círculo alrededor de la respuesta correcta.

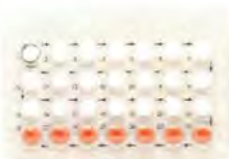
1. ¿Cuál método anticonceptivo reduce el riesgo del embarazo y las ITS?

A. Pastilla anticonceptiva

B. Condón

C. Anillo

D. No estoy seguro



2. Dibuja un círculo alrededor del fluido que puede transmitir el VIH.

A. Saliva

B. Sudor

C. Sangre

D. No estoy seguro



3. En una relación saludable, las dos personas se sienten...

A. Miedosos

B. Frustrados

C. Respetados

D. No estoy seguro



4. Alguien que está teniendo sexo debe de hacerse un chequeo anual en una clínica.

VERDADERO

FALSO

NO ESTOY SEGURO



5. Nombra UNA clínica local donde un adolescente puede ir para servicios salud sexual GRATUITOS y CONFIDENCIALES.



6. ¿Qué tienes que hacer antes de tener sexo con alguien?

A. Pídele de manera cortés y espera hasta que dice Sí



B. Tomarse de las manos



C. Cómprale regalos



D. No estoy seguro



7. Si alguien es la víctima de agresión sexual, nunca es su culpa.

VERDADERO



FALSO



NO ESTOY SEGURO



8. ¿Con quién podrías hablar si alguien te toca sexualmente y no lo querías?



No hay respuestas correctas a las siguientes preguntas. Contesta cómo te sientes.

9. Me siento cómodo yendo a una clínica para servicios de salud sexual.

SÍ

NO

NO ESTOY SEGURO



10. Puedo hablar con un padre o adulto de confianza sobre la salud sexual.

SÍ

NO

NO ESTOY SEGURO



11. Puedo hablar con una pareja actual o futura sobre lo que sí o no quiero hacer sexualmente.

SÍ

NO

NO ESTOY SEGURO



Teen Talk AAA Answer Key

Circle the correct answer.

1. Which type of birth control method helps protect against pregnancy and STIs?
 A. Birth Control Pill B. Condom C. Ring D. Not Sure
2. Circle the fluid that can pass HIV.
 A. Saliva B. Sweat C. Blood D. Not Sure
3. In a healthy relationship, both people feel...
 A. Afraid B. Frustrated C. Respected D. Not Sure
4. Anyone who is having sex should get a regular check-up at a clinic.

TRUE
FALSE
NOT SURE
5. Name ONE local clinic where a teen can go to for FREE and CONFIDENTIAL sexual health services.

6. What must you do before you have sex with someone?
A. Ask politely and wait for the YES B. Hold Hands C. Buy them gifts D. Not Sure
7. If you are sexually assaulted, it is never your fault.

TRUE
FALSE
NOT SURE
8. Who could you talk to if someone touched you sexually and you didn't want them to?

There are no correct answers to the following questions. Answer how you feel.

9. I feel comfortable going to a clinic for sexual health services. YES NO NOT SURE
10. I can talk about sexual health with a parent or trusted adult. YES NO NOT SURE
11. I can talk to a current or future partner about what I want to or don't want to do sexually. YES NO NOT SURE

Activity 1.4: Teen Clinic List and Resource List

Objectives: To give students a list of reproductive and sexual health services within their local area, including national resources addressing the curriculum topics covered in Teen Talk Adapted for All Abilities.

Note to Instructor: It is strongly advised that users of Teen Talk AAA create a list of local services in their own area for students receiving this curriculum. Many county departments can assist in gathering this information, as well as Family PACT: www.familypact.org. According to the California Minor Consent Law,¹³ a health care provider can make their own assessments based on patient competency, and do not need a judicial ruling or patient diagnosis. **If a patient is able to understand the nature and consequence of their medical condition and proposed treatment, and is able to communicate their decision, they are seen as competent.**

Other patient health care rights in regards to competency include:

- A health care provider cannot assume a patient is incompetent.
- Age is not sufficient in determining competency. The California Minor Consent Law states that minors are able to provide consent for certain sexual health services.
- Physical or medical conditions are not sufficient indicators that a person is not competent.
- The nature and consequence of medical conditions need to be explained to minors in terms that would be understood by the minor.
- A health care providers' personal beliefs that a patient is making unwise or wrong medical decisions is not sufficient basis for determining competency.
- Competency is based on specific situations. If a minor is deemed incompetent in one situation, they may be considered competent in another. Consent may also be required from a third party such as a parent, legal guardian, or conservator for those that are 18 years or older with cognitive disabilities.

For more information on Minor Consent Law in CA, reference the link provided below. Topics include:

- California Minor Consent Law and health care provider obligations
 - Mandated reporting for health care providers
 - Family PACT and Medi-Cal information
 - FAQs for providers on confidentiality and minor consent
- http://publichealth.lacounty.gov/dhsp/You/Adolescent_Confidentiality_Toolkit.pdf

1. Explain to the class:

- You will be passing out a resource worksheet for them to keep if they have future questions regarding sexual health topics.
- The resource sheet details local clinics that a minor of **ANY AGE** has the right to access for medical care related to the prevention or treatment of pregnancy.
- However, minors must be **12 years or older** to consent to their own STI testing and treatment.
- Parent permission is **NOT** required for a minor to be excused during the school hours for confidential services, which include appointments for sexual and reproductive health care.
- Although parental notification or permission is not required for these confidential services, encourage your students to talk with a parent/guardian/trusted adult about their medical concerns and questions.

2. Pass out the Clinic and Resource Lists.

3. Ask the class:

¹³Simmons, M., Shalwitz, J., & Pollock, S. (2002). Understanding Confidentiality and Minor Consent in California: An Adolescent Provider Toolkit. Retrieved from: http://publichealth.lacounty.gov/dhsp/You/Adolescent_Confidentiality_Toolkit.pdf

- What are some sexual health services a young person may receive from one of these clinics?
- Which one of these clinics would you most likely go to?
- If you needed to go to a clinic, how would you get there?
- What are some qualities that would be important to you in a clinic?

SF Peninsula Teen Clinics

Parents' permission is **NOT** required (but we encourage you to talk with them!)
Services are **FREE** and **CONFIDENTIAL**

Daly City

- **Daly City Youth Health Center**
www.dalycityyouth.org
(650) 877-5700
350 90th St. (3rd Floor)
- **Kaiser Teen Clinic** (*members only*)
www.kaiserpermanente.org
(650) 301-4475
395 Hickey Blvd.

South San Francisco

- **Planned Parenthood South SF**
www.ppmarmonte.org
(877) 855-7526
435 Grand Ave.

San Mateo

- **Planned Parenthood San Mateo**
www.ppmarmonte.org
(650) 235-7940
29 Baywood Ave.

Redwood City

- **Fair Oaks Health Center**
www.sanmateomedicalcenter.org
(650) 578-7141
2710 Middlefield Rd.
- **Kaiser Teen Clinic** (*members only*)
www.kaiserpermanente.org
(650) 299-2025
910 Marshall Rd. (Birch Building)
- **Planned Parenthood Redwood City**
www.ppmarmonte.org
(650) 503-7810
2907 El Camino Real
- **Sequoia Teen Wellness Center**
www.co.sanmateo.ca.us/sequoiatwc
(650) 366-2927
200 James Ave. (at Sequoia HS)

East Palo Alto

- **Ravenswood Family Health Center**
www.ravenswoodfhc.org
(650) 330-7400
1885 Bay Rd. (Suite A)

Palo Alto

- **MayView Community Health Center**
www.mayview.org
(650) 327-8717
270 Grant Ave.

Mountain View

- **MayView Community Health Center**
www.mayview.org
(650) 965-3323
900 Miramonte Ave. (2nd Floor)
- **Planned Parenthood Mountain View**
www.ppmarmonte.org
(650) 948-0807
225 San Antonio Rd.

Sunnyvale

- **Lucile Packard Teen Clinic (Stanford)**
www.stanfordchildrens.org/en/service/teens-and-young-adults
(650) 497-2701
1195 W. Fremont Ave

San Jose

- **Kaiser Teen Clinic** (*members only*)
www.kaiserpermanente.org
(408) 362-4740
276 International Cir.
- **Planned Parenthood Blossom Hill**
www.ppmarmonte.org
(408) 281-9777
5440 Thornwood Dr. (Suite G)
- **Planned Parenthood Mar Monte**
www.ppmarmonte.org
(408) 274-7100
2470 Alvin Ave. (Suite 80)
- **Planned Parenthood Eastside**
www.ppmarmonte.org
(408) 729-7600
3131 Alum Rock Ave.
- **Planned Parenthood San Jose Central**
www.ppmarmonte.org
(408) 287-7526
1691 The Alameda

www.familyPACT.org – Find local clinics and sign up for the state-funded Family PACT program

www.myhealthmyinfo.org – Utilize confidential services at your pediatrician or doctor's office

Local Teen Clinics

Parents' permission is **NOT** required in CA (but we encourage you to talk with them!)
 Services are **FREE** and **CONFIDENTIAL**

• _____
 website: _____
 phone: _____
 address: _____

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www.familyPACT.org – Find local clinics and sign up for the state-funded Family PACT program
www.myhealthmyinfo.org – Utilize confidential services at your pediatrician or doctor's office

SF Peninsula Teen Clinics

DO NOT need parents' permission
FREE and **CONFIDENTIAL** in California

EAST PALO ALTO

Ravenswood Family Health Center

(650) 330-7400
www.ravenswoodfhc.org
1885 Bay Rd. (Suite A)

REDWOOD CITY

Planned Parenthood

(650) 503-7810
www.ppmarmonte.org
2907 El Camino Real

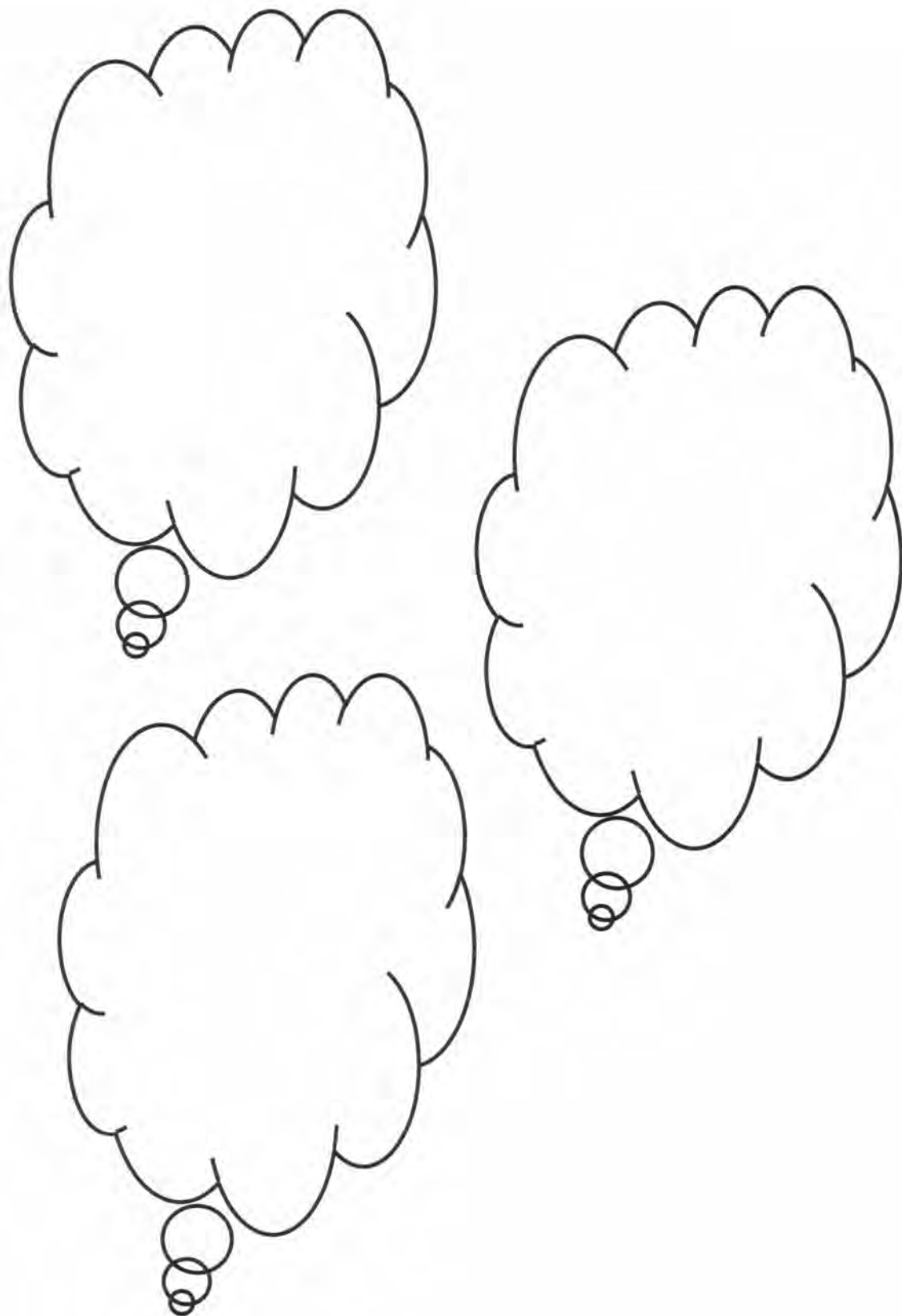
Sequoia Teen Wellness Center

(650) 366-2927
[http://www.co.sanmateo.ca.us/
SequoiaTWC/](http://www.co.sanmateo.ca.us/SequoiaTWC/)
200 James Ave. (at Sequoia HS)

*If you are a member at
Kaiser, you can also use
the Teen Clinic there to
receive free and
confidential services.*

Local Teen Clinics

DO NOT need parents' permission
FREE and **CONFIDENTIAL** in California



Clínicas de la Península de SF

NO se requiere permiso de tus padres (¡pero te animamos a hablar con ellos!)

Los servicios son **GRATUITOS** y **CONFIDENCIALES**

Daly City

- **Daly City Youth Health Center**
www.dalycityyouth.org
(650) 877-5700
350 90th St. (3rd Floor)
- **Kaiser Teen Clinic** (*exclusivo para miembros*)
www.kaiserpermanente.org
(650) 301-4475
395 Hickey Blvd.

South San Francisco

- **Planned Parenthood South SF**
www.ppmarmonte.org
(877) 855-7526
435 Grand Ave.

San Mateo

- **Planned Parenthood San Mateo**
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(650) 235-7940
29 Baywood Ave.

Redwood City

- **Fair Oaks Health Center**
www.sanmateomedicalcenter.org
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2710 Middlefield Rd.
- **Kaiser Teen Clinic** (*exclusivo para miembros*)
www.kaiserpermanente.org
(650) 299-2025
910 Marshall Rd. (Birch Building)
- **Planned Parenthood Redwood City**
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- **Sequoia Teen Wellness Center**
www.co.sanmateo.ca.us/sequoiatwc
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Sunnyvale

- **Lucile Packard Teen Clinic (Stanford)**
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(650) 497-2701
1195 W. Fremont Ave

San Jose

- **Kaiser Teen Clinic** (*exclusivo para miembros*)
www.kaiserpermanente.org
(408) 362-4740
276 International Cir.
- **Planned Parenthood Blossom Hill**
www.ppmarmonte.org
(408) 281-9777
5440 Thornwood Dr. (Suite G)
- **Planned Parenthood Mar Monte**
www.ppmarmonte.org
(408) 274-7100
2470 Alvin Ave. (Suite 80)
- **Planned Parenthood Eastside**
www.ppmarmonte.org
(408) 729-7600
3131 Alum Rock Ave.
- **Planned Parenthood San Jose Central**
www.ppmarmonte.org
(408) 287-7526
1691 The Alameda

www.familyPACT.org – Identifica clínicas locales e insíbete para el programa de Family Pact

www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu médico u otro consultorio médico

Clínicas Locales

NO se requiere permiso de tus padres (¡pero te animamos a hablar con ellos!)

Los servicios son **GRATUITOS** y **CONFIDENCIALES**

• _____
sitio web: _____
teléfono: _____
dirección: _____

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www.familyPACT.org – Identifica clínicas locales e insíbete para el programa de *Family Pact*
www.myhealthmyinfo.org – Utiliza los servicios confidenciales con tu medico u otro consultorio médico

Clínicas de la Península de SF

NO se requiere permiso de tus padres
Los servicios son GRATUITOS y CONFIDENCIALES

EAST PALO ALTO

Ravenswood Family Health Center

(650) 330-7400
www.ravenswoodfhc.org
1885 Bay Rd. (Suite A)

REDWOOD CITY

Planned Parenthood

(650) 503-7810
www.ppmarmonte.org
2907 El Camino Real

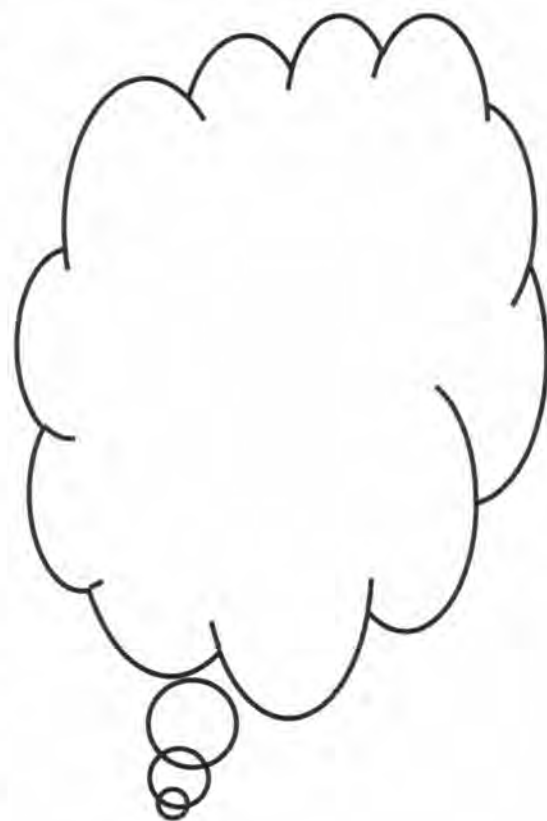
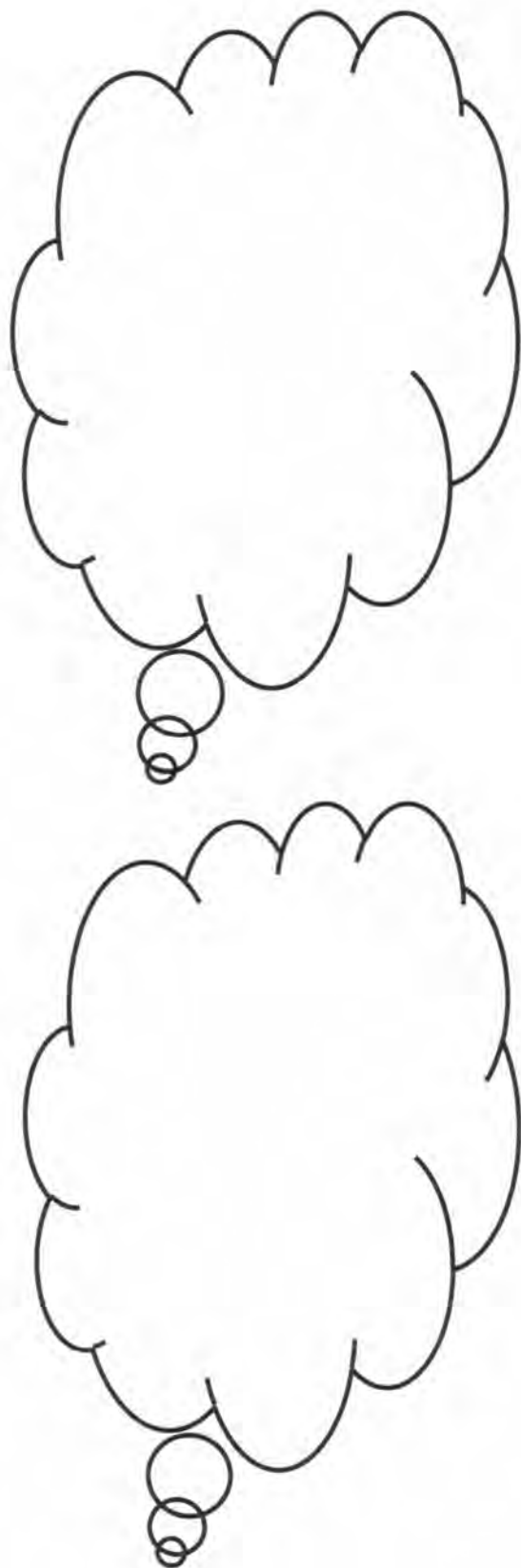
Sequoia Teen Wellness Center

(650) 366-2927
[http://www.co.sanmateo.ca.us/
SequoiaTWC/](http://www.co.sanmateo.ca.us/SequoiaTWC/)
200 James Ave. (at Sequoia HS)

*Si un miembro de Kaiser,
también puede utilizar la
Clínica para Adolescentes
para recibir servicios
gratuitos y confidenciales.*

Clínicas Locales

NO se requiere permiso de tus padres
Los servicios son **GRATUITOS** y **CONFIDENCIALES**



Bodies, Birth Control & STIs

General Info

kidshealth.org/en/teens/sexual-health

All About Puberty

plannedparenthood.org/learn/teens/puberty

AMAZE-ing Videos!

amaze.org

Gender & Sexual Identities

LGBTQ+ Youth Initiative

sendtherightmessage.ca

The Trevor Project

thetrevorproject.org

1 (866) 488-7386

text START to 678-678

Disability and Sexuality

amaze.org/video/puberty-disability-sexuality

Relationships & Sexual Safety

Making Friends

kidshealth.org/en/teens/making-friends.html

Love is Respect

loveisrespect.org

That's Not Cool

coolnotcoolquiz.org

National Human Trafficking Hotline

humantraffickinghotline.org

1 (888) 373-7888 (TTY: 711)

text BEFREE to 233-733

Mobile Apps

Clue

menstrual cycle tracker

They2ze

trans-inclusive health resources

Refuge Restrooms

find safe & accessible restrooms

awkwardornotapp.org

parent communication guide

Teen Talk Resources

Scan for more!



Mental Health Support

Help Anytime, Any Reason

kidshelpline.com.au/teens

Crisis Textline

text HOME to 741-741

Stories & Info

walkinourshoes.org

National Suicide Prevention Lifeline

suicidepreventionlifeline.org/chat

1 (800) 273-8255

Pregnancy & Parenting

Legal Guide for Teens

teenhealthrights.org

Judgement-Free Talkline

all-options.org

1 (888) 493-0092





El Cuerpo, Métodos Anticonceptivos & ITS

Información General

kidshealth.org/es/teens/sexual-health-esp

Todo Sobre Pubertad

plannedparenthood.org/es/temas-de-salud/para-adolescentes/pubertad

Videos sobre Salud

amaze.org/es

Género & Identidad Sexual

Información LGBTQ+

plannedparenthood.org/es/temas-de-salud/para-adolescentes/lgbtq

Relaciones & Seguridad Sexual

Hacer Amigos

kidshealth.org/es/teens/making-friends-es.html

El Amor es Respeto

espanol.loveisrespect.org

Línea de Apoyo para Asalto Sexual

rainn.org/es
1 (800) 656-4673

Trata de Personas

humantraffickinghotline.org/
obtenga-ayuda
1 (888) 373-7888

Recursos para Teen Talk

¡Escanéame para más!



Aplicaciones Móviles

Clue aplicación

sigue tu periodo

myPlan aplicación

apoyo para relaciones saludables

Apoyo de Salud Mental

Terapeutas Hispanohablantes Locales

latinxtherapy.com

Línea Nacional de la Prevención del Suicidios

suicidepreventionlifeline.org/help-yourself/en-espanol/
1 (888) 628-9454

Embarazo

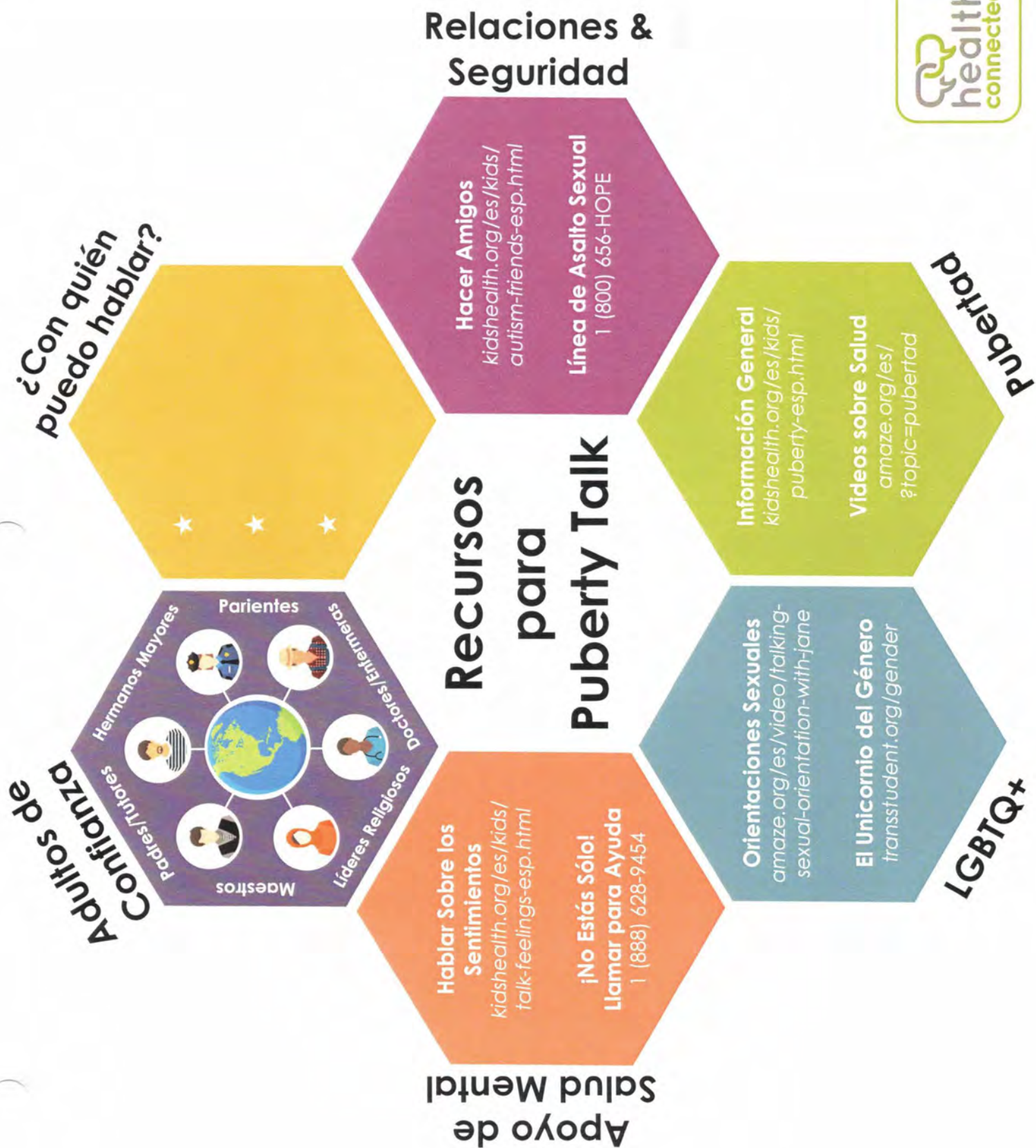
Embarazo Saludable

kidshealth.org/es/teens/pregnancy-esp.html

Opciones de Embarazo

accesswhj.org/access-en-espanol
1 (888) 442-2237





Activity 1.5: What Are My Values?

Objective: To give students opportunities to determine their beliefs about sex or sexual activity and to practice articulating those beliefs in a peer environment.

There are three alternatives for how to facilitate this activity. You can select one of these options based on the needs of your class. For example, your physical classroom set-up, how easy it is for your students to move around the classroom, and your students' ability to focus on the activity when moving around the room can make one option easier to do.

- Option 1: students getting out of their seats and moving around the room.
- Option 2: students stay in their seats for the duration of the activity.
- Option 3: one on one work with students.

Before beginning this activity, determine which option you will use and prepare the materials accordingly. Select up to six statements from the list below, which you will read to the class during the activity. For some classes, it may be helpful to visually display each statement on the board as they are read aloud to the class.

For both activity options:

1. **Begin by writing the word “Values” on the board.**

Note to Instructor: Instead of “values,” instructors can also write “beliefs” or “something important” if students are having difficulty with the term values.

2. **Ask students, “What does the word value mean?”** E.g. a belief about what is right or wrong, a moral, an ideal, a rule by which you live your life, how you think things should be.
3. **Ask, “What are some values people hold?”** E.g. A person should never drink and drive. A person should be married before they have sex. The truth should always be told. You should never pressure someone to have sex.
4. **Ask, “Where do we learn our values?”** Write answers on board around the word “values.” Students commonly brainstorm: family, friends, self, teachers, neighborhood, religion, culture, TV/movies, music, social media, pornography, etc.

Option 1: Moving around

1. **Create two signs, AGREE (YES) and DISAGREE (NO).** Post the AGREE sign on one side of the room and the DISAGREE sign on the other side of the room.
2. **Explain to the class:**
 - We are going to do an activity to help us think about our values regarding some topics that may be related to keeping our body healthy.
 - I will read a statement two times to give you time to think about how you feel about the statement. After you think about how you feel, move to the side of the room which closely aligns with how you feel about the statement. There is no middle. If you can't decide, choose a side and tell the class why you have mixed feelings.
 - Do not pressure people to move to the same side as you. Think independently and do not let your peers pressure you.
 - If you hear an opinion that makes you change your mind, you may quietly move to the other side at any time.

- After moving, I will ask people to raise their hands and a few people from each side will share their opinions. It's very important that we are mindful of our group agreements and are respectful and quiet when people are sharing.
3. **Read each statement twice** to give students an opportunity to consider how they feel about the statement then ask students to move to the side which most closely aligns with how they feel about the statement.
 4. **Once students have moved to a side, ask for volunteers from each side to explain why they chose to move to that side.**
 - To help students feel comfortable speaking about their opinions in front of their classmates, you can ask students to "pair share" (share with the person standing next to them) for 30 seconds about why they moved to that side.
 - Don't force anyone to speak, even if no one volunteers.
 - If no one volunteers, you can ask the class, why they think someone might agree or disagree with that statement.
 - If no one responds to that prompt, you, as the instructor, can suggest reasons why someone might agree or disagree with that statement: "Someone might agree that puberty is exciting because they are excited to grow up. Did anyone move to the AGREE/YES side because you are excited to grow up? Raise your hand."

Note to Instructor: If there are only one or two students standing on one side, the instructor should go to that side and stand next to them. Explain to the class that "no one stands alone" and you want to recognize and appreciate that it can be hard to have an opinion that is different from all of your classmates or friends. If no one picks one side, ask the class to explain why someone might hold that opinion, even if no one is standing on that side.
 5. **After discussing students' opinions of each statement, ask everyone to move to the center of the room before you read the next statement.** This closes the discussion on one statement and defines the beginning of the next statement discussion.
 6. **Repeat this process for 3-6 statements,** depending on students' attention level, the depth of the discussion, and class time availability.
 7. **After completing all of your selected statements, ask students to return to their seats for a discussion about the activity.** Ask students:
 - How did participating in this activity make you feel?
 - What were some things that surprised you during that activity?
 - Which statements were hardest for you to answer?
 - Was it hard to explain your feelings or opinions around your classmates?

Option 2: Staying in seat

1. **Create two signs, AGREE (YES) and DISAGREE (NO), for each student in the class.** Hand out a set (AGREE and DISAGREE) to each student.
2. **Explain to the class:**
 - We are going to do an activity to help us think about our values regarding some topics that may be related to keeping our body healthy.

- I will read a number of sentences that have to do with this topic. If you agree with the sentence, then hold up or point to the AGREE (YES) sign. If you disagree with the sentence, then hold up or point to the DISAGREE (NO) sign.
 - For this activity, there is no “both” – I want you to try your best to pick AGREE (YES) or DISAGREE (NO).
 - Once everyone has made their choice, I will ask for a few AGREE (YES) volunteers and a few DISAGREE (NO) volunteers to raise their hand and share with everyone why they feel that way. No one is required to share their opinion.
 - It’s very important that we are mindful of our group agreements and are respectful and quiet when people are sharing.
 - You can change which sign to hold up or point to during our discussion of each statement, if you change your mind.
3. **Read each statement twice** to give students an opportunity to consider how they feel about the statement then ask students to hold up the side which most closely aligns with how they feel about the statement.
 4. **Once students have held up or pointed to their signs, ask for volunteers from each group to explain why they chose that sign.**
 - To help students feel comfortable speaking about their opinions in front of their classmates, you can ask students to “pair share” (share with the person standing next to them) for 30 seconds about why they held up that sign.
 - Don’t force anyone to speak, even if no one volunteers.
 - If no one volunteers, you can ask the class, why they think someone might agree or disagree with that statement.
 - If no one responds to that prompt, you, as the instructor, can suggest reasons why someone might agree or disagree with that statement: “Boys and girls should learn about their changing bodies together. Did anyone hold up the AGREE (YES) sign because you are interested in learning about each other? Raise your hand.”

Note to Instructor: If there are only one or two students holding up or pointing to one of the signs (i.e., they are a significant minority), the instructor should acknowledge and appreciate that it can be hard to have an opinion that is different from all of your classmates or friends. If no one holds up or points to one of the signs, ask the class to explain why someone might hold that opinion, even if no one held up or pointed to that particular sign.
 5. **After discussing students’ opinions of each statement, ask everyone to put their signs down on their desk (if they haven’t already).** This closes the discussion on one statement and defines the beginning of the next statement discussion.
 6. **Repeat this process for 3-6 statements,** depending on students’ attention level, the depth of discussion and class time availability.
 7. **After completing all of your selected statements, ask students to hand in their signs for a discussion about the activity.** Ask students:
 - How did doing this activity make you feel?
 - What were some things that surprised you during that activity?
 - Which sentences were hardest for you to answer?
 - Was it hard to explain your feelings or opinions around your classmates?

Option 3: One on one

1. **Create two signs, AGREE (Thumbs up icon) and DISAGREE (Thumbs down icon), for each student in the class.** Hand out a set (one AGREE sign and one DISAGREE sign) to each student.
2. **Explain to the class:**
 - We are going to do an activity to help us think about how we feel about keeping our body healthy.
 - I will read a number of sentences that have to do with this topic. If you agree with the sentence, then point to the AGREE (or thumbs up) sign. If you disagree with the sentence, then point to the DISAGREE (or thumbs down) sign.
 - Ask the student to share why they feel that way. No one is required to share their opinion.
 - You can change which sign to point to during our discussion of each sentence, if you change your mind.
3. **Read each statement twice** to give students an opportunity to consider how they feel about the statement then ask students to point to the picture that shows how they feel about the sentence.
4. **Repeat this process for 3-6 statements**, depending on students' attention level, the depth of discussion and class time availability.
5. **After completing all of your selected statements, ask students:**
 - Did you like the activity?
 - Which sentence was hard to answer?
 - Which sentence was easy to answer?

Values Clarification: AGREE or DISAGREE Statements

Select 3-6 statements from the list below based on the following criteria:

- Grade of class
- Maturity of class
- School/community norms
- Existing knowledge base of class
- Functioning level of class (verbal ability, attention span, etc.)
- Developmental age of person or class

Group 1 (K-6th grade)

- I can talk to my parents/guardians about my body and feelings.
- It is hard to go through body changes.
- You should take care of your body.
- Body changes are exciting.
- I should ask a trusted adult if I have questions about my body or feelings.
- I am comfortable telling a person I have a crush on them.
- Learning about taking care of your body is important.
- You should learn about both boy and girl body parts.

Group 2 (Middle and High School Students)

- It is easy to tell if a person likes (has a crush on) you.
- People my age can make good decisions about relationships and sex.
- Buying your partner gifts shows them you love them.
- Texting your partner all the time shows you love them.
- It is important to take care of your body.
- I can tell my parents I have a crush on someone.
- If you are going on a date, you should tell a trusted adult.
- I would feel OK talking to my partner about having sex.
- It's easy to use condoms every time a person has sex.
- You should talk to your parents/guardians about your relationships.
- I am OK with asking my parents questions about relationships and sex.
- Telling a partner or friend they are making you feel uncomfortable is not hard.

Frases para jóvenes con un nivel de funcionamiento severo o moderado y para estudiantes jóvenes (grado K-6th)

- Puedo hablar con mis padres o guardiáns sobre los cambios de mi cuerpo y mis sentimientos.
- Es difícil entender los cambios que experimenta mi cuerpo.
- Debes cuidar tu cuerpo.
- Los cambios del cuerpo son emocionantes.
- Debo preguntarle a un adulto de confianza sobre mi cuerpo o mis sentimientos.
- Me siento cómodo contándole a una persona que me gusta.
- Es importante aprender cómo cuidar tu cuerpo.
- Debes aprender sobre las partes del cuerpo de un chico y de una chica.

Frases para estudiantes con un nivel de funcionamiento moderado a severo (Estudiantes de la escuela media y secundaria)

- Es fácil darse cuenta si le gustas a otra persona (estar infatuado de alguien).
- La gente de mi edad puede tomar buenas decisiones sobre las relaciones y el sexo.
- Comprarle regalos a tu pareja es una manera de demostrar que la amas.
- Mandar mensajes de texto a tu pareja todo el tiempo muestra que le amas.
- Es importante que cuides de tu cuerpo.
- Les puedo contar a mis padres cuando me gusta alguien.
- Si vas a tener una cita, debes contárselo a un adulto de confianza.
- Me siento bien al conversar sobre tener sexo con mi pareja.
- Es fácil usar condones cada vez que una persona tiene sexo.
- Debes hablar con tus padres o guardiáns sobre tus relaciones.
- Me siento cómodo haciéndoles preguntas a mis padres sobre relaciones y sexo.
- Decirle a tu pareja o a un amigo que te están haciendo sentir incómodo no es difícil.

Agree



Agree



Agree



Agree



Disagree



Disagree



Disagree



Disagree



YES



YES



YES



YES





Activity 1.6: The Tree of Trust

Objective: To help students choose and identify trusted adults in their lives who they can speak to about their bodies, sex, relationships, and sexual safety.

1. Explain to the class:

- You will be passing out a worksheet for students to complete with their parents or a trusted adult.
- The worksheet is an activity meant to start communication and find a person in their life who they can trust talking to about their body as they get older. An example of a person you can trust is someone who you can talk to about scary or confusing things and they will tell you the truth, protect you and not hurt you.
- A picture can be drawn in the boxes using colored pencils, markers, or a printed photo of their trusted adults can be printed and pasted in the boxes.
- If there is not a parent available to complete the Tree of Trust with, students can interview another adult they trust. This must be a guardian, grandparent, aunt, uncle, older brother/sister. The person they interview should ideally be someone they can go to in the future if they have questions about things related to sexual health and relationships and should be at least 18 years old.
- The homework will be checked at the end of the course (at the instructor's discretion) to see that it was completed appropriately.
- Since the information they discuss will be personal, you will provide credit for simply completing the interview (not on the specific responses).

2. Pass out **Tree of Trust worksheet**. This is meant to be done at school or home with a parent or a trusted adult over the length of the course, so that it's due at the end of the course.

Note to Instructor: Check in each day with students on the progress of the activity.

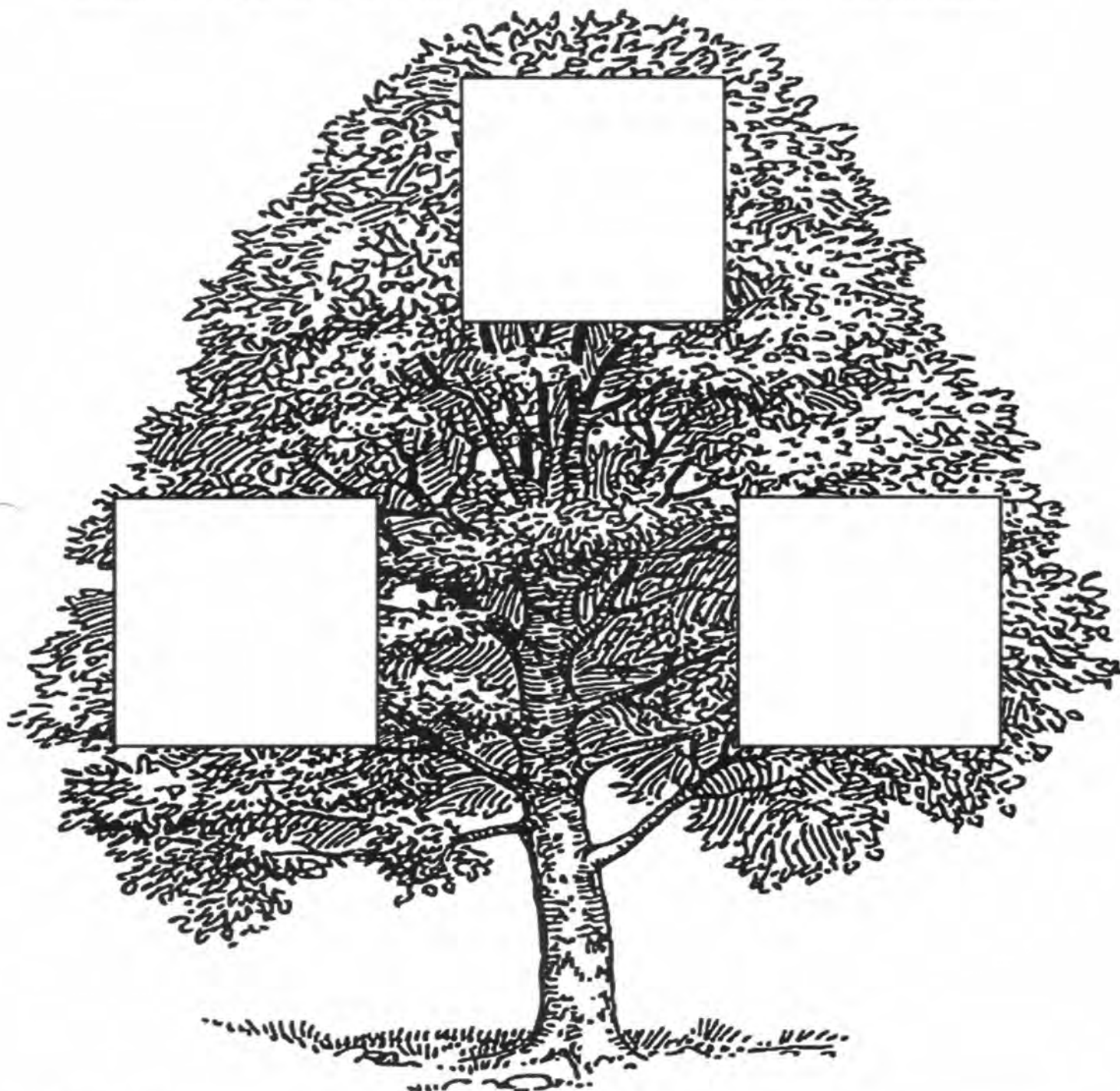
3. When the **Tree of Trust** is turned in, use discussion questions to debrief on their experience with the activity.

Examples of discussion questions can include:

- Who did you choose as your trusted adults?
- How do you know that you can trust this person?
- Why is it important to have trusted adults in your life?

Tree of Trust

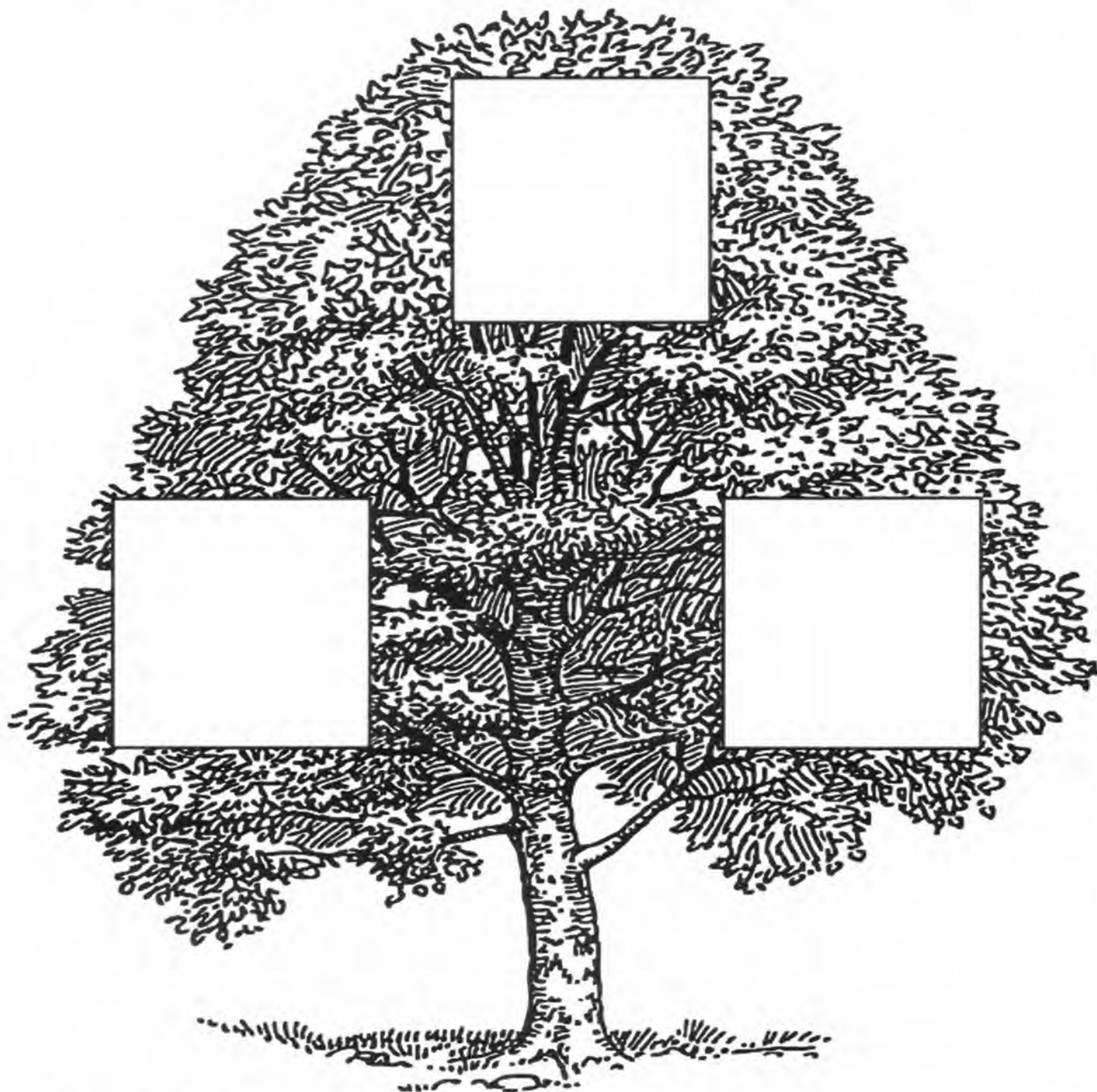
Directions: Draw or paste a picture of up to three adults that you can trust.



I can talk to _____, _____,
and _____ about sex, relationships, and my body.

El árbol de la confianza

Dibuja o pega una foto de uno a tres adultos en quienes puedes confiar.



Puedo hablar con _____,
y _____ sobre sexo, relaciones y sobre mi cuerpo.

Homework: Trusted Adult Interview

Objective: To identify trusted adults in their life and gain skills for discussing the topics of puberty, sexual health, and relationships with trusted adults.

Note to Instructor: There are three options for the family interview homework assignment.

- **Options 1 & 2:** use the **Ask Your Adults** or **Let's Talk** worksheets, which are designed for **mild to moderate** functioning students as they require verbal communication with an adult, as well as writing down responses. For students with difficulty writing responses, their parent or trusted adult can assist them or can initial the assignment saying that there was solely a verbal conversation that took place.
 - **Ask Your Adults:** This interview covers the topics of puberty, friendship, safety, and communication. It is designed for students who will only be receiving the puberty sections of the curriculum.
 - **Let's Talk:** This interview covers the topics of relationships, bullying, sexual safety, cell phone and internet use, sex and consent. It is designed for students who are receiving the middle school/high school content of the curriculum.
- **Option 2:** uses the **My Trusted Adult** worksheet, which is for students with **moderate to severe** disabilities and requires the student to **name a trusted adult** in their life and write it down. Writing the trusted adult's name may require assistance from a parent or another adult.

For both activity options:

1. **Ask students, "Who are some people in your life?"** E.g. friends, partners, parents, siblings, teachers, helpers, etc.
2. **Ask students, "Who are people you trust? How do you know if you can trust a person?"** E.g. certain family members, teachers and helpers at school, doctors, etc.
3. **Explain to class:** For this next assignment, you will be choosing a parent or one trusted adult in your life that you can talk to about your body, sex, and relationships.

Options 1 & 2:

1. **Explain to the class:**
 - You will be passing out a worksheet for students to complete with their parents or a trusted adult.
 - If there is not a parent available to interview, students can interview another adult they trust (guardian, grandparent, aunt, uncle, older brother/sister). The person they interview should ideally be someone they can go to in the future if they have questions about things related to puberty, sex, or relationships and should be at least 18 years old.
 - The goal of this homework assignment is to help you start a conversation with an adult you trust so that you have someone you can go to if you have more questions after Teen Talk AAA is done.
 - Since this is an interview, you will need to find a time to talk with your parent or trusted adult, not just give them the questions to answer on their own.
 - This may feel awkward or uncomfortable at first (or even the whole time), but the more you have conversations about these topics with your parents or trusted adults, the easier it will be to talk about these things.
 - Let your parent or trusted adult know that you will need to interview them and give them the questions to think about before you interview them.
 - Since the information they discuss will be personal, you will provide credit for simply completing the interview (not on the specific responses).

2. **Ask the class:**

- When might be a good time to discuss these questions with your parent or trusted adult? For example: in the car (if you can write), before bed, or after dinner.
- What are some things you could say to start the conversation? For example: “We’re learning about sexual health in school right now. I have homework where I have to ask you questions about things we will be talking about in class. It will take about 20 minutes.”

3. **Pass out the Ask Your Adults or Let’s Talk worksheet.** Give students the length of the course to complete the assignment, so that it is due by the final session.

Note to Instructor: Check in each day with students on the progress of the activity.

Option 3:

1. **Explain to the class:**

- You will be passing out a worksheet for students to complete with their parents or a trusted adult.
- If there is not a parent available to interview, students can interview another adult they trust (guardian, grandparent, paraeducator, older brother/sister). The person they interview should ideally be someone they can go to in the future if they have questions about things related to sexuality and should be at least 18 years old.
- Adults should assist students when necessary if their student has difficulty writing.

2. **Pass out the My Trusted Adult worksheet.** Give students the length of the course to complete the assignment, so that it’s due on the final session.

Note to Instructor: Check in each day with students on the progress of the activity.

Student's Name: _____ Trusted Adult's Name: _____

Talk #1. Due: _____ Adult signature: _____

1. How old were you when you started going through puberty? What were your questions about puberty? Who did you talk to?
2. What advice do you have for me as I try to be a good friend?
3. Is there anything you want me to know about using the internet, especially when you are not around?



Talk #2. Due: _____ Adult's signature: _____

4. If you are not around and I have questions, who would you want me to talk to?
5. If someone says something to me or touches me in a way that makes me feel uncomfortable, what would you want me to do?

Thank you for having this important conversation!

Check out these great parent resources to help continue this important conversation:

Health Connected: www.health-connected.org/parents and www.lets-talk.how

Advocates for Youth: www.advocatesforyouth.org/parents-sex-ed-center-home

Sexuality Resource for Parents: www.srcp.org

Center for Parent Information and Resources: www.parentcenterhub.org/repository/sexed

PREGÚNTALES A TUS ADULTOS

Instrucciones: Por favor escoge un adulto de confianza que tenga por lo menos 18 años de edad para que lo entrevistes. Podría ser un padre, un hermano mayor, un miembro de tu familia u otro adulto de confianza. Hazles las preguntas abajo y escribe sus respuestas.

Nombre de estudiante: _____ Nombre de adulto: _____

Plática #1. Fecha: _____ Firma de adulto: _____

1. ¿Cuántos años tenías cuando empezaste la pubertad? ¿Cuáles fueron tus preguntas sobre la pubertad? ¿Con quién hablaste?

2. ¿Qué consejo me puedes dar sobre cómo ser un buen amigo?

3. ¿Hay algo que quisieras que sepa sobre cómo usar el internet, especialmente cuando tú no estás conmigo?

Continúa al reverso



Plática #2. Fecha: _____ Firma de adulto: _____

4. Si tú no estás conmigo, ¿con quién quisieras que hable?

5. Si alguien me dice algo o me toca de alguna forma que me hace sentir incómodo, ¿qué quisieras que haga?

¡Gracias por tener esta conversación importante!

Miren estos excelentes recursos para padres para ayudarles a continuar esta conversación importante:

Health Connected: www.health-connected.org/parents y www.lets-talk.how

Advocates for Youth: www.advocatesforyouth.org/parents-sex-ed-center-home

Sexuality Resource for Parents: www.srcp.org

Center for Information and Resources for Parents: www.parentcenterhub.org/repository/sexed

LET'S TALK

Directions: Please interview a parent, guardian, or an adult you trust over age 18 for this activity. Discuss the questions listed, then write your reflection below.

Student's Name: _____ Trusted Adult's Name: _____


Talk #1. **Due:** _____ **Adult signature:** _____

1. What were your family's rules about dating when you were in school? Did you agree?
2. Do you think it's OK for a person my age to be in a romantic relationship? How would you hope my partner treats me?

Reflection: What are some qualities I would want in a partner? 

Talk #2. **Due:** _____ **Adult's signature:** _____

3. Did you know anyone who was bullied? If a person was bullied who should they tell and what could they do?
4. If someone says something to me or touches me in a way that makes me feel uncomfortable, what would you want me to do?

Reflection: What should I do and who would I go to if someone did or said something that made me feel unsafe or uncomfortable? 

Continue on other side



Talk #3. Due: _____ Adult signature: _____

5. Is there anything you want me to know about using a cell phone or using the internet, especially when you're not around?
6. How does someone know they are ready to have sex? What should a young person know about giving/getting sexual consent?

Reflection: Practice with your parent/trusted adult some ways to ask for consent (e.g. Can we go to the movies?) Write down one example you practiced. ★

Thank you for having this important conversation!

Check out these great parent resources to help continue this important conversation:

Health Connected: www.health-connected.org/parents and www.lets-talk.how

Advocates for Youth: www.advocatesforyouth.org/parents-sex-ed-center-home

Sexuality Resource for Parents: www.srcp.org

Center for Parent Information and Resources: www.parentcenterhub.org/repository/sexed

¡HABLEMOS!

Instrucciones: Por favor entrevista un padre, tutor o adulto de confianza que tenga por lo menos 18 años de edad para esta actividad. Platican sobre las preguntas abajo y escribe tu reflexión después.

Nombre de estudiante: _____ Nombre de adulto: _____

Plática #1. Fecha: _____ Firma de adulto: _____

1. ¿Cuáles fueron las reglas en tu familia sobre los noviazgos cuando tenías mi edad?
¿Estabas de acuerdo?
2. ¿Tú crees que está bien que una persona de mi edad estuviera en una relación romántica? ¿Cómo quisieras que mi pareja me trate?

Reflexión: ¿Cuáles son algunos atributos que yo quisiera en una pareja? 

Plática #2. Fecha: _____ Firma de adulto: _____

3. ¿Alguna vez conocías a alguien que fue maltratado (por ejemplo, acoso)? Si le maltratan a alguien, ¿con quién debe de hablar y qué podría hacer?
4. Si alguien me dice algo o me toca de una forma que me hace sentir incómodo, ¿qué quisieras que haga?

Reflexión: ¿Qué debería de hacer y con quién iría si alguien hace o dice algo que me haga sentir inseguro o incómodo? 

Continúa al reverso



Plática #3. Fecha: _____ Firma de adulto: _____

5. ¿Hay algo que quisieras que sepa sobre el uso de los teléfonos o el internet, especialmente cuando tú no estás conmigo?
6. ¿Cómo sabe alguien que está listo para tener sexo? ¿Qué debería de saber un joven sobre cómo dar/recibir el consentimiento sexual?

Reflexión: Practica con tus padres/adultos de confianza formas diferentes de pedir el consentimiento (e.g. ¿Podríamos ir al cine?) Escribe un ejemplo que practicaste. ✍️

¡Gracias por tener esta conversación importante!

Miren estos excelentes recursos para padres para ayudarles a continuar esta conversación importante:

Health Connected: www.health-connected.org/parents y www.lets-talk.how

Advocates for Youth: www.advocatesforyouth.org/parents-sex-ed-center-home

Sexuality Resource for Parents: www.srcp.org

Center for Parent Information and Resources: www.parentcenterhub.org/repository/sexed

MY TRUSTED ADULT

My name is

and I can talk to

(trusted adult)

about my body,
relationships, or sex.

MI ADULTO DE CONFIANZA

Mi nombre es

y puedo hablar con

(adulto de confianza)

sobre mi cuerpo,
relaciones, o sexo.

Session 1 Assessment: Introduction, Values, Communication

Category 1: True/False and Open Ended

Clinic List and Resource Questions:

1. True/False: In many states, like CA, teens can get sexual health services at a clinic without permission from their parents.
Answer: True (If not in CA, check your state laws using teenhealthlaw.org).
2. How much do sexual health services at a clinic cost for teens?
Answer: They are free in CA (If not in CA, check your state laws using teenhealthlaw.org).

Values Questions:

1. What is a value?
Answer: A belief about what is right or wrong, a moral, an ideal, how a person lives their life, how you think things should be.
2. List 3 ways we learn our values.
Answers: family, friends, self, teachers, neighborhood, religion, culture, TV/movies, music, social media, pornography, etc.

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Clinic List and Resource Questions	True	False	Not Sure
Question 1: True/False: In many states, like CA, teens can get sexual health services at a clinic without permission from their parents. Answer: True	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Clinic List and Resource Questions	Free in California	Over \$100	Not Sure
Question 2: How much do sexual health services at a clinic cost for teens? Answer: Free in California	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>

Topic: Values	True	False	Not Sure
Question 1: True/False: A value can be a belief.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: Values	Trains	Parents	Not Sure
Question 2: We can learn our values from...	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: Parents	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Category 3: Icon Selection

- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they choose.
- Option 2: Please print out an icon card board for each student before administering the assessment. Place the icon cards in front of the students and have them point to the correct answer.

Clinic List and Resources Questions:

1. True/False: Parents have to give permission for teens to get sexual health services at a clinic?
Answer: False

2. How much do sexual health services at a clinic cost?
Answer: They are free in CA

Value Questions:

1. True/False: A value can be a belief.
Answer: True
2. We can learn our values from...
Answer: Parents

Row 1	True 	False 	Not Sure 
Row 2	Free in California	Over \$100	Not Sure 
Row 3	Trains 	Parents 	Not Sure 

Session 1 Wrap-Up

Objective: To review the topics discussed during the first session and address any questions that may have come up.

1. **Ask the class:**
 - What was one new thing you learned today?
 - Was there anything that surprised you today?
2. **Explain what you'll be covering during the next session.**
 - In the next session, we will answer your questions that you put in the Question Box in a few minutes.
 - We will discuss sexual and reproductive anatomy of the male and female bodies, the changes that our bodies will go through, and how to take care of our changing bodies.
3. **Remember to give students 5 minutes before the end of the session to write questions for the Question Box.** Collect Question Box papers from every student in the Question Box.

Session 2: Public and Private Places and Body Parts

Goals

- Learn the difference between public and private places.
- Help students understand which body parts need to be kept private and how to keep them private.

Objectives

At the end of this session, students will be able to:

- Explain the difference between public and private.
- Name 2 public places and 2 private places.
- Name 2 parts of the body that are considered public parts and 2 parts of the body are considered private parts.

Why is this important?

It's important for students to identify places that are considered public and private to learn appropriate and inappropriate behaviors in those places. Students will learn that private behaviors are not bad, but should be done in the appropriate place. During this session, students will also learn about different body parts that are considered private and public. Discussing their bodies in a safe space, will allow students to understand how to take care of their own body and if they need help taking care of themselves, identify who are trusted people to best take care of their private body parts. This will help students understand social norms of appropriate and inappropriate behaviors with their body.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (projector/laptop or SmartBoard)
- Scissors
- Glue (preferably glue-sticks)
- Velcro board divided into Public and Private sides

Public and Private Places Activity

- Public vs. Private Places PowerPoint in the accompanying digital materials
- Public and Private Places cards found in Appendix G.1 with Velcro

Public and Private Body Parts Activity

- Public vs. Private Body Parts PowerPoint in the accompanying digital materials
- Public and Private Body Parts cards found in Appendix G.2 with Velcro
- Male and Female full-body diagram worksheets, one for each student
- Cut-out clothes sheet, at least one set for each student

Preparation

- Screen Anonymous Question Box questions from previous session and prepare responses.

Public and Private Places activity

- Determine which version of Public/Private Places you will facilitate with your class and prepare materials accordingly (see activity description).
- For Option 1, involves making a board divided into two sides (PUBLIC and PRIVATE) with several Velcro strips attached. To prepare the Public/Private Places cards, print out Public/Private Places worksheet found in Appendix G.1, cut into individual cards, laminate and attach Velcro to the back of each of them.
- For Option 2, print the Public/Private Places and cut them into individual cards.

Public and Private Body Parts Activity

- Determine which version of Public/Private Body Parts you will facilitate with your class and prepare materials accordingly (see activity description).
- Have the **Public vs. Private Body Parts PowerPoint** loaded on to a computer and ready to project.
- For Option 1, involves making a board divided into two sides (PUBLIC and PRIVATE) with several Velcro strips attached. To prepare the Public/Private Body Parts cards, print out Body Parts Cards found in Appendix G.2, cut into individual cards, laminate and attach Velcro to the back of each of them.
- For Option 2, print the Body Parts worksheet and cut them into individual cards.
- Male and Female full-body diagram worksheets, one for each student
- Cut-out clothes sheet, at least one set for each student

Total Instruction Time

Minimum: 55 min

Maximum: 70 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 1 Review: 5 min.

Public and Private Places: 20 min.

Public and Private Body Parts: 20 min.

Session 2 Wrap-Up: 5 min

Activity 2.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 2.2: Public and Private Places

Objective: To identify the differences between public and private places and the activities that are appropriate or inappropriate to do in each.

There are two alternatives for how to facilitate this activity. Before beginning this activity, determine which option you will use and prepare the materials accordingly.

- Option 1: students get out of their seat to put an icon on a Velcro Private/Public board that needs to be prepared before the class session starts.
- Option 2: allows students to stay in their seats for the duration of the activity and requires more art supplies.

For both activity options:

1. **Review the definitions of public and private (from ATN).**
 - **Public means** saying or doing something in front of strangers, siblings, relatives, friends, classmates, or teachers- even if they are familiar or well known.
 - **Private means** saying or doing something by yourself, with your parents, or with a trusted doctor.
2. **Explain to class that public places are where other people can see you.**
3. **Ask “What are some examples of public places?”** Examples can include school, park, movie theater, etc.
4. **Explain to class that private places are places that are away from other people.**
5. **Ask “What are some examples of private places?”** Examples can include bedroom and bathroom.
6. **Go through more examples of places by showing the Public and Private Places PowerPoint.** A discussion guide for the PowerPoint can be found on the following page. For each slide, clearly read the slide title and tell the class whether each picture shows a public or private place. Have the class repeat the answers out loud.

Option 1:

1. **After the PowerPoint presentation, put the Public/Private board in front of the class and pass out a Public/Private Place icon card found in Appendix G.1 to each student.**
2. **Have students come up to the Public/Private board one at a time to put their card under the appropriate side.** For students who have difficulty walking, take the public/private board around the class and have each student put their card on the side they think it goes on.
3. **Review the cards that were placed on the poster board.** For cards that were incorrectly placed on a board, acknowledge why someone might have chosen that board and then explain which board the card belongs on.

Option 2:

1. **After the PowerPoint presentation, hold a Public/Private Place icon card from Appendix G.1 in front of the class.**
2. **Ask the class, “Is this an example of a public or private place?”** For example, show a picture of the classroom and ask students, “Is this a public place or a private place?” Have students respond out loud with, “Public!”

Public and Private Places PowerPoint Guide

Slide: Public Places

- Public places are where people can see you and what you are doing. They can be places that are inside and places that are outside.

Slide: Classroom

Slide: School Bathroom

Slide: School Hallway

Slide: School Bus

Slide: Playground

Slide: Park

Slide: Swimming Pool

Slide: Grocery Store

Slide: Restaurant

Slide: Movie Theater

Slide: Concert

Slide: Private Places

- Private Places are where you are by yourself or a place where others can't see you.

Slide: House

- Your house or your home is an example of a private place. There are many different types of houses. Each one can provide a safe private place away from strangers, even though you may have family or friends in the house with you.

Slide: Apartment

- Some people may live in an apartment building with other people and families.

Slide: Bedroom

- One of the most private places you can be is inside of your bedroom. There are many different types of bedrooms. Some people have their own bedroom while other people may share a room with siblings or other family members.

Slide: What are some things you can do in private in your bedroom?

Slide: Sleep

Slide: Read

Slide: Listen to music

Slide: Change your clothes

- Because a bedroom is private, this is a good place for people to change their clothes because their bodies will be kept private. Sometimes people will need help from family or a caretaker to change their clothes.

Slide: Where else is a private place you can take off or change your clothes?

Slide: Bathroom

- The bathroom at home is also a place where we can change our clothes. We will often take our clothes off here before we go to the bathroom, take a bath, or take a shower. The bathroom is a great private place that we can go to clean our bodies and keep them healthy.

Slide: Bathroom Stall

- Even though some bathrooms are public, going inside of a bathroom stall can create a private space. Once inside the stall, we want to make sure to close the door before taking clothes off to change or to use the bathroom.

Slide: Doctor's Office

Sometimes we will need to take off our clothes when we go to the doctor. Although this might make some people uncomfortable, a doctor is a trusted adult that wants to look at our whole body to make sure we are as healthy as can be!

Activity 2.3: Public and Private Body Parts

Objective: Determine which body parts are considered private and the best ways to keep them private.

There are two alternatives for how to facilitate this activity. Before beginning this activity, determine which option you will use and prepare the materials accordingly.

- Option 1: students get out of their seat to put an icon on a Velcro Private/Public board that needs to be prepared before the class session starts.
- Option 2: allows students to stay in their seats for the duration of the activity and requires more art supplies.

For both activity options:

1. **Pull up the PowerPoint titled, “Public vs. Private Body Parts.”**
2. **Explain to the class that we are going to be talking about public and private body parts today.**
3. **Ask the class, “Do you know the difference between the words public and private?”** Define the words public and private for the class:
 - Public: the parts of your body that can be shown in public places
 - Private: the parts of your body that must be covered in public places
4. **Say to the class, “Show me your hands, eyes, mouth, knees, elbows, etc. These are body parts that we can show when we are in public where other people can see us. There are some body parts though that are private and that we should not show to everyone. Everyone has private parts of their body and you can tell which parts of your body are private because they need to be covered with underwear and clothes, like a swimsuit, when we are not in a private place.”**
 - **Note to Instructor:** Certain cultures and religions may consider some of these body parts – like the knees and elbows – to be private. Be aware of the cultural and religious diversity in your classroom and be sensitive to students with differing values about body privacy.
5. **Go through the PowerPoint and give examples of public body parts.**
6. **Remind the class, “It is OK for us to talk about our bodies in this class so we know how to take care of ourselves. We can also discuss people who can help us take care of our body and answer our questions.”**
7. **When you get to the slide about private body parts, use a pointer, indicate which parts of the female body need to be kept private and covered by clothes when in public.** Point to the breasts, vulva, and buttocks. As you point to a body part, say the name out loud and have the class repeat the name of that body part.

Note to Instructor: When pointing to and labeling the vulva, explain to the class that although they may be familiar with the vagina being a main part of the female body anatomy, the vagina refers to the inside of the body and the vulva is on the outside, which is what we see here.
8. **Using a pointer, indicate which parts of the male body need to be kept private and covered by clothes, for example a swimsuit, when in public.** Point to the penis, scrotum, testicles, and buttocks. As you point to a body part, say the name out loud and have the class repeat the name of that body part.
9. **Go through the review slides of the examples of public body parts and private body parts.**
10. **End the session by asking the class the following questions:**

- “Who can touch your private body parts?” Answers should include you, parents, caretakers, doctors. Remember that your body is your own and no one should touch your body without permission.
- “How do we keep these body parts private?” E.g. Use clothes to cover them, not showing them in public places. If you want to touch your private parts, you should wait until you are in private or not around other people.
- “When is it OK to take off your clothes and show these private parts?” E.g. If we are in a private place like a bathroom to clean them if the door is closed, in a private bedroom if we are changing our clothes.
- “How do we take care of our private parts?” Private parts need to be taken care of and cleaned like the rest of your body so that they can stay clean and healthy.

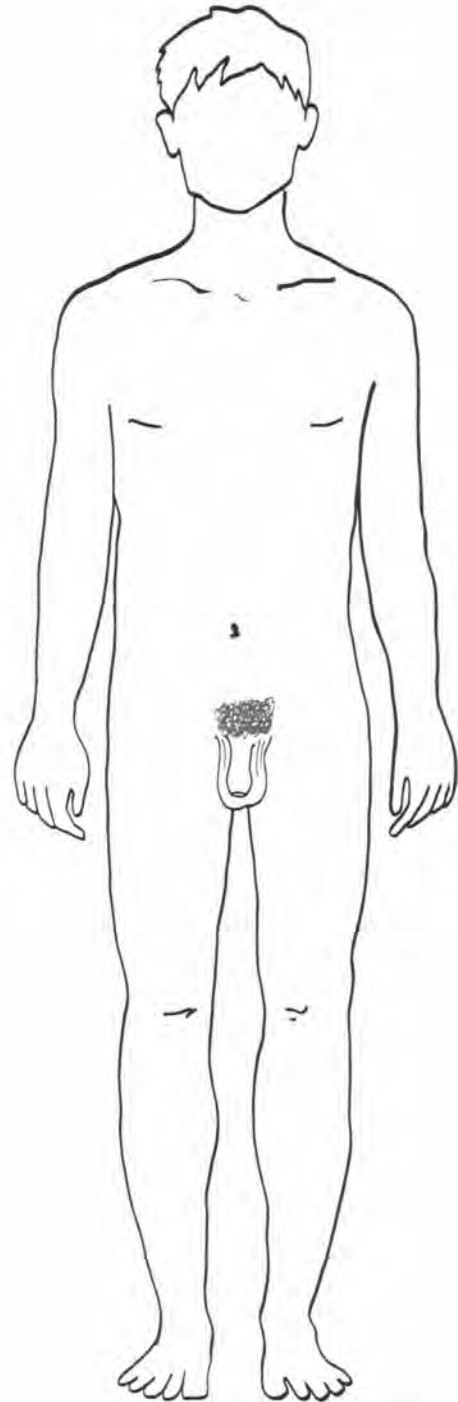
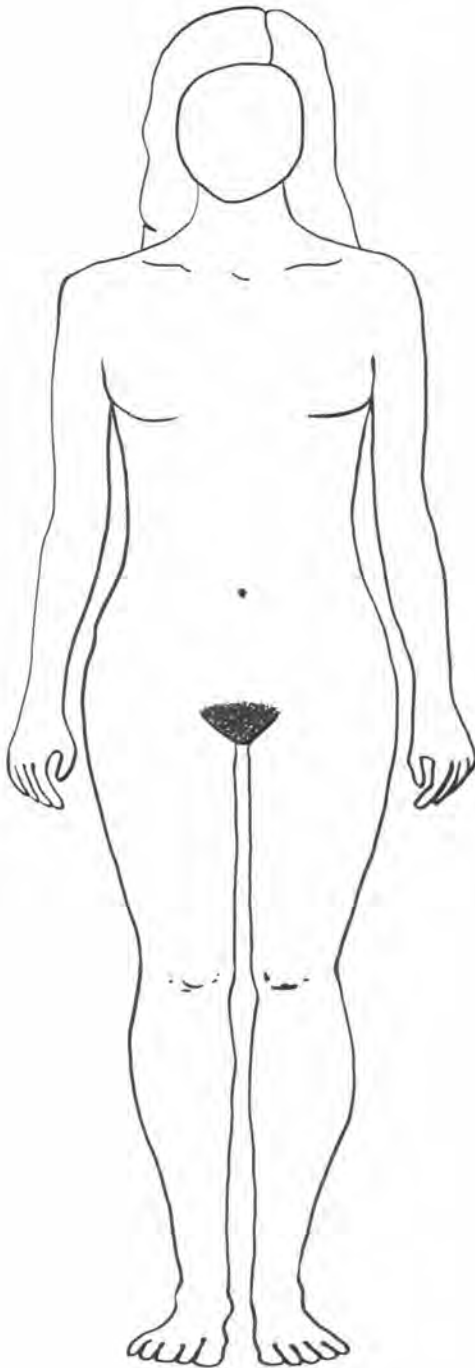
Option 1:

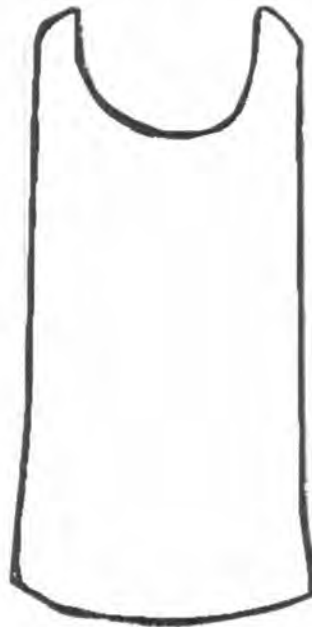
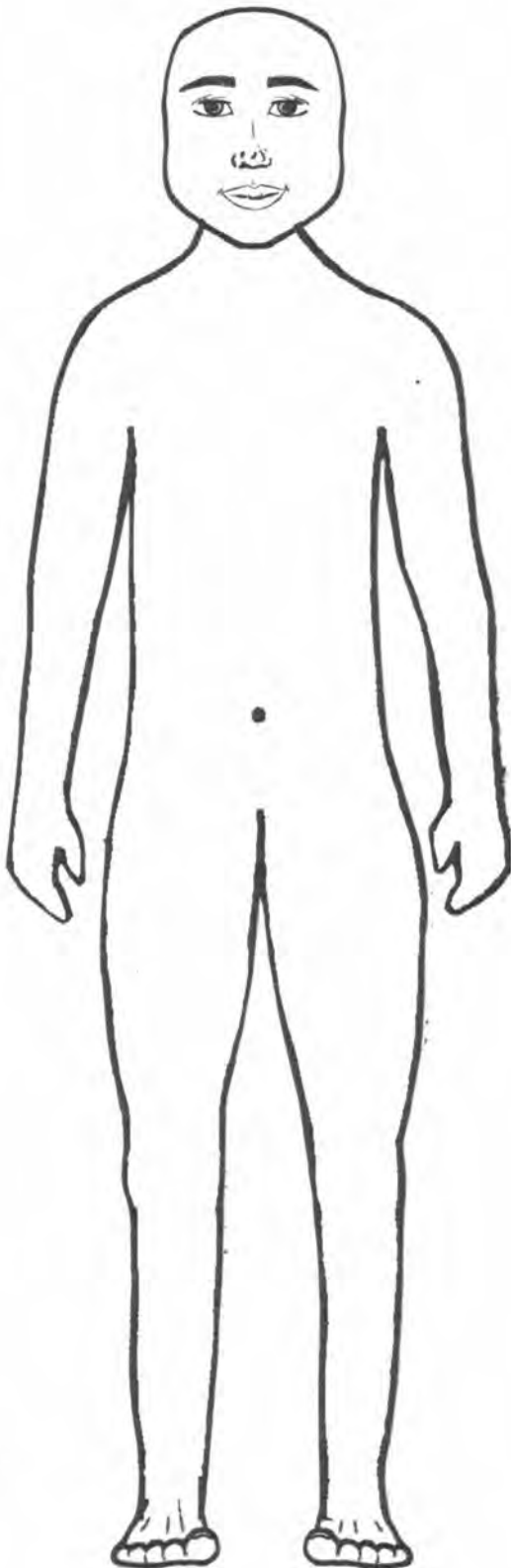
1. **Pass out a Public/Private body part icon card found in Appendix G.2 to each student.**
2. **Have students come up to the Public/Private board one at a time to put their card under the appropriate side.** For students who have difficulty walking, take the public/private board around the class and have each student put their card on the side they think it goes on.
3. **Review the cards that were placed on the poster board.** For cards that were incorrectly placed on a board, acknowledge why someone might have chosen that board and then explain which board the card belongs on.
 - Public: hands, face, feet, arms, legs
 - Private: breasts, vulva, buttocks, penis, scrotum, testicles

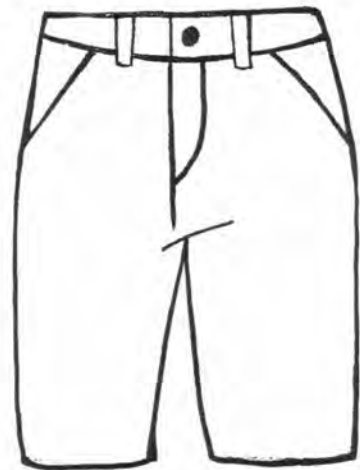
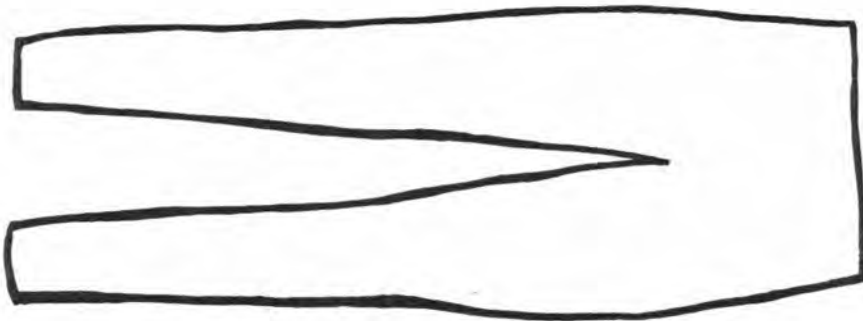
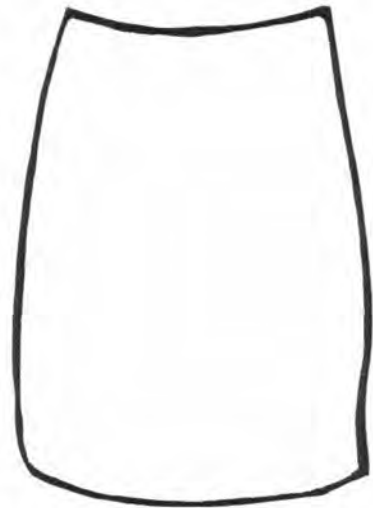
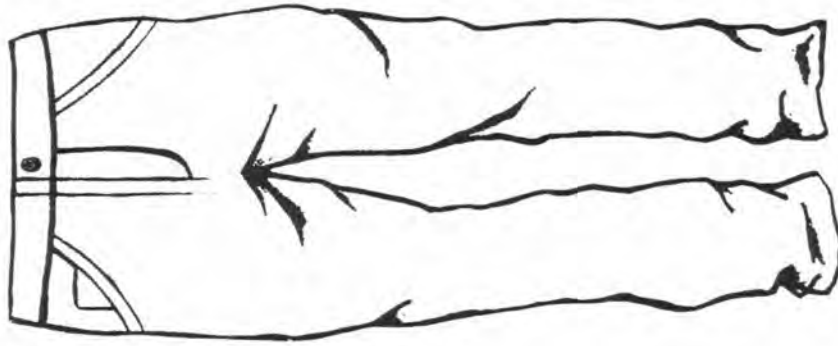
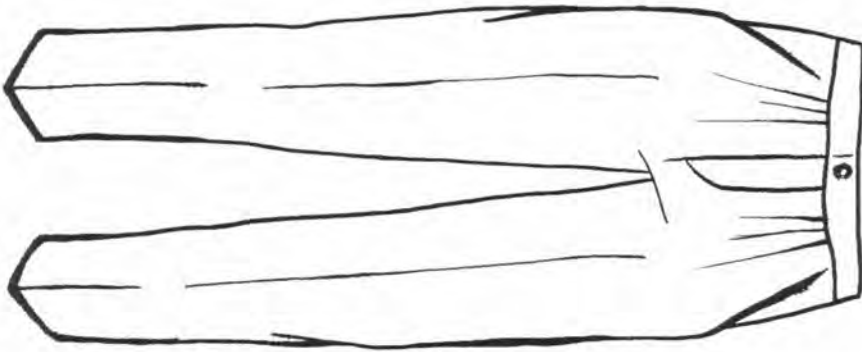
Option 2:

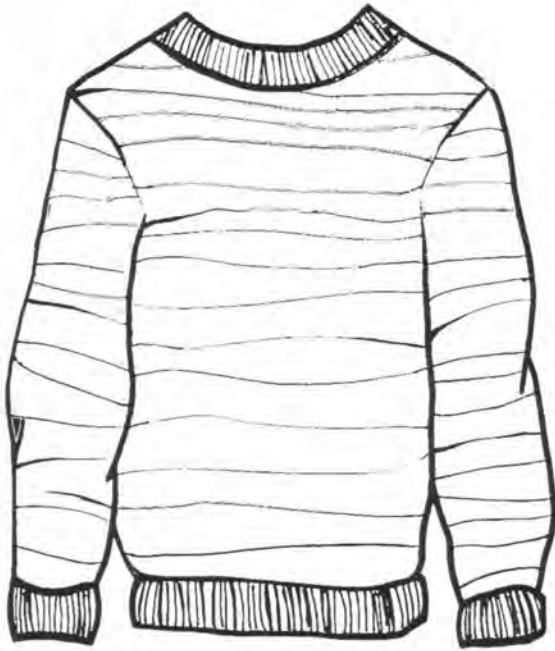
1. **Pass out a copy of a full-body diagram of both the male and female body.**
2. **Pass out a variety of cut-out clothes to each student and have them ‘dress’ the body diagrams by gluing the clothes over the private parts.** Make sure to stress the importance of using clean underwear before putting shorts, pants, or dresses on. For the female body, it is also important to have cut-out examples of bras that will be used to cover the breasts.
3. **As students dress each body part, have them say the name of the body part that they are covering and why it needs to be covered.** For example: “I am putting pants on my picture of the male body because the penis is a private part and needs to be covered by clothes.”
4. **After students are done, have them share their pictures with the rest of the class.**

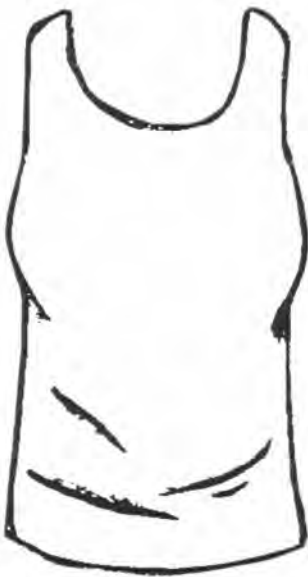
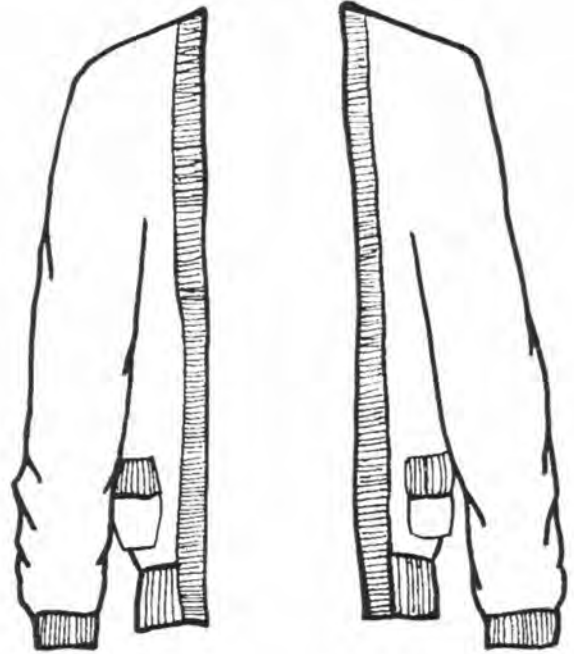
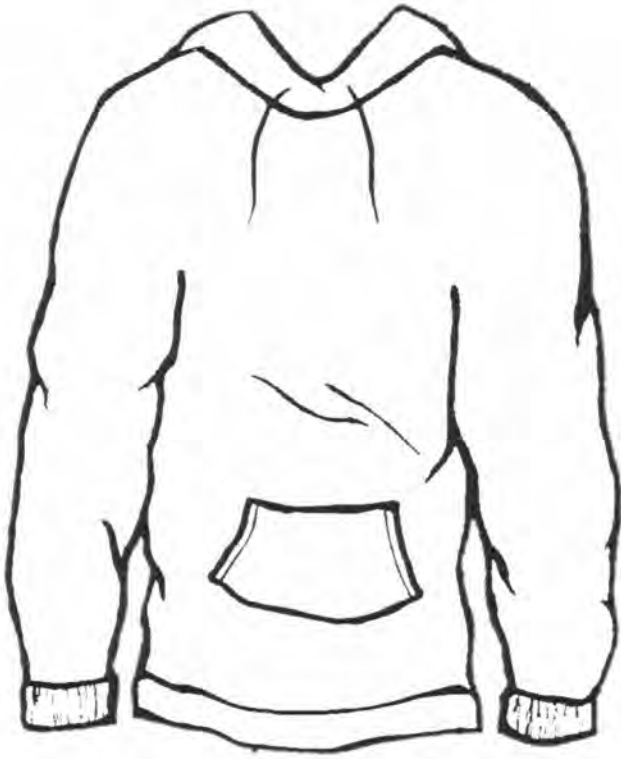
FULL-BODY DIAGRAMMS











Session 2 Assessment: Public and Private Places and Body Parts

Category 1: True/False and Open Ended

Public vs. Private Places and Behaviors

1. Name 3 public places and name 3 private places.

Answer: Public places: school, park, pool, movie theater, mall, school bus.

Private place: bedroom and bathroom or a house/apartment when other people are not around.

2. What are things you can do in a private place?

Answer: sleep, study, read, listen to music, masturbate, take off or change clothes.

Public vs. Private Body Parts

1. What is the difference between public and private?

Answer: Public: other people are around and can see you and your public body parts.

Private: you are away from other people and they can't see you or your private body parts.

2. Name two public body parts and name two private body parts.

Answer: Public: hands, face, feet, arms, and legs.

Private: breasts, vulva, buttocks, penis, scrotum, and testicles.

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Public vs. Private Behaviors Question 1: A public place is a... Answer: Park	Park <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Bedroom <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Public vs. Private Places Question 2: A private place is a... Answer: Bathroom	School Bus <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Bathroom <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>

Topic: Public vs. Private Body Parts	True	False	Not Sure
Question 1: True/False: When you are at school, you need to keep private body parts covered by clothes.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre- Assessment:</u>
Answer: True	<u>Post- Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: Public vs. Private Body Parts	Butt	Eye	Not Sure
Question 2: An example of a private body part is a...	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: Butt	<u>Post- Assessment:</u>	<u>Post- Assessment:</u>	<u>Post-Assessment</u>

Category 3: Icon Selection

- **Option 1:** Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- **Option 2:** Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Public vs. Private Places Questions:

1. True/False: A private place is where people can see you and what you are doing.

Answer: False

2. An example of a public place is a...

Answer: Park







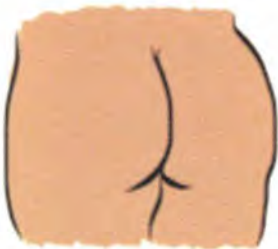


Public vs. Private Body Part Questions:

1. True/False: When you are at school, you need to keep private body parts covered by clothes.

Answer: True

2. An example of a private body part is a...

Answer: Butt

Row 1	True 	False 	Not sure 
Row 2	Park 	Bedroom 	Not sure 
Row 3	Butt 	Eye 	Not sure 

Session 2 Wrap-Up

Objective: To review the topics covered during the second session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What were some of the things we learned about today?
 - Who can name 2 public places?
 - Who can name 2 private places?
 - Who can name 2 public body parts?
 - Who can name 2 private body parts?
 - What was one new thing you learned today?
 - Was there anything that surprised you today?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box.
 - We will discuss different changes that bodies go through during puberty and learn the names of more male and female body parts.
4. **Collect the Question Box questions.**

Session 3: Puberty Changes and Sexual and Reproductive Anatomy

Goals

- Define proper terminology and function for sexual and reproductive anatomy.
- Provide tools for students to take initiative over their personal care.

Objectives

At the end of this session, students will be able to:

- Provide the names, functions, and anatomical locations of at least three female body parts.
- Provide the names, functions, and anatomical locations of at least three male body parts.
- Articulate three changes that occur during puberty to male bodies, female bodies, and all bodies.
- Identify two things they can do to take care of their changing body.

Why is this important?

Activities in this session will teach students the different changes that happen with male bodies or female bodies, specifically during puberty. More importantly, they will see how similar students of all genders are in the changes they experience during puberty. Students will learn the proper names and functions for male and female reproductive and sexual anatomy, which establishes common appropriate language for the body parts you will be discussing during the course.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Anatomy PowerPoint in the accompanying digital materials
- Projection technology (projector/laptop or SmartBoard)
- Scissors
- Glue (preferably glue-sticks)

Puberty: Changes, Changes, Changes

- Puberty Changes Cards with pictures from Appendix G.3, laminated if possible
- Optional: three poster boards, one each for MALE BODIES, FEMALE BODIES, ALL BODIES, with several Velcro strips attached

Sexual and Reproductive Anatomy activity

- Anatomy diagrams in the accompanying digital materials
- Male and female internal and external sexual and reproductive anatomy diagrams (projected or optional: enlarged as laminated poster – 2 ft. x 2 ft.)
- Anatomy labels, written or typed in large size (optional: laminated with Velcro attached)
- Circumcised/Uncircumcised Penis and Hymen Illustrations
- Female and Male Anatomy worksheets, copied back-to-back, one for each student

Personal Hygiene activity

- Taking Care of Me worksheet, one for each student
- Taking Care of Me Hygiene Products cards from Appendix G.4, one set for each student

Preparation

- Screen Anonymous Question Box questions from previous session and prepare responses.
- Determine which order you will present two of the primary topics during this session. Changes, Changes, Changes is an interactive activity that can generate some excitement and discussion before launching into the reproductive anatomy lecture. Alternatively, starting with the reproductive anatomy lecture defines several terms that are discussed during the Changes, Changes, Changes activity. Consider the knowledge base and age of your class when determining which order to deliver these two activities.
- Determine if you will show the illustrations of variations in the hymen and circumcised/uncircumcised penises. These illustrations can provide a helpful context for students to see the variation in human sexual organs and that these body parts function the same regardless of their variations. However, based on the age, maturity, and knowledge base of the class or community norms, you may decide not to show them. If you show these illustrations, we recommend showing both the hymen variations and penis variations (not one or the other) to ensure that all genders understand that variations can exist in male and female bodies.

Changes, Changes, Changes

- Determine which version of Puberty: Changes, Changes, Changes you will facilitate with your class and prepare materials accordingly (see activity description).
- Photocopy a set of Changes cards from Appendix G.3, laminate if possible.

Sexual and Reproductive Anatomy activity

- Enlarge the internal and external anatomy diagrams, if not using a projector or SmartBoard (optional: laminated poster with Velcro for anatomy labels).
- Write and cut out labels for anatomy diagrams (optional: laminate and attach Velcro strips).
- Review the lecture notes for Sexual and Reproductive Anatomy and Physiology until you feel comfortable with the material. You do not have to be an expert to deliver the activities, but your comfort with the terminology will help students feel more comfortable learning.
- Photocopy the Male and Female Anatomy Worksheets back-to-back.

Taking Care of Me: Hygiene activity

- Photocopy the Taking Care of Me worksheet, one for each student.
- Photocopy the Taking Care of Me Hygiene Products cards, one set for each student, from Appendix G.4. If some of your students have difficulty with motor skills, it will be helpful to pre-cut the hygiene products before class begins.

Total Instruction Time

Minimum: 75 min

Maximum: 90 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 2 Review: 5 min.

Puberty: Changes, Changes, Changes: 20 min.

Female-Body Sexual and Reproductive Anatomy: 10 min.

Male-Body Sexual and Reproductive Anatomy: 10 min.

Taking Care of Me: Hygiene Activity: 20 min

Session 3 Wrap-Up: 5 min.

Teen Talk Adapted for All Abilities, 2019

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Activity 3.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

4. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
5. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
6. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 3.2: Puberty: Changes, Changes, Changes

Objective: To provide the definition of puberty, the reasons why puberty occurs, and the changes that take place in most males and females.

There are two alternatives for how to facilitate this activity. You can select one of these options based on your physical classroom set-up (how easy it is to move around the classroom) or your students' ability to focus on the activity when moving around the room. Before beginning this activity, determine which option you will use and prepare the materials accordingly.

- Option 1: students get out of their seats and come to the front of the room.
- Option 2: students stay in their seats for the duration of the activity.

For both activity options:

1. Begin by asking, "Who can tell me what 'puberty' means?"
2. Write the word "puberty" on the board and explain that the definition of puberty is the natural growth process most humans go through, during which the body changes from a child body to an adult body. Our bodies change so that we will be able to reproduce, or have children, someday, if we want to. There are also emotional changes that happen during puberty.
3. Explain that there are some important things to understand about puberty:
 - **Puberty doesn't happen overnight**; it is a series of body changes that take place over several years.
 - **The changes that happen during puberty are triggered by "hormones"** – chemical messengers in the body. We have lots of different kinds of hormones in our bodies. The main hormone that male bodies have is called "testosterone" and the main hormone that female bodies have is called "estrogen." These hormones tell our bodies to start changing into adult bodies.
 - **Everyone goes through puberty at different times and at different speeds.** Some people's bodies change very quickly, others very gradually. This is perfectly normal. Some people's bodies start changing when they're only 8 or 9 or 10 years old. For other people, changes don't start until they are 13 or 14 or older. Typically, female bodies start changing before male bodies, and male bodies catch up later, but everyone is different. It takes several years for our bodies to finally be adult bodies.
 - **It's normal to have lots of mixed feelings about all these body changes.** Sometimes you may feel proud and excited and happy. Sometimes, you may feel awkward or embarrassed or gross. All of these feelings are normal and something all adults went through when they were young too!
 - **As our bodies change, it's important to take care of them.** Just as we use shampoo and soap to keep our hair and skin clean, we can use deodorant/antiperspirant for sweat and foot powder for smelly feet. We will be doing an activity for homework that helps you think about the things you'll use to take good care of your changing body.

Option 1:

For this version of the activity, you will need to create three poster boards, one each with the following labels: MALE BODIES, FEMALE BODIES, and ALL BODIES. (Instructor note: please be sensitive to students whose bodies many need medical interventions to go through the puberty process). Create laminated slips of paper with each of the changes listed in Appendix G.3 (Changes cards). Attach Velcro strips to each of the Changes cards and on each of the poster boards so that the Changes cards can be affixed to and removed from the poster boards.

4. Ask students, "What are some of the changes that people's bodies go through during puberty?"

5. **For each student that volunteers a response, hand them the Changes card that corresponds with their response** and ask them to come up and affix the card to the poster board where they think it belongs – MALE BODIES, FEMALE BODIES, or ALL BODIES.
6. **Talk about each of the changes as they are mentioned.** Define vocabulary terms as they are mentioned (menstruation, ovulation, sperm, semen, masturbation, wet dream, etc.). Tell students that you will explain all of the male and female sex organs in more detail in the next lesson.
7. **Repeat this until the class is finished brainstorming or there are no more cards to affix to the poster boards.** If the class finishes brainstorming, but has not come up with the answers on all of the cards, ask the class which poster board they think each remaining card belongs on.
8. **Review the cards that were placed on each poster board.** For cards that were incorrectly placed on a board, acknowledge why someone might have chosen that board and then explain which board the card belongs on. For example: “Hmm, I see we have the card that says ‘Facial hair grows’ under ALL. Some girls do get extra hair on their face during puberty, but it is typically lighter and finer than boys so we’re going to move this one to MALE BODIES.”
9. **Once you’ve reviewed each of the cards on all of the poster boards,** point out that while there are some changes that only happen to girls and some that only happen to boys, most changes happen to EVERYONE. We all have a lot in common.

Option 2:

For this version of the activity, you will need a writing surface (e.g., dry erase board) and writing implement.

4. **Ask students, “What are some of the changes that people’s bodies go through during puberty?”**
5. **As students respond, write their ideas on the board in three columns, categorizing as you go.** At the end of the brainstorming, you will label these columns MALE BODIES, FEMALE BODIES, ALL BODIES. A list of many of the changes that occur during puberty is on the next page.
6. **Talk about each of the changes as they are mentioned.** Define vocabulary terms as they are mentioned (menstruation, ovulation, sperm, semen, masturbation, wet dream, etc.). Tell students that you will explain all of the male and female sex organs in more detail during the next session.
7. **Repeat this until the class is finished brainstorming.** If the class finishes brainstorming, but has not come up with all of the changes, call out the remaining changes on the provided list and ask the class which column they think that change should go under.
8. **Once you’ve listed all of the changes, write MALE BODIES, ALL BODIES, and FEMALE BODIES at the top of each corresponding column.** Point out that while there are some changes that only happen to girls and some that only happen to boys, most changes happen to EVERYONE. We all have a lot in common.

Option 2: Class Brainstorm List

(FEMALE BODIES)

Hips get wider, while the waist gets narrower

Vagina discharges moisture (underwear can be sticky)

Hair grows around the vulva

Nipples protrude and breasts grow larger (nipples may flatten later, but breasts will stay larger)

The lining of the uterus starts to build up and then shed each month (called “menstruation”)

Ovaries start to release an egg each month (called “ovulation”)

May have cramps during menstruation.

(ALL BODIES)

The whole body grows fast, you get taller and bigger

Feelings can get more intense

Mood swings, feelings can change quickly

Skin gets oily, pimples and sometimes acne develop

May start masturbating (touching one’s own private body parts)

Start sweating more

Hair grows in the armpits

Have sexual thoughts or dreams

Feel uncomfortable or proud about body changes

Muscles and joints sometimes ache, called “growing pains”

Pubic hair grows

Have body odor

(MALE BODIES)

Shoulders get broader

Muscles get much bigger

Facial hair may grow

Voice gets much deeper

Chest hair grows

Penis and testicles get bigger

Hair grows around the penis and on the scrotum

Breast tissue can get temporarily swollen and tender (this will usually resolve within 1 year)

The testicles produce sperm and semen may be released during masturbation or even during sleep (called a “wet dream”)

Activity 3.3: Sexual and Reproductive Anatomy and Physiology

Objectives: Describe sexual and reproductive body part functions and locations. Recognize that differences in sexual and reproductive body parts among people are normal and do not affect reproductive ability

Note to Instructor: Before beginning this activity, determine if you will show the illustrations of variations in the hymen and circumcised/uncircumcised penises. These illustrations can provide a valuable context for students to see the variation in human reproductive organs and is also an opportunity to explain that these body parts function the same regardless of their variations. However, based on the age, maturity, and knowledge base of the class or community norms, you may decide not to show these illustrations. If you do show the illustrations, we recommend showing both the hymen variations and the penis variations (not one or the other) to ensure that all genders understand that variations exist for both males and females.

It is also highly recommended to make posters for each of the anatomy diagrams to have the students practice labeling the different body parts. After labeling posters, it can be helpful to leave the posters on the board or in the classroom for future classroom sessions. When discussing the topics of conception, pregnancy, sex, birth control, and STIs, it is helpful to have the labeled posters in the classroom as a visual aid.

1. **Introduce the class by informing them that they will be discussing how these private parts or sexual and reproductive systems work for the male and female body.** There will be a lecture to go along with the diagrams to better locate where these body parts are and how they work in a human's body. As I write the words on my projection/put the labels on the anatomy posters, we will also write the names of each body part on your worksheet together.

Note to Instructor: The terms below are for instructor use and are written in teen-friendly language should questions arise while presenting diagrams or the anatomy match-ups.

2. **Pass out the Male/Female Internal Anatomy Worksheet to each student.**
3. Go through each diagram and descriptions separately being mindful of previous sexual abuse triggers by not using fingers to point to body locations. It is better to help students locate body parts on the diagrams using a pen or pencil as a pointer.
4. **Post or project an image of the blank male internal anatomy.** Have the illustrations of the external male anatomy and the circumcised/ uncircumcised penises available to be shown.
5. **Explain the following structures on the male internal anatomy:**

Note to Instructor: The following list provides detailed, youth-friendly explanations of anatomical structures, including those not highlighted on the worksheets, in case students ask about those structures during the discussion. These are intended to be for the instructor's reference, not as a class handout.

- **Sperm**—The male sex cell that boys start producing in their testicles during puberty.
- **Testicles**—The two male organs that produce sperm. They are located outside of the body in the scrotum.
- **Scrotum**—The pouch of skin that holds the testicles and controls the temperature of the sperm by moving closer and further from the body.
- **Prostate Gland**— The gland located at the base of the bladder, just inside of the anus. This gland helps produce the fluids to make semen. It is also a common spot for cancer in older male bodies.

- **Urethra**— In all bodies, this is the tube that carries urine from the bladder outside of the body. In male bodies, the tube is also connected to the seminal vesicle to carry semen and pre-ejaculatory fluid (pre-cum) outside of the body.
- **Penis**— The organ that hangs outside of a male body, above the testicles. It is made of spongy tissue that fills up with blood when the penis gets hard or “erect.” This can happen at any time, whether the body is sexually excited or not. Erections can also happen when males are asleep, and this is perfectly normal. The penis is made of a shaft and a glans (or head) at the end. The skin on the glans is the most sensitive. Penises come in many different lengths and widths; some curve to the side and some don’t. The penis in our anatomical drawing is just one example; it’s important not to judge your body by the picture. Everyone’s body is different.
- **Foreskin**—The piece of skin that covers the head of the penis. Some parents choose to have their baby’s foreskin removed at birth, but it can be done at any age. This is called circumcision.

Instructor’s note: It is important to stress that whether a male is circumcised or not, it still works the same way. Show the drawing of circumcised and uncircumcised penises and stress that, either way, the person can still feel sexual excitement, the penis can still get erect and semen can still come out during ejaculation. If the person is uncircumcised, the person should keep the foreskin clean by gently lifting the folds of skin on the head of the penis and using mild soap and water to wash.

- **Semen**—The fluid that contains sperm mixed with fluids. It is what comes out when a male ejaculates. Each ejaculation can contain 200 to 500 million sperm.
 - **Erection**— When the tissue in the penis fills up with blood and becomes hard. It usually occurs during sexual arousal; however a person can get an erection at any time, such as when they have a full bladder or when they are sleeping.
 - **Ejaculation**— When semen, usually about a teaspoon, comes out of a penis. Usually this happens when a person is sexually excited, but sometimes when they are asleep (called a “wet dream”).
7. Once all the parts are labeled on the male internal anatomy poster, have a volunteer use a dry-erase marker to trace the pathway that a sperm takes through the male body, starting from the testicles to coming out of the penis.
 8. **Post or project an image of the female internal anatomy.** Have the illustrations of the variations of the hymen available to be shown. Explain and label the following terms:

Note to Instructor: The following list provides detailed, youth-friendly explanations of anatomical structures, including those not highlighted on the worksheets, in case students ask about those structures during the discussion. These are intended to be for the instructor’s reference, not as a class handout.

- **Egg**— Also called an “ovum” or “ova” (plural), this is the female sex cell. A female is born with about 400,000 eggs but doesn’t start releasing them until puberty.
- **Ovaries**— The two organs that hold the eggs cells.
- **Fallopian Tubes**—The tubes that connect the ovaries to the uterus and carry the eggs. This is usually where fertilization occurs, when the sperm meets the egg.
- **Uterus**— One of the strongest muscles in the female body. The endometrium lines the inside of the uterus and is shed during menstruation. This is where a fetus grows and develops if a person is pregnant.

- **Cervix**— The narrow lower end of the uterus, containing an opening to the vagina. The opening in the middle of the cervix is very tiny, except when a person is about to give birth it opens to about 10 centimeters.
- **Vagina**— The stretchy and muscular passage that connects the outer sex organs to the cervix and the uterus. It is also known as the birth canal. Menstrual blood passes through the vagina, and a penis is inserted here during vaginal intercourse. The walls of the vagina produce fluids to clean the vagina. It's common during puberty for girls to get white or yellow discharge from the vagina and her underwear may be "sticky." This is perfectly normal. When a female body is sexually excited, the walls of the vagina produce fluids for lubrication. This organ expands in width and length during arousal, sexual intercourse and childbirth.
- **Hymen**— The thin piece of skin or membrane that surrounds or partially covers the opening to the vagina. Some female bodies have more skin and some have less. This skin can stretch open or tear during first intercourse, during masturbation, or through nonsexual activities, such as while playing sports. There are many variations of hymen.
Instructor's note: Many students believe that the hymen completely covers the opening of the vagina, but this is rarely the case. Show the drawing of different types of hymen, and stress that every girl's body is different.
- **Vulva**—The female external sex organs, including the labia, clitoris, and the openings of the vagina and urethra. This is often confused with the vagina
- **Menstruation (Period)**—The shedding of the endometrium, or lining, of the uterus through the vagina. It occurs on average every 28 days, but can be from 21-35 days and lasts 2-7 days. Menstruation, also called a "period," begins on average at age 12 until menopause (average age 50).

9. Once all the parts are labeled on the female internal anatomy poster, have a volunteer use a dry-erase marker to trace the pathway that an egg takes through the female body.
10. Post or project an image of the male and female external anatomy. Labeled versions of these diagrams are provided for your use but students are not expected to label the external diagrams. Explain and label the following terms:

All Bodies:

- **Anus**—The opening to the rectum where stool comes out.
- **Genitals** – A general term for sexual or reproductive organs particularly those seen on the outside of the body
- **Pubic hair**—The hair that begins to grow around the genitals during puberty.

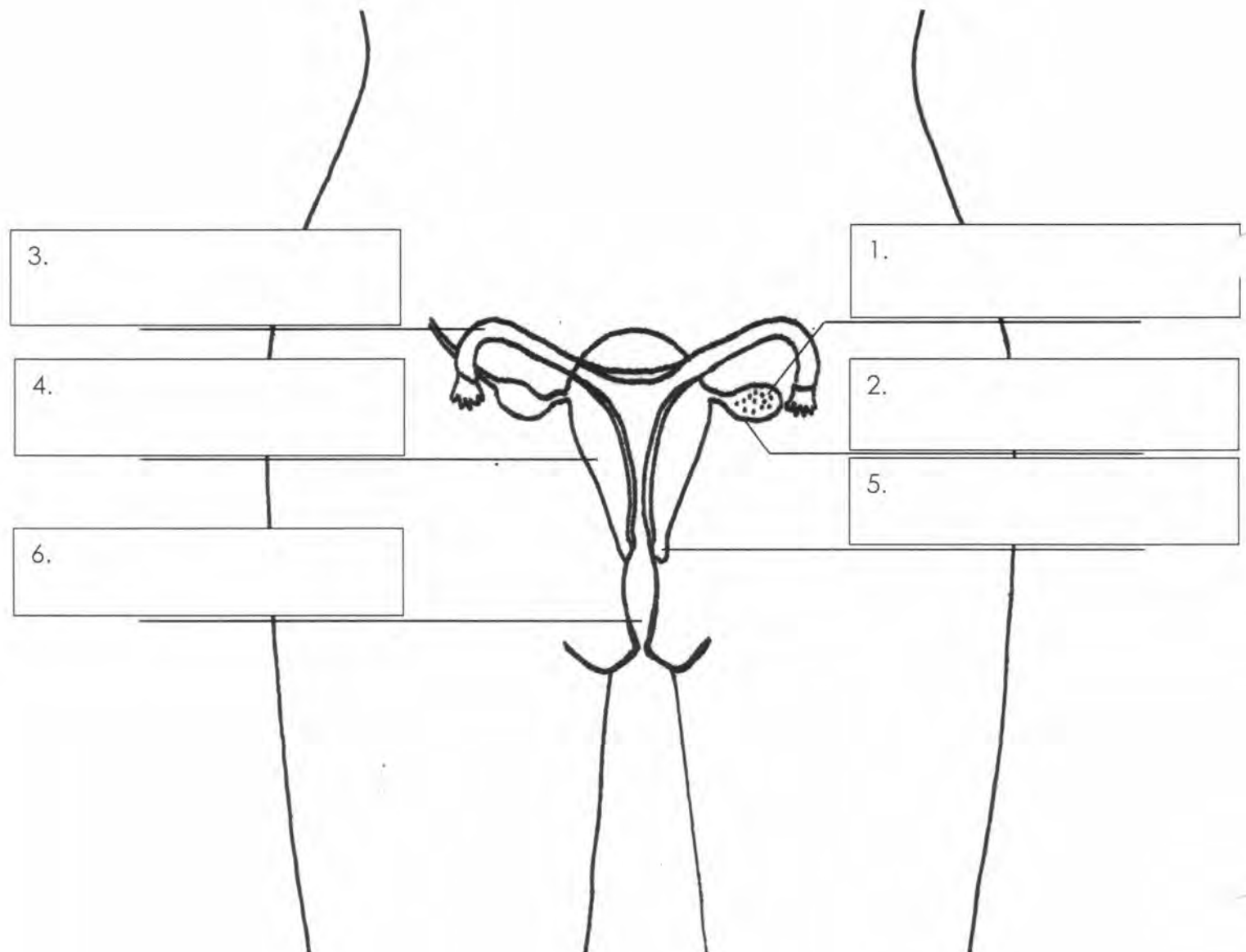
Female external anatomy:

- **Clitoris**—A nerve bundle that is the most sensitive part of a female's body. The head of the clitoris is usually about the size of a pea and is located at the top of the vulva where the soft folds of the labia meet. When a female is sexually excited, the clitoris becomes filled with more blood than usual and becomes harder, similar to how the male's penis gets erect.
- **Labia**—The outer and inner folds of skin that surround the opening to the vagina. When a female reaches puberty, pubic hair will grow on the labia. Labia can be many different shapes, sizes, and colors.
- **Urethra**—The tube that connects the bladder to the outside of the female's body. The opening to the urethra is located below the clitoris and above the opening to the vagina.

Female Internal Anatomy

Everyone's body is different. Don't judge yours by the drawing!

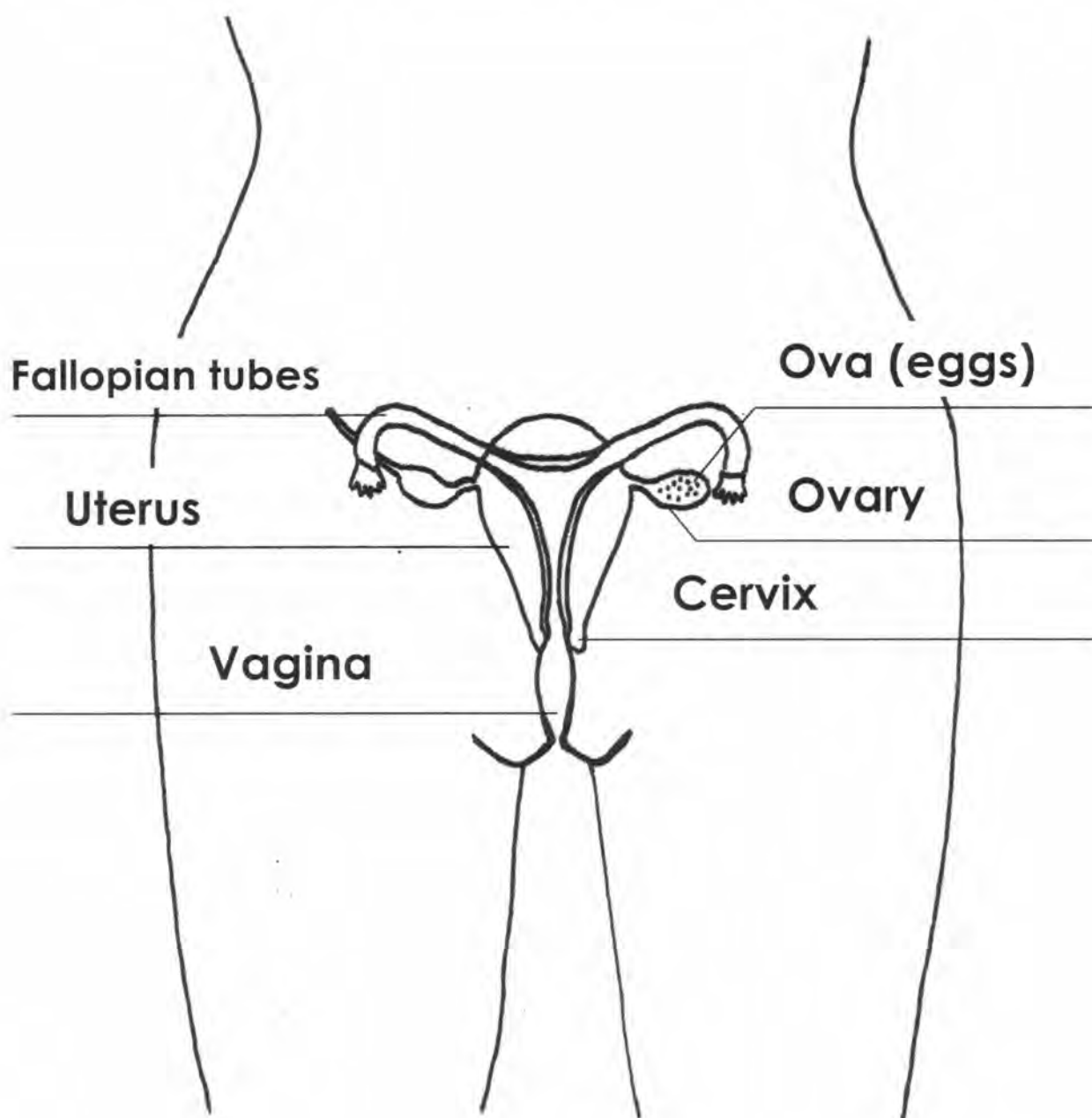
5. Cervix	4. Uterus	3. Fallopian Tube
6. Vagina	1. Ova (eggs)	2. Ovary



Female Internal Anatomy

Answer Key

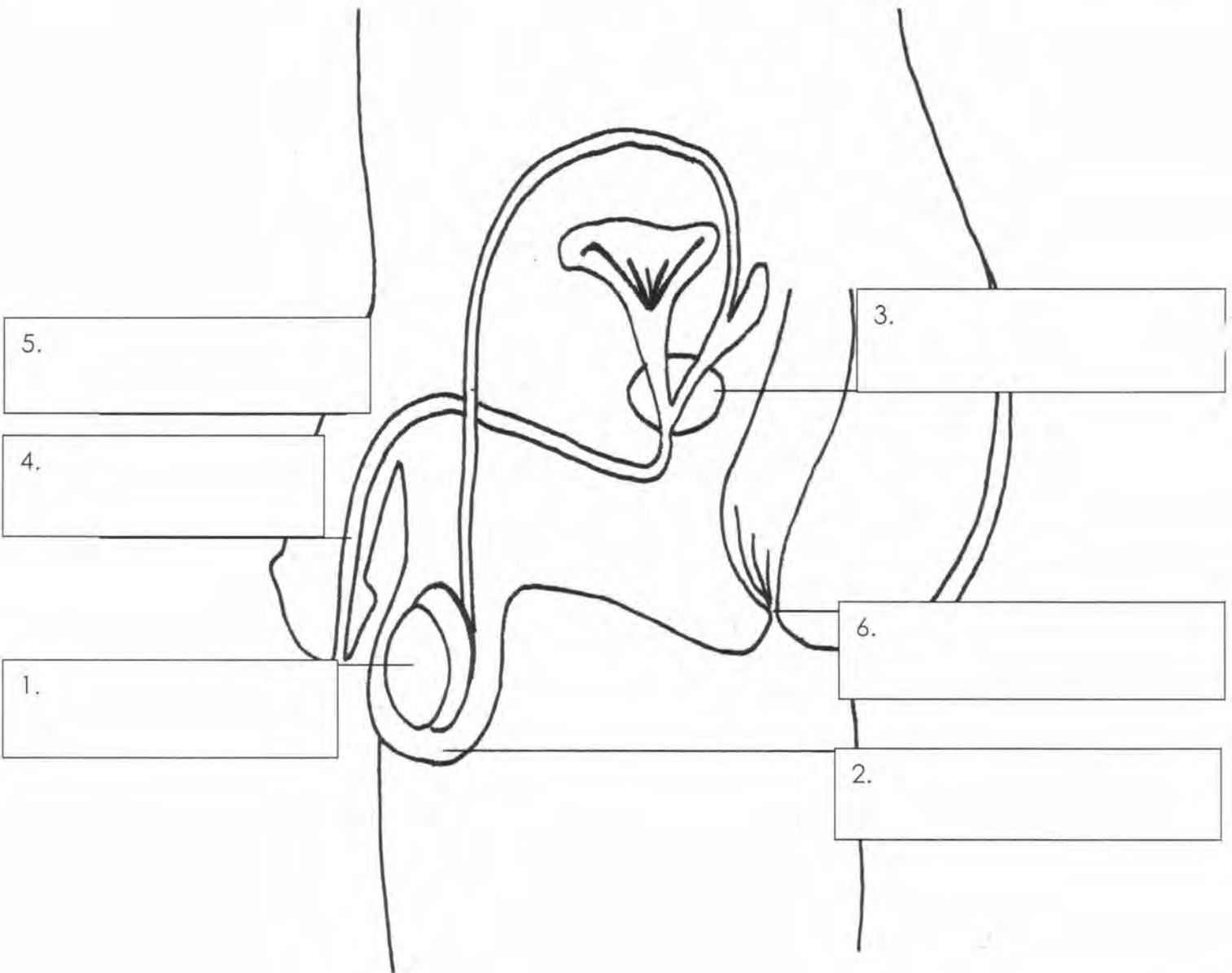
Everyone's body is different. Don't judge yours by the drawing!



Male Internal Anatomy

Everyone's body is different. Don't judge yours by the drawing!

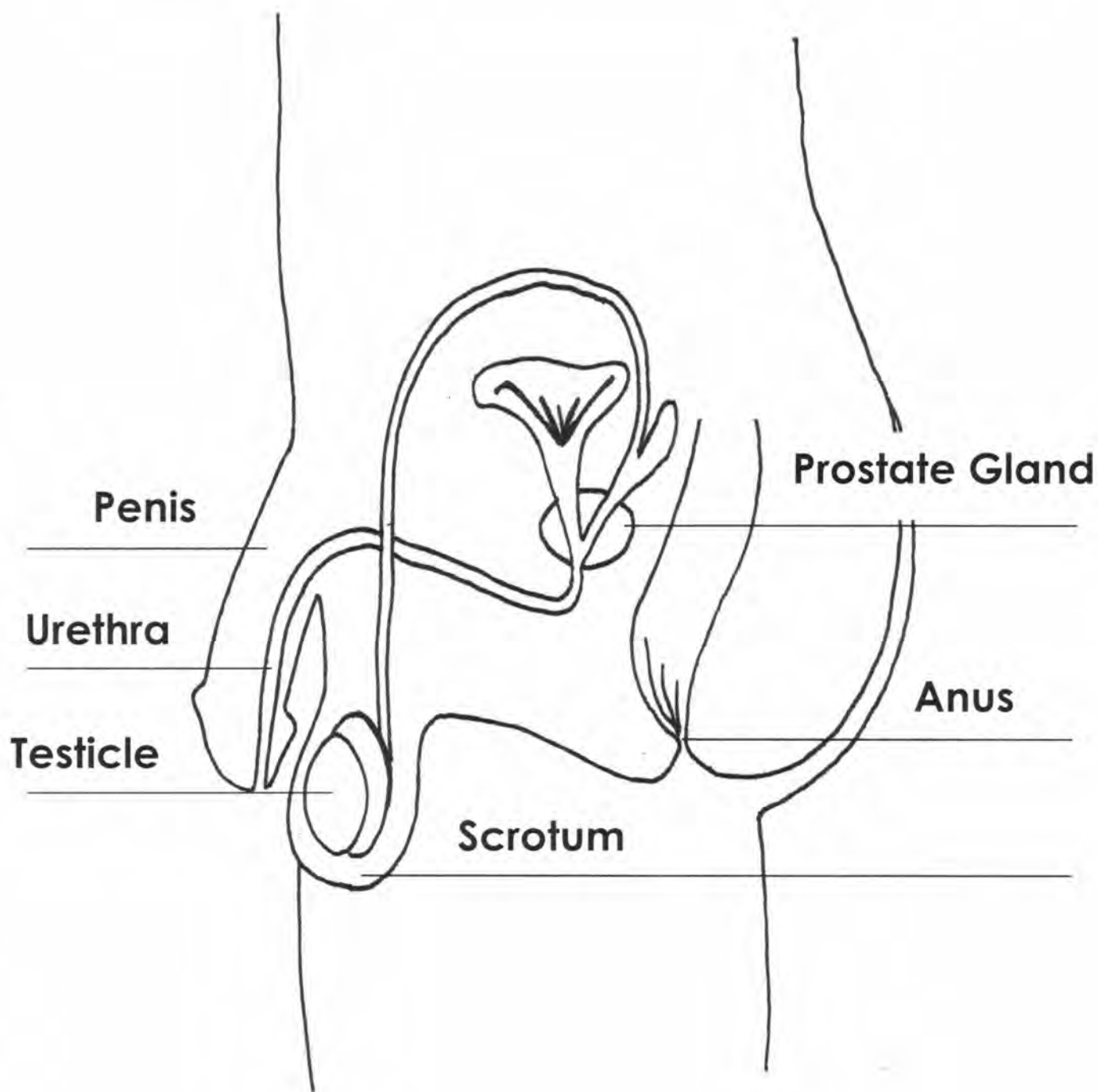
3. Prostate Gland	2. Scrotum	6. Anus
1. Testicle(s)	5. Penis	4. Urethra



Male Internal Anatomy

Answer Key

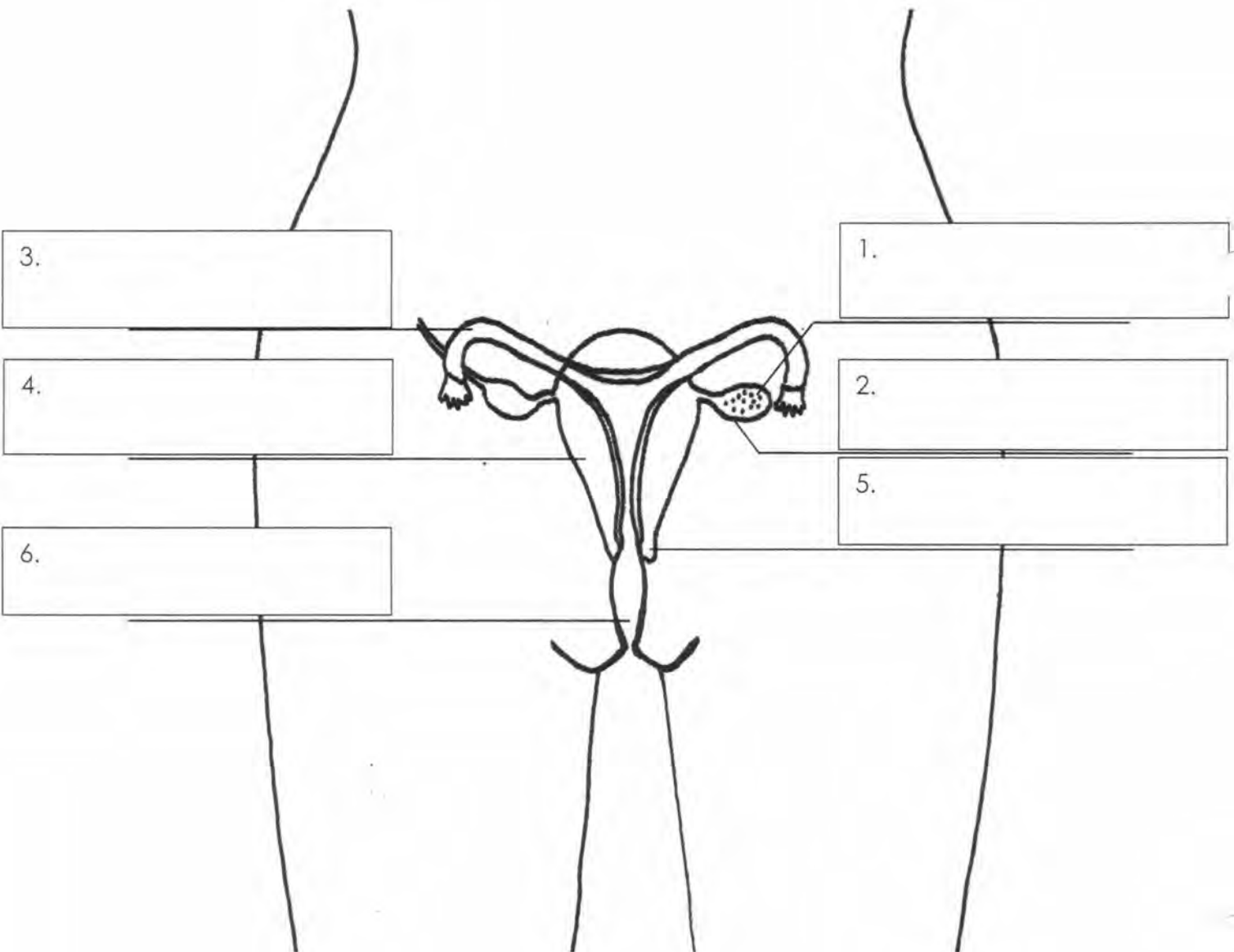
Everyone's body is different. Don't judge yours by the drawing!



Hoja de la Anatomía del Cuerpo Femenino

Cada cuerpo es diferente. ¡No compares el tuyo con el dibujo!

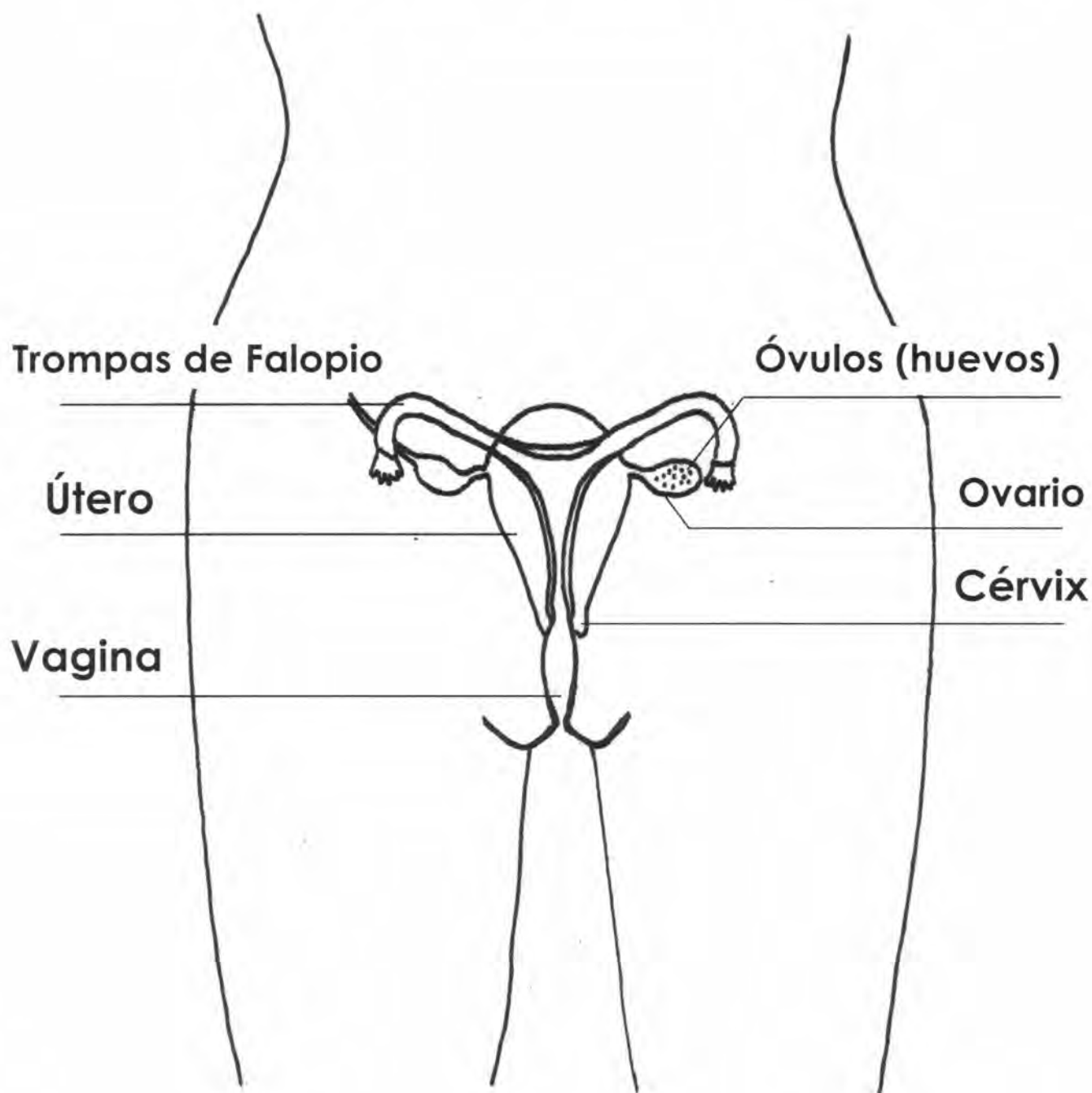
5. Cérvix	4. Útero	3. Las Trompas de Falopio
6. Vagina	1. Óvulo (huevo)	2. Ovarios



Hoja de la Anatomía del Cuerpo Femenino

Clave de Respuestas

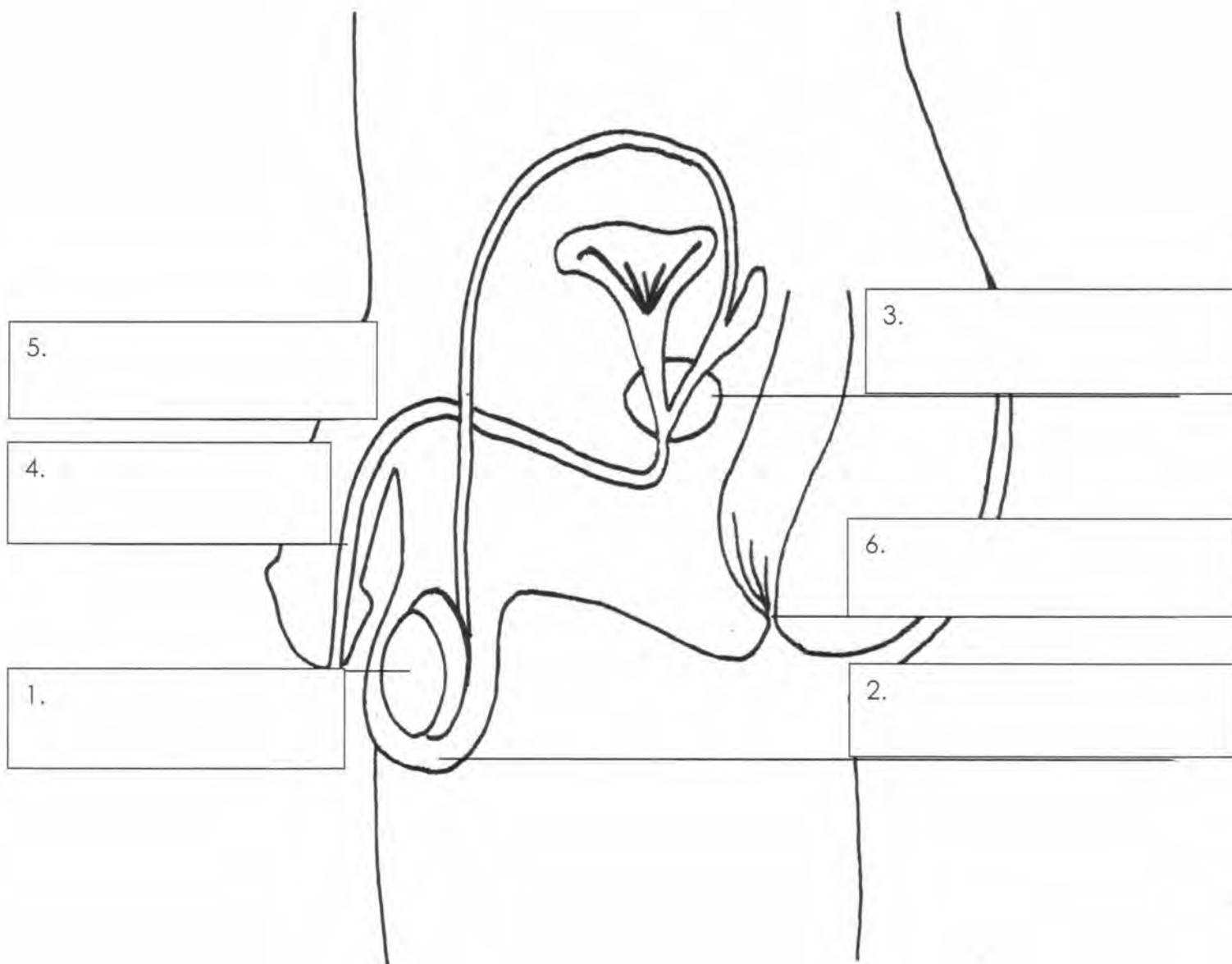
Cada cuerpo es diferente. ¡No compares el tuyo con el dibujo!



Hoja de la Anatomía del Cuerpo Masculino

Cada cuerpo es diferente. ¡No compares el tuyo con el dibujo!

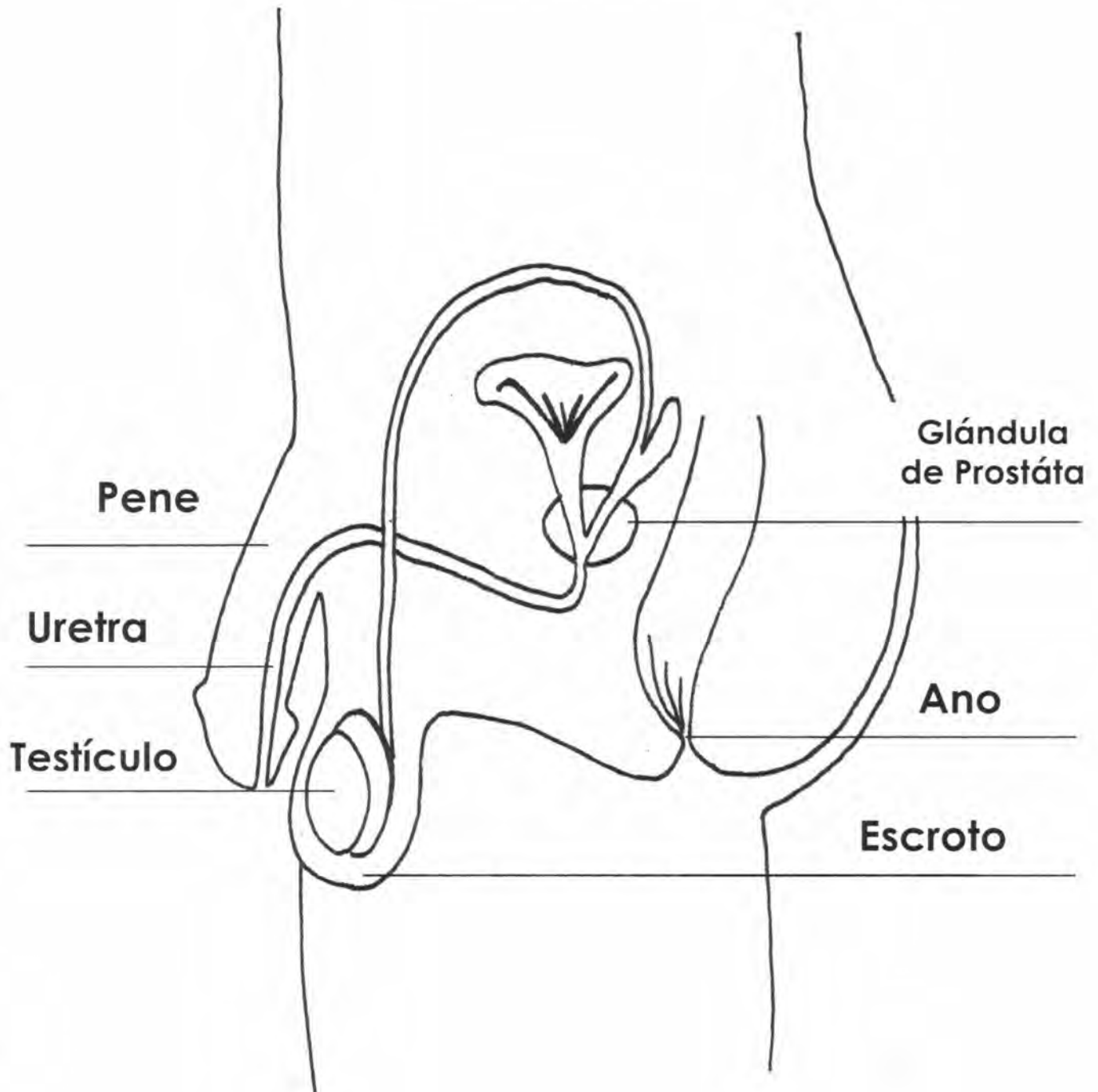
3. Glándula de prostáta	2. Escroto	6. Ano
1. Testículo(s)	5. Pene	4. Uretra



Hoja de la Anatomía del Cuerpo Masculino

Clave de Respuesta

Cada cuerpo es diferente. ¡No compares el tuyo con el dibujo!



Female Body Anatomy Match-Up

Directions: Draw a line between the term on the left and its definition on the right.

A. Ova (eggs)

1. The two organs that **hold a female's eggs**.

B. Fallopian tubes

2. The part also known as the "**birth canal**" because a baby can come out here during birth.

C. Uterus

3. The part with an opening that can open to **10 cm** if a female is giving birth.

D. Vagina

4. The part where a **baby grows**.

E. Cervix

5. The female **sex cell** that can meet with a sperm cell to make a baby.

F. Ovaries

6. The **tubes** that connect the ovaries to the uterus and carry the eggs.

Female Body Anatomy Match-Up

Directions: Draw a line between the term on the left and its definition on the right.

A. Ova (eggs)

B. Fallopian tubes

C. Uterus

D. Vagina

E. Cervix

F. Ovaries

1. The two organs that **hold a female's eggs**.

2. The part also known as the "**birth canal**" because a baby can come out here during birth.

3. The part with an opening that can open to **10 cm** if a female is giving birth.

4. The part where a **baby grows**.

5. The female **sex cell** that can meet with a sperm cell to make a baby.

6. The **tubes** that connect the ovaries to the uterus and carry the eggs.

ANSWERS: A-5, B-6, C-4, D-2, E-3, F-1

Male Body Anatomy Match-Up

Directions: Draw a line between the term on the left and its definition on the right.

- | | |
|-------------------|---|
| A. Prostate gland | 1. The tube can carry semen or urine . |
| B. Scrotum | 2. The male sex cells that are made in the testicles. (Hint: they look like tadpoles!) |
| C. Anus | 3. The skin that holds and protects the testicles. |
| D. Testicles | 4. The gland that makes fluids that combine with sperm to make semen. |
| E. Penis | 5. The organ that hangs outside a male's body that can fill up with blood to cause an erection . |
| F. Urethra | 6. The opening that lets solid waste out of the body. |
| G. Sperm | 7. The two organs that produce sperm . |

Male Body Anatomy Match-Up

Directions: Draw a line between the term on the left and its definition on the right.

A. Prostate gland

1. The tube can carry semen or **urine**.

B. Scrotum

2. The male sex **cells** that are made in the testicles. (Hint: they look like tadpoles!)

C. Anus

3. The **skin** that holds and protects the testicles.

D. Testicles

4. The **gland** that makes fluids that combine with sperm to make semen.

E. Penis

5. The organ that hangs outside a male's body that can fill up with blood to cause an **erection**.

F. Urethra

6. The opening that lets solid **waste** out of the body.

G. Sperm

7. The two organs that **produce sperm**.

ANSWERS: A-4, B-3, C-6, D-7, E-5, F-1, G-2

Hoja de la Anatomía del Cuerpo Femenino

Instrucciones: Dibuja una línea con la palabra a la izquierda hacia la definición a la derecha.

A. Óvulo (huevo)

1. Las dos glándulas que **contienen los óvulos.**

B. Las trompas de Falopio

2. La parte también conocida como '**el canal de nacimiento**' porque un bebé puede salir aquí durante el nacimiento.

C. Útero

3. La parte con una abertura que puede abrir a **10cm** si una hembra va a dar a luz.

D. Vagina

4. La parte donde **un bebé crece.**

E. Cérvix

5. **La célula sexual femenina** que puede encontrarse con una célula de esperma para hacer un bebé.

F. Ovarios

6. **Los tubos** que conectan los ovarios al útero.

Hoja de la Anatomía del Cuerpo Femenino

Instrucciones: Dibuja una línea con la palabra a la izquierda hacia la definición a la derecha.

-
- A. Óvulo (huevo) 1. Las dos glándulas **que contienen los óvulos.**
- B. Las trompas de Falopio 2. La parte también conocida como '**el canal de nacimiento**' porque un bebé puede salir aquí durante el nacimiento.
- C. Útero 3. La parte con una abertura que puede abrir a **10 cm** si una mujer va a dar a luz.
- D. Vagina 4. La parte donde **un bebé crece.**
- E. Cérvix 5. **La célula sexual femenina** que puede encontrarse con una célula de esperma para hacer un bebé.
- F. Ovarios 6. **Los tubos** que conectan los ovarios al útero.

RESPUESTAS: A-5, B-6, C-4, D-2, E-3, F-1

Hoja de la Anatomía del Cuerpo Masculino

Instrucciones: Dibuja una línea con la palabra a la izquierda hacia la definición a la derecha.

- | | |
|-------------------------|--|
| A. Glándula de próstata | 1. El tubo puede transportar semen o orina . |
| B. Escroto | 2. Las células sexuales masculinas que se hacen en los testículos. (Pista: ¡aparacen como renacuajos!) |
| C. Ano | 3. La piel que contiene y protege los testículos. |
| D. Testículos | 4. La glándula que produce líquidos que se combinan con el esperma para hacer semen. |
| E. Pene | 5. El órgano que cuelga fuera del cuerpo masculino que se llena con sangre para provocar una erección . |
| F. Uretra | 6. La abertura que deja los residuos sólidos fuera del cuerpo. |
| G. Esperma | 7. Los dos órganos que producen esperma . |

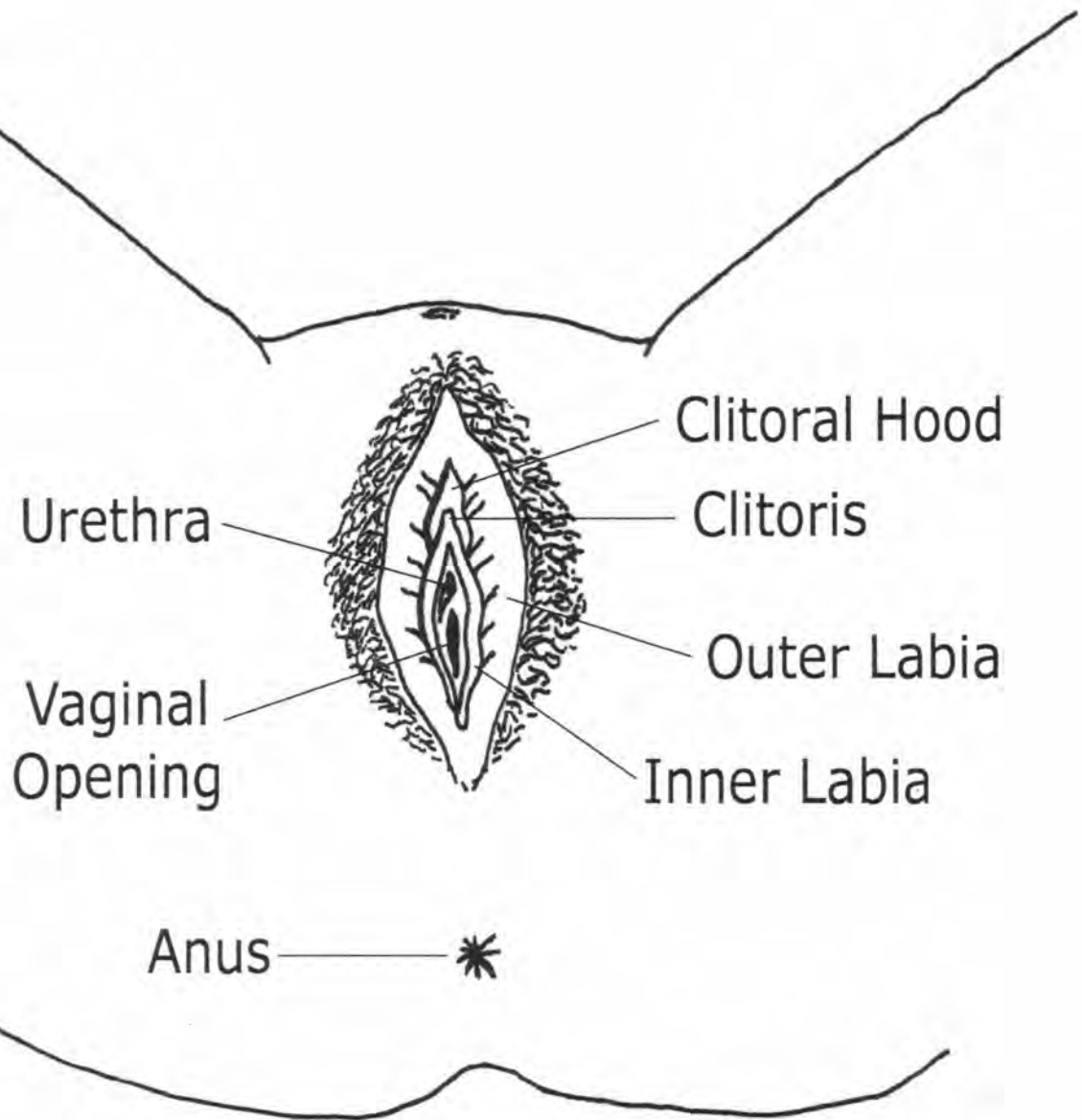
Hoja de la Anatomía del Cuerpo Masculino

Instrucciones: Dibuja una línea con la palabra a la izquierda hacia la definición a la derecha.

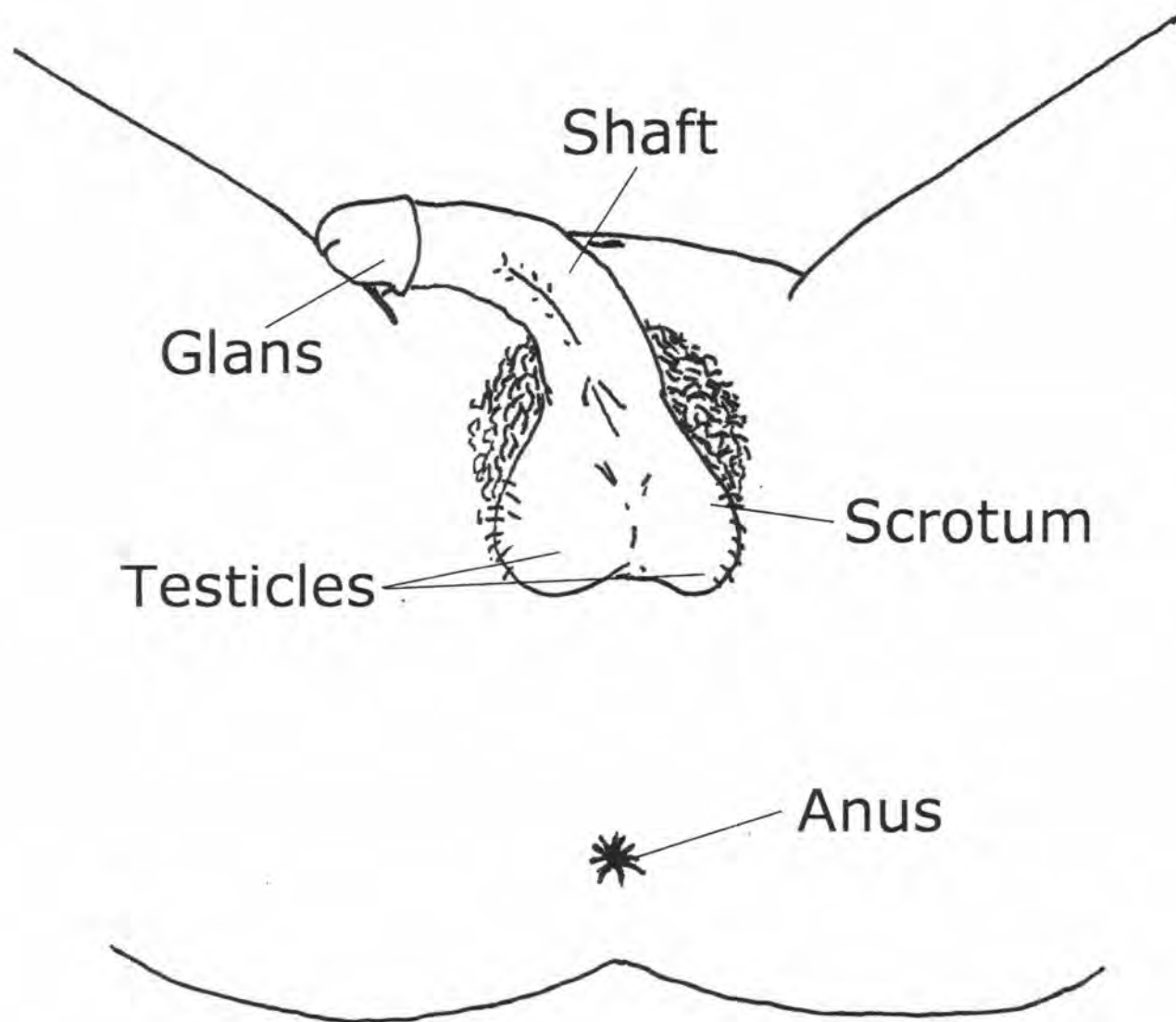
- | | |
|-------------------------|--|
| A. Glándula de próstata | 1. El tubo puede transportar semen o orina . |
| B. Escroto | 2. Las células sexuales masculinas que se hacen en los testículos. (Pista: ¡aparacen como renacuajos!) |
| C. Ano | 3. La piel que contiene y protege los testículos. |
| D. Testículos | 4. La glándula que produce líquidos que se combinan con el esperma para hacer semen. |
| E. Pene | 5. El órgano que cuelga fuera del cuerpo masculino que se llena con sangre para provocar una erección . |
| F. Uretra | 6. La abertura que deja los residuos sólidos fuera del cuerpo. |
| G. Esperma | 7. Los dos órganos que producen esperma . |

RESPUESTAS: A-4, B-3, C-6, D-7, E-5, F-1, G-2

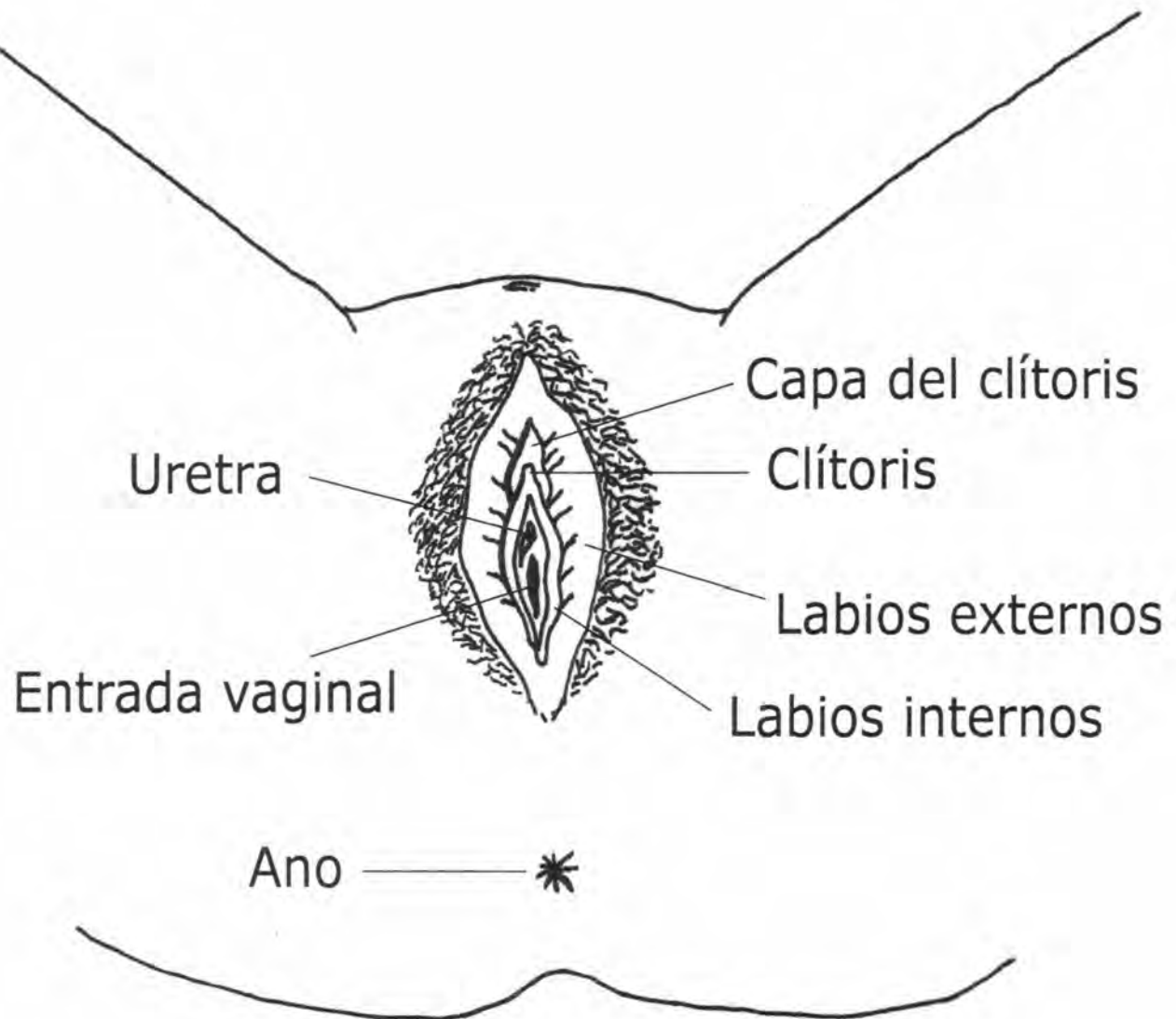
Female Body: External Anatomy



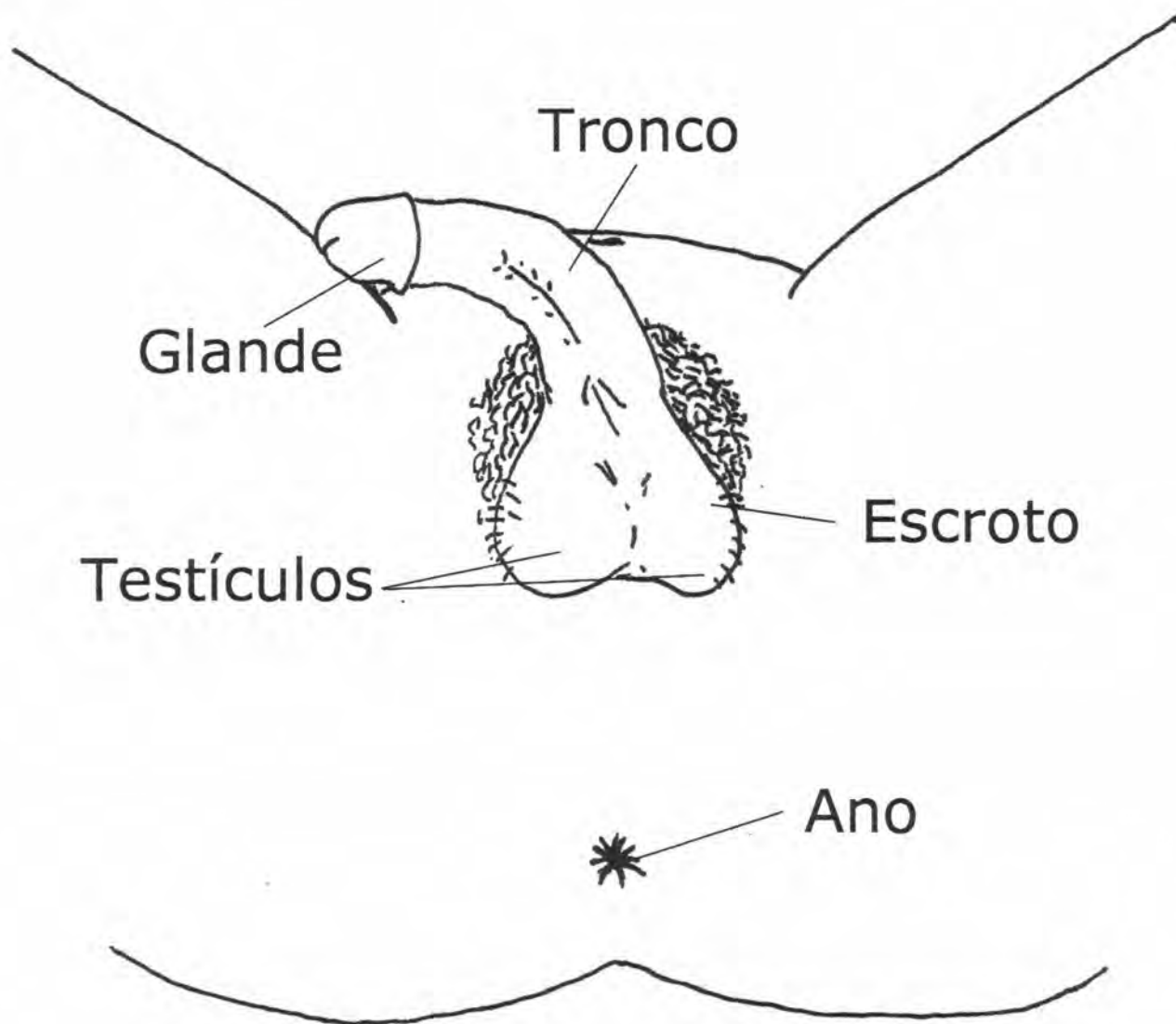
Male Body: External Anatomy



Cuerpo Femenino: Anatomía Externa



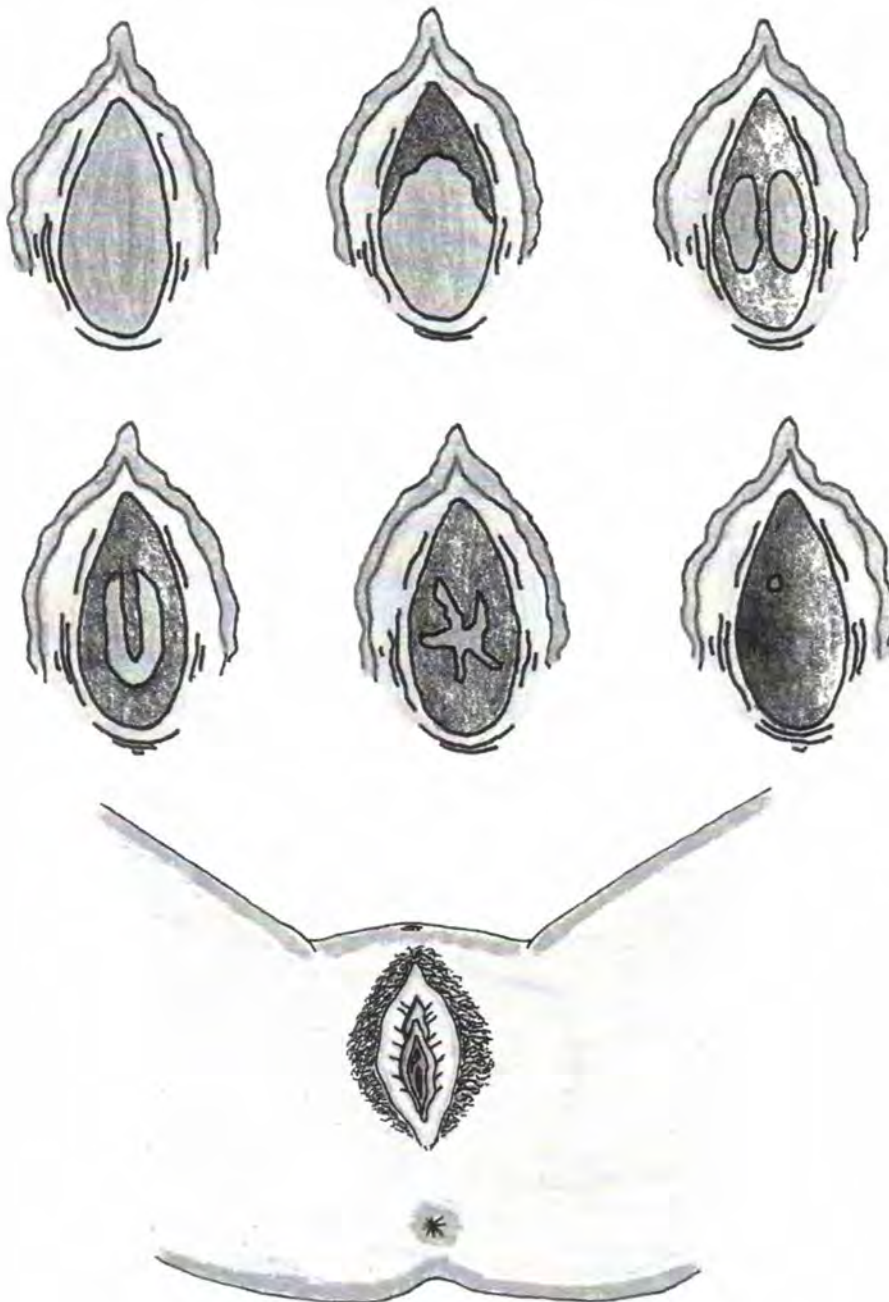
Cuerpo Masculino: Anatomía Externa



Different Types of Hymen

Everyone's body is different. Don't judge yours by these examples.

The hymen is not really a gray color; the illustrations are colored so that you can more easily see the different types of hymen.



Circumcised and Uncircumcised Penis

Everyone's body is different. Don't judge yours by these examples.
Whether a penis is circumcised or not, it still works the same way.

Circumcised Penis
(foreskin removed)



Uncircumcised Penis
(foreskin intact)



Activity 3.4: Taking Care of Me

Objective: To provide students with the tools that are relevant to their personal experience and self-image in order to care for their growing bodies.

Note to Instructor: Before introducing this activity, you may decide to review the importance of hygiene by going over the Personal Hygiene PowerPoint in the accompanying digital materials. This is used to supplement the activity and help explain how a person should keep their body healthy and clean. If you have hygiene products available, it is helpful to pass them around to the students while reviewing the presentation.

1. **Photocopy the Taking Care of Me worksheet, one for each student.** The worksheet is an outline of a person, which students will use to create a self portrait. Ideally this worksheet should be printed on large paper (e.g. 11x17) so there is room to paste the hygiene product cards around the drawing.
2. **Explain to the class:** We are going to do an activity to think about ways you can take care of your own body and keep yourself healthy.
3. **Pass out the Taking Care of Me worksheet and ask students to complete the drawing of themselves.**

Note to Instructor: This activity can be done in class as an art project or as a homework assignment.
4. **Photocopy the Hygiene Products Cards set from Appendix G.4 for each student.** Depending on the ability of your class, students can either cut the hygiene products out themselves in class or you may need to have all hygiene products pre-cut before class begins.
5. **Have the students glue each picture near the body-part that the item is used on.** Keep in mind that students would not need to use each product (for example, only students with a female body would need to use tampons or pads).
6. **Let students know that you'll ask a few students** to share their drawings at the beginning of the next session, if they are comfortable.

Taking Care of Me

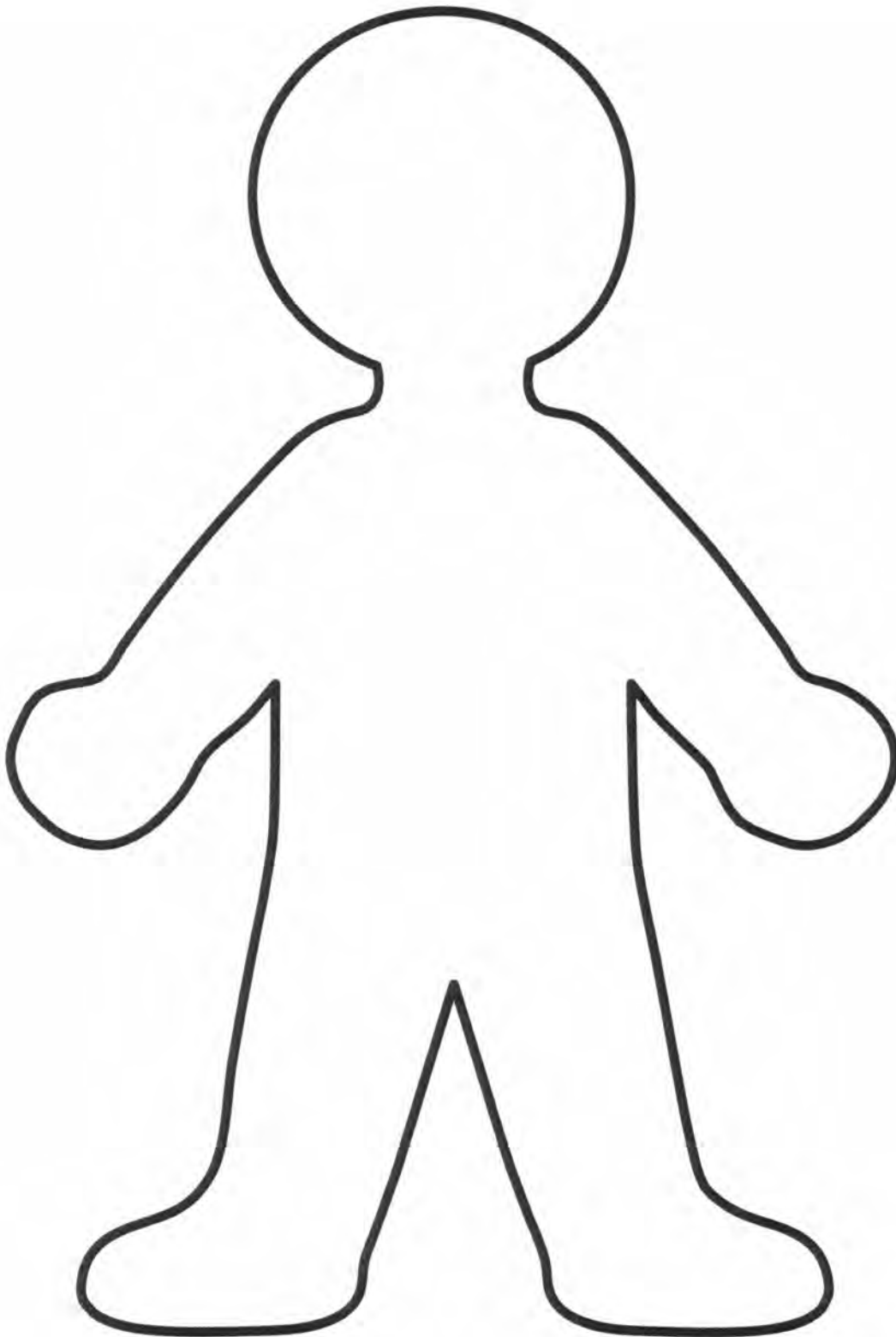
Name: _____

Period: _____

Directions: On the back side of this sheet, draw a self-portrait. Use markers, crayons, or colored pencils to draw your face (eyes, nose, mouth, etc.), your hair, your clothes, your shoes, etc.

Use the terms below to label how you will take care of your body. For example, write “deodorant” on the side of the drawing, and make an arrow pointing to the underarms. The terms below are just examples. Fill in the empty boxes with your own ideas too!

Athletic supporter ("jock strap" during sports) <i>(male bodies)</i>	Deodorant or antiperspirant	Sanitary pads, pantliners, or tampons during periods <i>(female bodies)</i>
Fresh socks	Foot powder	Bra <i>(female bodies)</i>
Fresh underwear	Soap	Hair brush
Toothpaste	Shampoo	Lotion
Mouthwash	Conditioner	Facial cleanser
Sunscreen	Lip balm	Nail clippers



Cuidándome

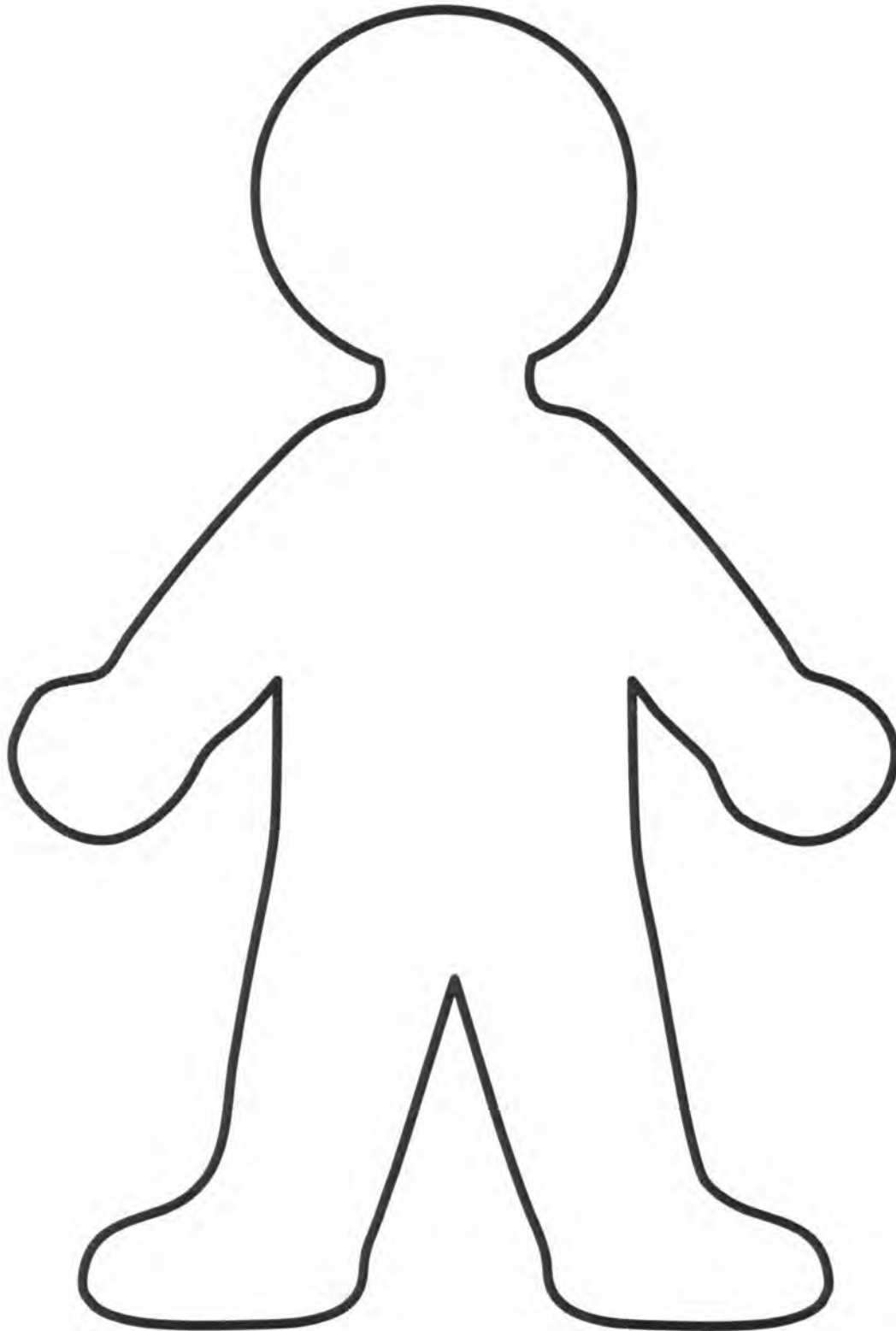
Nombre: _____

Período: _____

Instrucciones: En la parte de atrás de esta página, completa el dibujo de tí mismo/a. Usa marcadores, crayones, o lápices de colores para dibujar la cara (ojos, nariz, boca, etc.), tu pello, tu ropa, tus zapatos, joyería, etc.

Usa las palabras de abajo para mostrarnos como cuidarás tu cuerpo. Por ejemplo, escribe “desodorante” en el lado del dibujo, y pon una flecha señalando las axilas. Las palabras de abajo solo son ejemplos. ¡Puedes poner tus propias palabras también!

Suspensorio (los cuerpos masculinos)	Desodorante	Toallas sanitarias o tampones durante la regla (los cuerpos femeninos)
Calcetines limpios	Talco para los pies	Brasier (los cuerpos femeninos)
Ropa interior limpia	Jabón	Cepillo de pello/ peine
Pasta de diente	Champú	Loción
Enjuague bucal	Acondicionador	Limpiador facial
Protector solar	Bálsamo labial	Cortauñas



Homework: I Am the Only “Me” in the World

Objectives: To help students articulate their personal uniqueness and goals. To help students reflect on their feelings about puberty and the changes they may be experiencing. To consider strategies to keep themselves and their peers healthy and safe.

This exercise can be completed for homework or, if time permits, during class time.

1. **Photocopy a class set of the following worksheet.**
2. **Hand out the worksheet and explain that:**
 - Some of the information on this worksheet is personal so you will get credit for completing the worksheet (not for your specific answers).
 - You may want to share your responses with your classmates, which is fine, as long as you don't force anyone to share theirs with you and you are respectful of others who share their responses with you.
3. **Ask students to take some quiet time (on their own or in class) to first read all of the sentence stems, then go back and write their responses to each of the stems.**
4. **As they are working on this worksheet, ask students to consider the following:**
 - Were any of these sentence stems particularly hard to finish? Why or why not?
 - What was the easiest sentence stem for you to finish? Why?
 - Why do you think we've included this activity in Puberty Talk? How might thinking about these things now help you in the future?
5. **It is recommended that all homework is given for completion credit** to maximize the students' commitment to participating in the course.

Name: _____

I Am The Only 'Me' In The World

I am proud of myself because...

I am someone who loves...

If I saw someone being bullied I would...

The trusted adult I can talk to about my
body is...

Nombre: _____

Yo Soy “El Único” en El Mundo

Yo estoy orgullosa/o de mí mismo/a
porque...

Soy alguien que ama...

Si veo a alguien siendo abusado (bullied)...

El adulto en que yo le tengo confianza y
que le puedo hablar desde mi cuerpo es...

Session 3 Assessment: Puberty Changes and Sexual and Reproductive Anatomy

Category 1: True/False and Open Ended

Puberty Change Questions:

1. What is puberty?

Answer: E.g. is the natural growth process most humans go through, during which a person changes from their child body into their adult body. Our bodies change so that we will have adult bodies and be able to reproduce, or have children, someday, if we want to. There are also emotional changes that happen during puberty.

2. List 3 changes that happen during puberty.

Answers: Reference Changes Class Brainstorm List

Anatomy Questions:

1. When do male bodies start producing or making sperm?

Answer: Puberty

2. True/False: Females have all their eggs when they are born.

Answer: True

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Puberty Changes	True	False	Not Sure
Question 1: True/False: Puberty is when a child's body changes into an adult body.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post- Assessment:</u>	<u>Post- Assessment:</u>	<u>Post- Assessment:</u>
Topic: Puberty Changes	Taller	Shorter	Not Sure
Question 2: During puberty, we can get...	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: Taller	<u>Post- Assessment:</u>	<u>Post- Assessment:</u>	<u>Post- Assessment:</u>

Topic: Anatomy	True	False	Not Sure
Question 1: True/False: Male bodies start to produce sperm when they are born. Answer: False	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre- Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Anatomy	True	False	Not Sure
Question 2: True/False: Female bodies have all their eggs when they are born. Answer: True	<u>Pre-Assessment:</u> <u>Post- Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>

Category 3: Icon Selection







- **Option 1:** Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- **Option 2:** Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Puberty Changes Questions:

1. True/False: Puberty is when a child's body changes into an adult body.
Answer: True
2. During puberty, we can get...
Answer: Taller

Anatomy Questions:

1. True/False: Male bodies start to produce sperm when they are born.
Answer: False
2. True/False: Female bodies have all their eggs when they are born.
Answer: True

Row 1	True 	False 	Not sure 
Row 2	Taller 	Shorter 	Not sure 

Session 3 Wrap-Up

Objective: To review the topics covered during the third session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What were some of the things we learned about today?
 - Who can name 3 changes that happen during puberty?
 - Who can name 3 changes that happen for both boys and girls during puberty?
 - Who can name 3 male reproductive body parts?
 - Who can name 3 female reproductive body parts?
 - What was one new thing you learned today?
 - Was there anything that surprised you today?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box.
 - We will discuss conception and sexual decision-making.
4. **Collect the Question Box questions.**

Session 4: Decision Making and Conception

Goals

- Describe the reproductive process.
- Learn what abstinence is.

Objectives

At the end of this session, students will be able to:

- Describe the biological process of conception in general terms.
- Describe the role of menstruation in the reproductive process.
- Learn about ways to protect themselves from STIs and/or pregnancy.

Why is this important?

This session provides a basic introduction to three types of sex. It helps to establish these definitions early on so students know exactly what you are talking about during later discussions. Certainly, there are other ways to be sexual, but in this session, we will focus on these three to discuss how to reduce the risk of pregnancy and STIs.

It is also important to mention that some STIs can be spread even without having sex such as through kissing (oral herpes) or genital skin-to-skin contact (HPV, genital warts, genital herpes). HIV can be transmitted through contact with blood as well. Stress to students that **NO SEX** (abstinence) is the only certain way to prevent unintended pregnancy and significantly reduce the risk of STIs.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (projector/laptop or SmartBoard)
- Writing surface
- Computer or laptop
- What is Sex? worksheet or Sexual Behaviors worksheet, one for each student
- Ovulation, Menstruation, and Conception! Prezi (in accompanying digital materials)
- Samples of different types/sizes of sanitary pads and tampons

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- As the instructor, you may determine which activities to present during this session. Flexibility with these activities may depend on classroom environment, typical learning style or available class time.

What Is Sex? Activity

- Photocopy What is Sex? worksheet front and back, one for each student

Sexual Behaviors Activity

- Photocopy Sexual Behaviors worksheet front and back, one for each student
- Gather colored pencils or crayons
- Gather tape or glue

Ovulation, Menstruation, Conception! Prezi

- Review the Ovulation, Menstruation, Conception! Prezi with the script for each slide.
- Load the Ovulation, Menstruation, Conception! Prezi onto the computer to be ready to present.
- Obtain samples of panty liners, pads, tampons and/or other items used during menstruation to show the class during the Prezi.

Total Instruction Time

Minimum: 50 min

Maximum: 80 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 3 Review: 5 min.

Ovulation, Menstruation, Conception! Prezi: 20 min

What is Sex?: 15 min.

Sexual Behaviors: 30 min.

Session 4 Wrap-Up: 5 min.

Activity 4.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 4.2: Ovulation, Menstruation, Conception! Prezi

Objective: To describe human reproduction and conception.

1. **Explain to the class:** Now that we have reviewed all of the male and female body parts, we are going to talk a little more about menstruation (“periods”) and how babies are made.
2. **Describe each of the Prezi slides:**

Slide: Title Slide: Ovulation, Menstruation, Conception!

Slide: Some bodies have ova (eggs) that live inside the ovaries.

- Ova is the scientific word for “eggs.” One egg is called an “ovum.”

Slide: Ovulation: About once a month, an ovary may release an ovum (egg) into the fallopian tube

- During puberty, female bodies will release hormones, or chemical messengers, such as estrogen, that trigger changes in the body.
- This can happen at different ages, but the average age is about 11 or 12.
- This can begin anywhere from 8 up to 16 years old.

Note to Instructor: Reaffirm here we all have different bodies, and this is a good thing!

Slide: Female Reproductive System

Slide:

- Most female bodies are born with about 400,000 eggs.
- Females are born with all the eggs they’ll have, and will start releasing them once a month once they reach puberty.
- Later on, when a female is in their late 40s or early 50s, they’ll start to go through a different process called “menopause.”
- Their hormones start lowering and the female stops releasing an egg each month, and they’re no longer able to have babies.
- One egg is the size of a grain of sand!
- You can also try making a quick dot on your page with your pen or pencil – that’s about how big an egg is.

Slide: The egg lives in the fallopian tube for about 24 hours.

- During this 24 hours, an egg can meet with a sperm cell, which can lead to a pregnancy.
- If no sperm fertilizes the egg, it continues into the uterus and disintegrates.

Slide: Menstruation

- This is when a person is on their period.

Slide: A female (who is not pregnant) usually gets their period about every 28 days.

- This is an average. Some people have shorter cycles and some people have longer cycles. Generally, it’s about once a month.
- In preparation for the egg being released each month, the lining of the uterus builds up for about 2 weeks. It’s made of blood and tissue, so that if a female gets pregnant that month, there’s a soft, cushy, warm, nutrient-rich place for the baby to grow.

Slide: If a sperm does not fertilize (join with) an egg, they are not pregnant and do not need the lining in their uterus.

Slide: The lining of the uterus sheds and blood will come out of the vagina.

- This is called “menstruation,” or “period.”
- Each period can last for 2 to 7 days. For many young females, it takes a while for the menstrual cycle to normalize and start to happen regularly every 28 days, but eventually it usually gets into a regular pattern.
- Sometimes “cramps” can occur during menstruation. Taking a warm bath, placing a heating pad on the abdomen or using medication may help. Encourage students to check with their parent, trusted adult, or medical provider for a suggestion.

Slide: Hygiene: Pads and Tampons

Note to Instructor: If available, pass around pads and tampons at this point, and show how a tampon comes out of its applicator.

- Pads are made out of a very absorbent cotton that will soak up blood when it comes out of the vagina, so the blood doesn’t get on their clothes or bedding. There is a sticky part on the underside that will help it stick into the underwear so it doesn’t move. The sticky part goes on the underwear, and the cotton part lies next to the vulva.
- Tampons are also made of a very absorbent cotton. A person will insert the bigger part of the applicator into their vagina, and once in, push the smaller end into the bigger end. This will insert the tampon into the vagina.
- They’ll remove the applicator (which can be made out of plastic or cardboard) and throw it away. The string will hang out of the vagina so they can easily remove it later.
- It’s important to change a tampon often, roughly every 8 hours. If someone leaves it in for too long, they can develop toxic shock syndrome, where bacteria can get into their blood. If someone follows these instructions, tampons are very safe.
- If they are having problems, they should talk to a parent, trusted adult, or a health care provider about how to put in a tampon.

Note to Instructor: Reaffirm for students that this may seem scary, but most females can comfortably and safely use a tampon.

Slide: Some bodies have sperm cells that live inside the testicles

- Male bodied people begin to produce sperm during puberty when hormone levels change and activate sperm production in the testicles.
- They will keep producing sperm until they die.
- Sperm cells are very small, and are about a 100 times smaller than the egg. This means they are microscopic – you cannot see them with the naked eye, you need a microscope.

Slide: Male and Female anatomy diagrams

- If a male and female are trying to get pregnant, they might have what’s called “sex.” One type of sex is when a male inserts his penis inside the vagina, in order to get his sperm as close as possible to her eggs.
- When a male’s penis is inside the vagina, he can “ejaculate,” or release semen (the fluid containing sperm). The semen in each ejaculation can contain around 200 to 400 million sperm!
- Sperm can live for up to 5 days inside a female’s body. They travel up through the vagina, uterus, and into the fallopian tube.
- Out of the millions of sperm that start the journey, only about 50 to 100 will make it all the way to the egg.
- If a sperm cell were the size of a human, it would be like swimming thousands of miles.

Slide: Conception. “An egg cell is fertilized by a sperm cell and implants into the uterus”

- When a sperm meets an egg, this process is called “fertilization.” Once the egg is fertilized, the chromosomes, or DNA, start combining, growing, and dividing into more and more cells.
- This clump of cells travels down the fallopian tube and down into the uterus, where it can implant in the thick blood and tissue lining of the uterus.
- The process from the release of an egg until a fertilized egg implants takes about 5 to 7 days. It’s not instant like some people think.

Slide: They’re pregnant!

- After the fertilized egg has implanted in the uterus, a female’s body will start to produce a special pregnancy hormone.
- Urine pregnancy tests can detect this hormone when a pregnant person pees on the test stick.
- These tests can be purchased at a grocery store or pharmacy, or taken at a family planning clinic.
- For the most accurate results, she needs to use the first urination (pee) of the day, first thing in the morning, so there will be enough of the pregnancy hormone to be detected. It could take up to 12 days after fertilization to get a positive pregnancy test.

Slide: Other ways? Sometimes, conception can happen in other ways like in a lab

- Sometimes people who want to get pregnant can’t. There are some medical techniques that doctors and scientists can do to help someone get pregnant.
- For example, a scientist might combine someone’s eggs and sperm in a lab, creating fertilized eggs. They’ll then implant these into the uterus, hoping they’ll attach and grow.
- Someone might also use a surrogate uterus. It may be a family member, or a kind stranger. In a similar process, a scientist can combine someone’s eggs and sperm, but implant that into a different person’s uterus, hoping one will attach and grow.

Slide: What About Twins?

- There are two types of twins: identical, and fraternal.
- Sometimes, after an egg is fertilized, it will split into two, and identical twins will start developing. They look the same because they came from the same genetic material (DNA) – they started from ONE egg and ONE sperm.
- Sometimes, a female releases two eggs at a time. If those two separate eggs are fertilized by two separate sperm, they’ll develop into separate babies, called “fraternal” twins. Fraternal twins have different DNA and can be the same or different sexes.
- Sometimes women will have triplets, quadruplets, or more.

Slide: Fetal Development

- When a female is pregnant, the developing baby is called an “embryo” for the first 9 weeks. After 9 weeks, the developing baby is called a “fetus.”
- A baby develops from one tiny cell to a seven or eight-pound baby (on average) over the course of 9 and a half months.

3. If you have gathered any additional materials on pregnancy or childbirth, including books or posters, share them now.

Activity 4.3: What Is Sex?

Objectives: Define abstinence and sexual behaviors, including sexual touching, oral sex, vaginal sex, and anal sex. Discuss possible risks associated with each sexual behavior.

Note to Instructor: Appendix H contains detailed illustrations of an erection and sexual intercourse (vaginal sex). Instructors may use their discretion in showing the images based on the students' maturity and cognitive levels.

1. **Remind the class,** "It is OK for us to talk about our bodies in this class so we know how to take care of ourselves. We can also discuss people who can help us take care of our body and answer our questions."
2. **Introduce today's session to the class by telling students we're going to discuss sexual behaviors.** There are different ways people may define sex, but we are going to focus on sexual behaviors more broadly, including possible risks associated with each behavior.
3. **Transfer the following grid and statement below onto your writing surface.**

Sexual Behaviors	Can someone get pregnant?	Can someone get an STI?

_____ is the only 100% effective method to prevent pregnancy and/or lower the risk of contracting an STI.

4. Define the four sexual behaviors for the class:
 - **Sexual Touching:** This includes hand-to-hand contact (hand touching a penis, vulva, or anus) and genital skin-to-skin contact (touching or rubbing naked genitals against another person's naked genitals)
 - **Oral Sex:** Using a mouth on a penis, vulva, or anus
 - **Vaginal Sex:** Inserting a penis into a vagina
 - **Anal Sex:** Inserting a penis into an anus
5. **Explain to the class that sexual abstinence is defined as not engaging in ANY sexual behaviors.**

Note to Instructor: Often people use the term "abstinence" to refer to not having sex. However, youth are taught to abstain from many things, including drugs and alcohol. We use phrases like "not having sex" and "not engaging in any sexual behaviors with a partner" to be clear about what behavior choices can reduce a person's risk of pregnancy and STIs.

6. **Have students raise their hands to answer whether each type of sex has a risk of pregnancy or STIs, and fill in the grid accordingly.** Explain that an STI is an infection that can be passed through certain bodily fluids or skin-to-skin genital contact and are most commonly exchanged through these types of sex. We will have a more detailed discussion on STIs in a future session.

7. When you have filled in the grid, give students 5-10 minutes to complete the statements on the back of the worksheet with a partner and go over answers as a class.
8. Your completed grid and statement should look like this:

Sexual Behaviors	Can someone get pregnant?	Can someone get an STI?
Sexual Touching	YES*	YES
Oral Sex	NO	YES
Vaginal Sex	YES	YES
Anal Sex	YES*	YES

No sex (abstinence) is the only 100% effective method to prevent pregnancy and/or lower the risk of contracting an STI.

Discuss the following Frequently Asked Questions (FAQs) with the class:

- **Why can't you get pregnant during oral sex?** — There are no tubes in the body that connect the throat and the stomach to a female's reproductive organs. The skin in the mouth and the throat, however, is especially at risk for contracting STIs because it is so absorbent.
- **How could somebody get pregnant during anal sex?** — The reason we include an asterisk for the risk of pregnancy from anal sex is because it is unlikely to cause a pregnancy this way, but still possible. The anus is the opening where fecal matter comes out, and it leads inside the body to the rectum. Anything that goes into the anus, including semen, must eventually come out. Anal sex between a male and female carries a risk of pregnancy because the female's anus and vagina are so close together (about an inch apart), and semen could drip out of the anus and into the vagina, potentially leading to a pregnancy.
- **How can a pregnancy happen by rubbing the genitals together?** — While unlikely, there is still a chance of causing a pregnancy this way. If a penis is touching a vulva, the pre-ejaculate or semen near the vulva may let sperm travel into the vagina. There is a risk of certain STIs, such as Herpes or HPV, passing from unprotected genital skin-to-skin contact if any partner has that STI.
- **If a female has unprotected vaginal sex, why doesn't she always get pregnant?** — A female will not always get pregnant from unprotected vaginal sex because the female body might not be ovulating around that time. It could also be that the sperm did not survive inside of the female's body long enough to fertilize an egg. In general, a person having vaginal intercourse has an 85-90% chance of getting pregnant or causing a pregnancy if they have unprotected vaginal sex for one year.

Name: _____

What Is Sex?

Sexual Behaviors	Can Someone Get Pregnant?	Can Someone Get an STI?

The ONLY 100% effective way to prevent a pregnancy AND the best way to lower your risk of getting an STI is

_____!

NO Risk Activities	Reasons Why Some Teens Have Sex...	Reasons Why Most Teens Choose to Wait...

What Is Sex? – KEY

Types of Sex	Can Someone Get Pregnant?	Can Someone Get an STI?
Sexual Touching	YES	YES
Oral Sex	NO	YES
Vaginal Sex	YES	YES
Anal Sex	YES	YES

The **ONLY 100% effective** way to prevent a pregnancy **AND** the best way to lower your risk of getting an STI is

Not having sex!

Genital skin-to-skin contact

can still pose a risk for pregnancy or STIs, even without having any type of sex.

NO Risk Activities	Reasons Why Some Teens Have Sex...	Reasons Why Most Teens Choose to Wait...
<ul style="list-style-type: none"> • Hugging • Kissing • Holding Hands • Going to the movies • Cuddling • Talking to each other 	<ul style="list-style-type: none"> • They want to know what it feels like • They think having sex is fun • They heard it feels good • They think they will look cool • They are in the mood • They have a partner or sweetheart • They think they are ready and mature • They want to lose their virginity • They feel pressured to have sex by their partner • They want to fit in • They want a baby 	<ul style="list-style-type: none"> • So they won't get pregnant or get their partner pregnant • Because they don't want to get STIs • They are not ready to take care of a baby 24/7 • They don't have a condom • It is not in line with their personal values • It is against their religious beliefs • Their partner is not ready and sex is only good when both people are into it • They are not ready to be naked with their partner • They are waiting until they are in love • They are waiting until marriage • They think they are too young to have sex • They don't want their parents to find out • They are not sure of or not comfortable with their gender or sexual identity • They don't have anywhere to do it • They had sex before and they realized they weren't ready for it • They don't want their partner to ask for sex all the time • They are on the birth control pill, but they missed a couple of pills this month • They are afraid

Nombre: _____

¿Qué es Sexo?

Tipos de Sexo	¿Puede una persona quedarse embarazada?	¿Puede una persona contraer una ITS?

El único método 100% efectivo para prevenir un embarazo y la mejor manera para reducir el riesgo de ITS es

i _____!

todavía puede tener un riesgo de embarazo o las ITS sin tener ningún tipo de sexo.

Actividades sin riesgo	Razones por las cuales algunos adolescentes tienen sexo ...	Razones por qué muchos adolescentes deciden posponer el sexo...

Activity 4.4: Sexual Behaviors

Objectives: Define sexual behaviors including oral, anal, and vaginal sex. Define abstinence. Discuss possible risks associated with each type of sexual behavior.

1. **Introduce this activity by telling students that we are going to talk about sexual behaviors.** There are many different ways people may define “sex,” but today we are going to focus on sexual behaviors more broadly, including the possible risks associated with each behavior.
2. **Display the “Sexual Behaviors Tree.”** It is available in a PowerPoint in the accompanying digital materials, or you can draw or project the image onto the board.

Note to Instructor: There are three options for the Sexual Behaviors Tree activity.

- Option 1: For **mild-to moderate functioning students**, use the Sexual Behaviors Tree worksheet that has the dotted box. Students will be cutting and pasting the labels for the roots and stem of the tree onto the worksheet. They will then color in the outer and inner leaves of the branches to indicate if that sexual behavior can lead to a pregnancy and/or STI.
 - Materials Needed:
 - Sexual Behaviors Tree Cut and Paste worksheet
 - Scissors
 - Glue or tape
 - Colored pencil or crayons
 - Option 2: For moderate to **high-functioning students**, use the Sexual Behaviors Tree worksheet. Students will be discussing the roots and stem of the tree. They will then color the inner and outer leaves of the branches to indicate if that sexual behavior can lead to a pregnancy and/or STI.
 - Material Needed:
 - Sexual Behaviors Tree Worksheet
 - Colored pencils or crayons
 - Option 3: For all students, before beginning the presentation, create a poster using the Sexual Behaviors Tree (Mid-level). It is helpful to 1) choose 3 different colors for the labels for the roots, trunk, and leaves, respectively; 2) laminate the poster and labels; and 3) make the labels attachable to the poster via Velcro. Alternately, the same poster can be projected onto a whiteboard and students can use magnets to label the image as a class. The activity can be facilitated in an exploratory way (where students discuss and learn together).
3. **Discuss the roots of the tree.** Explain that any time a person engages in a sexual behavior, they should first check-in with their own thoughts, values, and feelings. Some people will experience attraction and arousal, notice their five senses, and have complicated emotions. These “roots” of sexual behavior originate in our brains. This is why our preferences and sexual feelings are unique to each of us. It is very normal for a person to feel some physical signs of attraction and arousal when they think they might like someone. Someone may experience a faster heartbeat, flushed cheeks, increased perspiration, and/or an erection (blood rushing to the penis, causing the penis to stand up and become sensitive; or blood rushing to the clitoris and inner labia, causing these parts to become more sensitive.).
 4. **Point out the stem of the tree.** Explain that people need to consider their values before making decisions about sex. Healthy sexual experiences depend on trust, respectful communication, and a connection between partners. The development of this connection grows as partners get to know each other better.

5. **Explain “consent” at the center of the tree.** Consent is permission or agreement to do something, and it is required before engaging in any sexual behavior with a partner. If a person wants to participate in a sexual behavior, they should ask the other person for consent and listen to the answer. It is completely normal to feel a bit nervous when initiating physical contact, and someone should discuss these feelings with their partner. Partners may also have conversations about their expectations for preventing pregnancy and/or STIs, as these are two possible outcomes of sexual behavior with a partner.
6. **Overview the four “branches” of the tree:**
 - **Sexual Touching** – This includes hand-to-genital contact (hand touching a penis, vulva, or anus) and genital skin-to-skin contact (touching or rubbing naked genitals against another person’s naked genitals)
 - **Oral Sex** – Using a mouth on a penis, vulva, or anus
 - **Vaginal Sex** – Inserting a penis into a vagina
 - **Anal Sex** – Inserting a penis into an anus
7. **Ask the class which sexual behaviors can cause pregnancy, and shade in the outer “leaves” of the branch accordingly.** Remind students that it takes one sperm cell, one egg cell, and one uterus to grow a pregnancy. Students should color in the outer “leaves” of sexual touching, vaginal sex, and anal sex.
8. **Ask the class which sexual behaviors can pass Sexually Transmitted Infections (STIs), and shade in the inner “leaves” of the branch accordingly.** Explain that STIs are infections that can be passed through sexual fluids and genital skin-to-skin contact, but we will have a more detailed discussion about STIs in a future session. The inner “leaves” of all four behaviors should be colored in.
9. **Instruct the class to complete the backside of the worksheet, titled “Think About It.”** Remind students that, although these are their own thoughts, they should still be respectful since their views may be different than their classmates. Discuss the four questions as a class.
 - **Ask for a volunteer to read aloud number one:** “The Only 100% effective way to prevent a pregnancy AND the best way to lower your risk of getting an STI is not engaging in any sexual behaviors with a partner.” Remind students that this includes oral sex and sexual touching, not just penetrative types of sex.

Note to Instructor: Often people use the term “abstinence” to refer to not engaging in sexual behaviors with a partner. However, youth are taught to abstain from many things, including drugs and alcohol. We use the phrases “not engaging in any sexual behaviors with a partner” and “not having sex” throughout Teen Talk to represent the practice of sexual abstinence because we want to be clear about what behavior choices can reduce a person’s risk of pregnancy and STIs.
 - **List as many ways as you can think of to show love or affection to a partner without having sexual contact.**
 - Hugging
 - Kissing
 - Cuddling
 - Holding hands
 - Saying “I love you”
 - Watching a movie together
 - Going on a walk together
 - Eating food together

Note to Instructor: If students mention sending or receiving nude photos (“sexting”) as an answer here, remind them that nude photos of bodies under 18 years of age are considered child pornography, and it is illegal to have or send photos like this. Reassure students that curiosity about the naked body is normal, but there are some risks associated with sending sexually explicit pictures or texts. **Ask the class:**

- *It is true that there is no risk of pregnancy or STIs when it comes to nude photos, but can we think of any possible negative consequences that might result from sending nudes? (e.g. punishment at school and/or home, possible police involvement)*
- *What should someone do if they want to reduce the risk of getting in trouble for having nude photos on their devices? (e.g. erase the photos, tell friends not to send sexual material, report to a trusted adult)*
- **Think of at least two reasons why SOME teens have sex.**
 - They want to know what it feels like
 - They feel ready and mature
 - They want to fit in (*What percent of high school students in CA do you think have had sex? – 32%¹⁴ which shows that MOST are waiting even though there is a perception that everyone in high school has sex?*)
 - They think it will make them look cool (*Who are they trying to look cool for?*)
 - They want to lose their virginity (*Why might someone want this? What do people mean when they say this? What does a person actually “lose”?*)
 - They feel pressure to have sex from friends or a partner (*Is it ever OK to pressure someone into sex? – NO!*)
- **Think of at least two reasons why MOST teens WAIT to have sex.**
 - They don’t want to get an STI
 - They don’t want to get pregnant or get their partner pregnant
 - They don’t feel ready or mature enough
 - They are waiting until marriage or a committed relationship
 - It is against the law because they are under age 18
 - It is against their personal values
 - It is against their religious views
 - It is against their parent’s rules or wishes
 - They are afraid (*What might a young person be afraid of regarding sex?*)
 - They are unsure or uncomfortable with their gender or sexual identity (*Do you think it is easier or harder for LGBTQ+ teens to find partners? Why?*)
- **Define the word “consent” and explain why it is important.**
 - Because it shows respect for a partner’s body and boundaries
 - Because someone needs consent to do anything sexual with another person
 - Because touching something without their permission is illegal (this is considered sexual assault)

¹⁴ Power to Decide. (2015). California Data. Retrieved from <https://powertodecide.org/what-we-do/information/national-state-data/california>

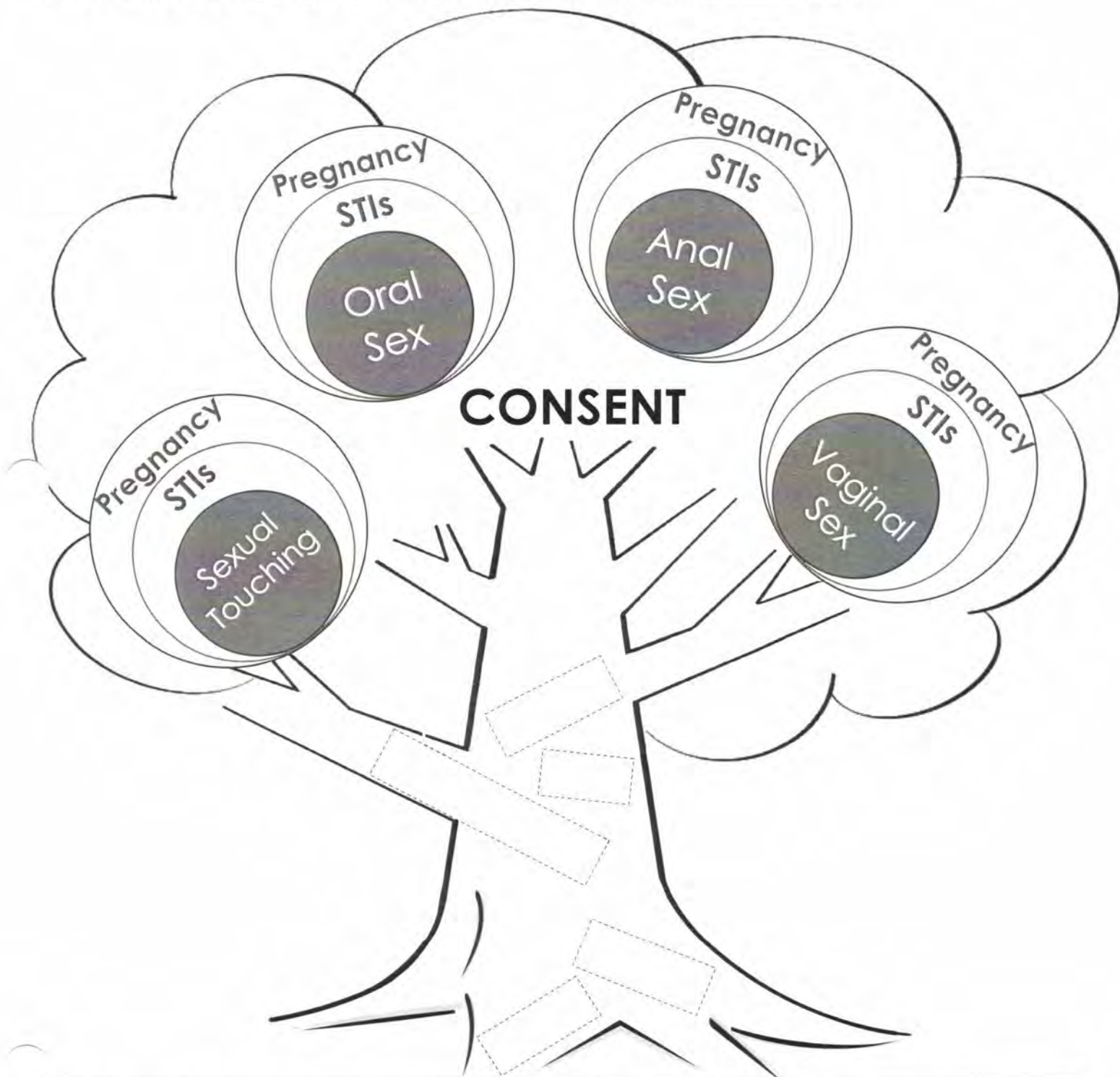
Discuss the following Frequently Asked Questions (FAQs) with the class:

- **Why can't someone get pregnant during oral sex?** — There are no tubes in the body that connect the throat and stomach to the reproductive organs. However, the skin in the mouth and throat is especially at risk for contracting STIs because it is so absorbent.
- **How could somebody get pregnant during anal sex or sexual touching?** — We include these sexual behaviors when talking about pregnancy risk because, although it is rare for a pregnancy to occur these ways, it is still possible:
 - **Anal Sex** – The anus is the opening where fecal matter comes out, and it leads inside the body to the rectum. Anything that goes into the anus, including semen, must eventually come out. Anal sex between a male and female carries a risk of pregnancy because the female's anus and vaginal opening are so close together (about an inch apart), and semen could drip out of the anus and into the vagina, potentially causing a pregnancy. There is no risk of pregnancy between two males who are engaging in anal sex.
 - **Sexual Touching** – The penis can release two different sexual fluids: semen and pre-ejaculate, both of which can transport sperm cells. If a penis touches a vulva while either of the fluids are present, sperm cells may enter the vagina. The same is true with hand-to-vulva contact if fluid from the penis is present on the hand. There is no risk of pregnancy between two males or between two females who are engaging in sexual touching.
- **If a female has unprotected vaginal sex, why don't they always get pregnant?** — A female will not always get pregnant from unprotected vaginal sex because their body might not be ovulating around that time. It could also be that the sperm did not survive inside of the female's body long enough to fertilize an egg. In general, a person having vaginal intercourse has an 85-90% chance of getting pregnant or causing a pregnancy if they have unprotected sex for one year.¹⁵
- **Do all of these sexual behaviors carry the same risk for STIs?** – No, some sexual activities carry a greater risk for STI transmission than others. Unprotected anal sex can easily transmit STIs such as HIV, so it carries the greatest risk. Unprotected vaginal and oral sex can also be risky for passing STIs. Using a condom or dental dam to have protected sex greatly reduces this risk. Hand-to-genital contact does not commonly transmit STIs, although it is still possible. Genital skin-to-skin contact can also pass STIs with or without the presence of sexual fluids.

¹⁵ Trussell, J. (2011). Contraceptive failure in the United States. *Contraception*, 83(5), 397-404. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/>

Sexual Behaviors

Directions: Label the roots and stem of the tree. Shade in the layers of the leaves to show which sexual behaviors have a chance of causing pregnancy or transmitting Sexually Transmitted Infections (STIs).



In a healthy relationship, each person's body and boundaries should be respected.

Think About It

Name: _____ Date: _____ Period: _____

Directions: Brainstorm and answer the questions below.

1) The ONLY 100% effective way to prevent pregnancy AND the best way to lower your risk of getting an STI is by not engaging in:

2) List as many ways as you can think of to show love or affection to a partner without having any sexual contact:

3a) Think of at least 2 reasons why SOME teens have sex:

3b) Think of at least 2 reasons why MOST teens WAIT to have sex:

4) What is "consent" and why is it important?

Sexual Behaviors – Cut and Paste!

respect
trust
communication

feelings
values

respect
trust
communication

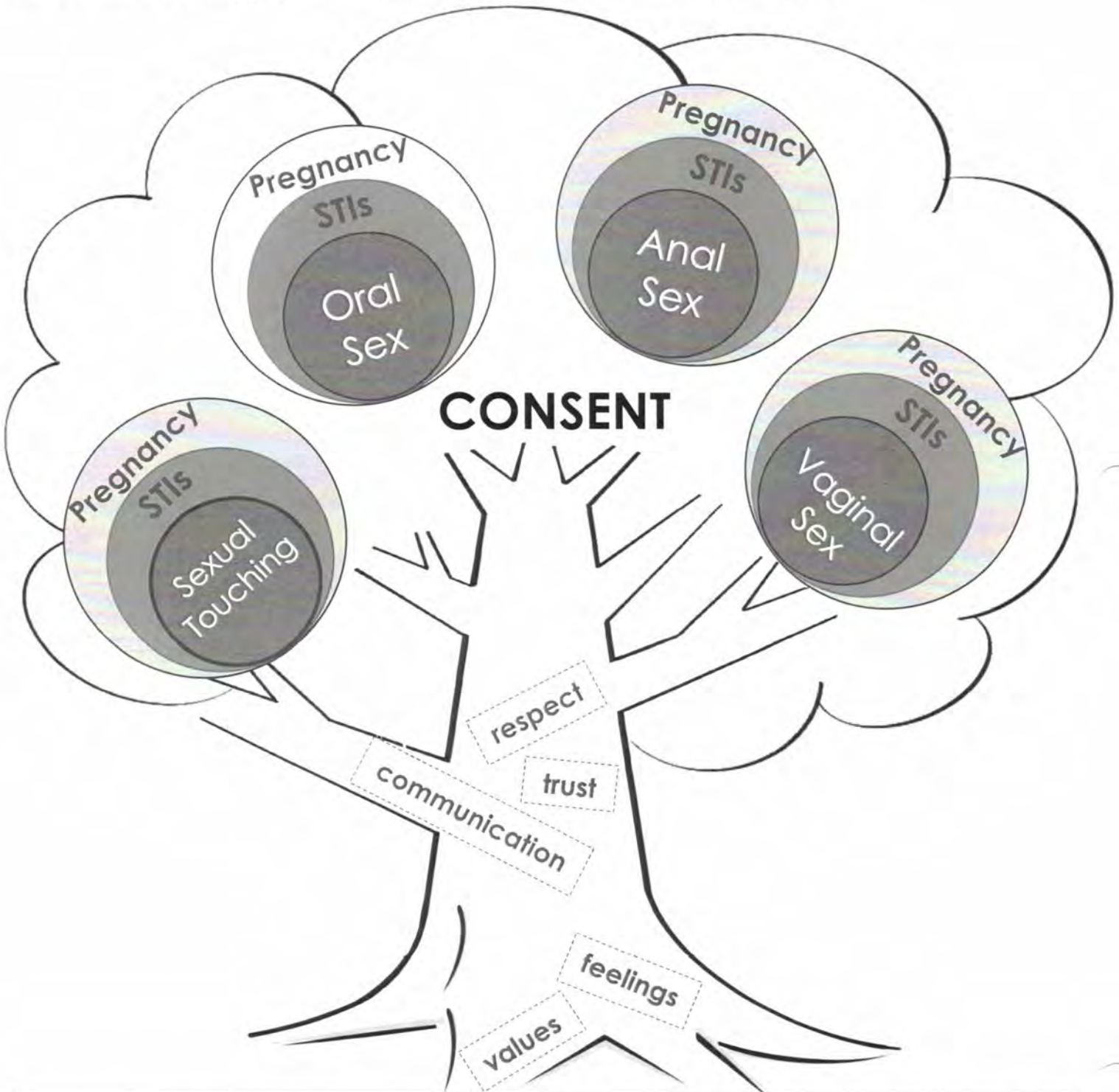
feelings
values

respect
trust
communication

feelings
values

Sexual Behaviors – ANSWER KEY

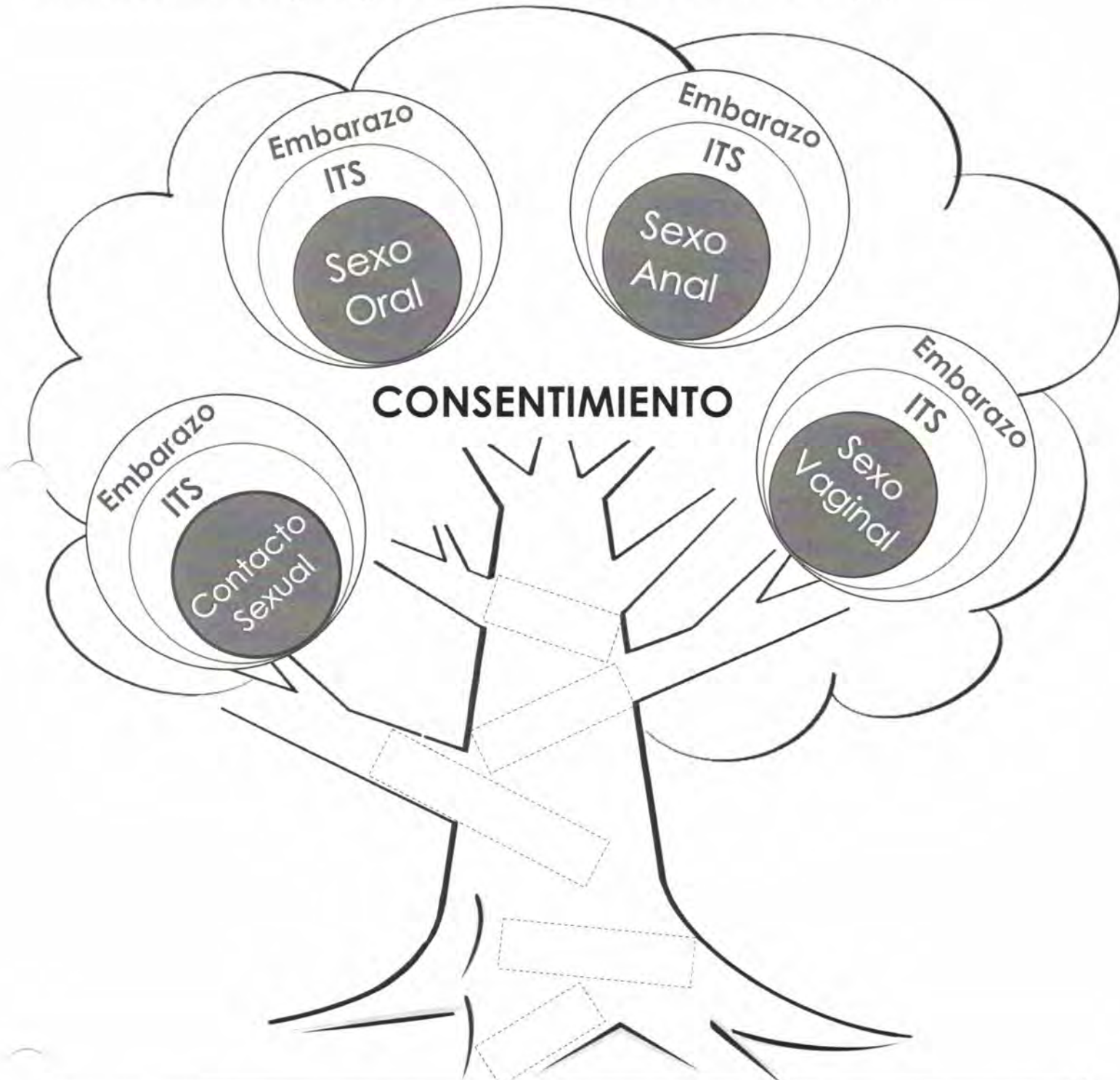
Directions: Label the roots and stem of the tree. Shade in the layers of the leaves to show which sexual behaviors have a chance of causing pregnancy or transmitting Sexually Transmitted Infections (STIs).



In a healthy relationship, each person's body and boundaries should be respected.

Conductas Sexuales

Direcciones: Pegue las etiquetas en el árbol. Entonces, pinta las capas del árbol para mostrar si las siguientes conductas sexuales tienen algún riesgo de embarazo o Infecciones de Transmisión Sexual (ITS).



En una relación saludable, el cuerpo y los límites de cada persona deben ser respetados.

Piénsalo

Nombre: _____ Fecha: _____ Periodo: _____

Direcciones: Piensa y escribe respuestas para cada de las siguientes preguntas:

1) La ÚNICA forma 100% efectiva de prevenir el embarazo Y la mejor manera de reducir el riesgo de contraer una ITS es no participar:

2) Haz una lista de todas las formas en que uno puede mostrar amor o afecto hacia una pareja sin tener conductas sexuales:

3a) Piensa en dos (2) razones o más por las que ALGUNOS adolescentes tienen sexo:

3b) Piensa en dos (2) razones o más por las que la MAYORÍA de los adolescentes ESPERAN para tener relaciones sexuales:

4) ¿Qué es el "consentimiento" y por qué es importante?

Conductas Sexuales – ¡Cortar y Pegar!

respeto
confianza
comunicación

sentimientos
valores

respeto
confianza
comunicación

sentimientos
valores

respeto
confianza
comunicación

sentimientos
valores

Session 4 Assessment: Sexual Decision-Making and Conception

Category 1: True/False and Open Ended

Sexual Behaviors Questions:

1. Name the 4 sexual behaviors we discussed
Answer: Sexual Touching, Oral Sex, Vaginal Sex, Anal Sex
2. The only 100% effective method to prevent pregnancy and/or lower the risk of getting a Sexually Transmitted Infection (STI).
Answer: No Sex (Abstinence)
3. True/False: Hugging has no risk of pregnancy or getting STI's.
Answer: True
4. What must a person ask for before engaging in any sexual behaviors?
Answer: Consent

Ovulation, Menstruation, and Conception Questions:

1. What is the process in the female body when the ovary releases an egg?
Answer: Ovulation
2. True/ False: Menstruation is the process when the lining of the uterus (endometrium) in a female body sheds.
Answer: True
3. What is the process that happens when a sperm joins with an egg?
Answer: Fertilization

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Sexual Behaviors	No Sex (Abstinence)	Condoms	Not Sure
Question 1: The only 100% effective method to prevent pregnancy and/or lower the risk of getting a Sexually Transmitted Infection (STI)?	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: No Sex (Abstinence)	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Topic: Sexual Behaviors Question 2: True/False: Hugging has no risk of pregnancy or STI's. Answer: True	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Sexual Behaviors Question 2: True/False: When engaging in sexual behaviors, you must ask for consent. Answer: True	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Ovulation, Menstruation, and Conception Question 1: What is the process in the female body when the ovary releases an egg? Answer: Ovulation.	Ovulation <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Fertilization <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Ovulation, Menstruation, and Conception Question 2: True/False: Most females start menstruation (their period) during puberty. Answer: True	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>

Topic: Ovulation, Menstruation, and Conception	True	False	Not Sure
Question 3: Fertilization is when a sperm cell joins with an egg cell.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Category 3: Icon Selection







- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- Option 2: Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Sexual Behaviors Questions:

1. The only 100% effective method to prevent pregnancy and/or lower the risk of getting a Sexually Transmitted Infection (STI)?
Answer: No Sex (Abstinence)
2. True/False: Hugging has no risk of pregnancy or STI's.
Answer: True
3. True/False: When engaging in sexual behaviors, you must ask for consent.
Answer: True

Ovulation, Menstruation, and Conception Questions:

1. True/False: Fertilization is when the female body starts to release an egg.
Answer: False- This is ovulation.
2. True/False: Females start menstruation (their period) during puberty.
Answer: True

Row 1	True 	False 	Not sure 
Row 2	No Sex (Abstinence) 	Condoms 	Not sure 

Session 4 Wrap-Up

Objective: To review the topics covered during the fourth session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What is one way a pregnancy can happen?
 - If a female bodied person is on their period, what is something they can use during that time?
 - What is the best way to prevent a pregnancy or STI?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss sexual identities and the definitions of sex, sexual orientation, gender, and gender expression.
4. **Collect the Question Box questions.**

Session 5: Gender and Sexual Identities

Goals

- Understand the diversity of gender and sexual identities and the importance of being inclusive of all gender and sexual identities.
- Understand that sex, gender, gender expression, and sexual orientation are different and each fall on a spectrum of identities.
- Analyze cultural impact on attitudes about gender, orientation and expression.

Objectives

At the end of this session, students will be able to:

- Define sex, gender, gender expression and sexual orientation.
- Describe what LGBTQ+ means.
- Articulate their values held about sexual orientation and gender identity.
- Advocate for safe environments for all people to feel safe.

Why is this important?

This session establishes a common understanding and language of sexual orientation and gender identity. This topic is presented early on in Teen Talk AAA to establish a foundation of understanding of these topics throughout the rest of the course. Studies have shown that significant numbers of LGBTQ+ individuals have disabilities.¹⁶ Gender, sexual identity and sexual orientation can be uncomfortable topics for some students to discuss, perhaps because of their personal values or understanding of what specific terms mean. As a result, some students might make homophobic comments or actions and may personally be struggling with LGBTQ+ issues. Remind students that homophobia of any kind will NOT be tolerated in your classroom. Remind students of the agreements from Session 1, which help to create a safe and respectful space for all students to learn.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (DVD player and TV, laptop/projector or SmartBoard)
- A writing surface (e.g., white board, Smartboard)
- Genderbread Person Prezi in the accompanying digital materials
- Genderbread Person worksheet, one for each student
- What I Know About Sexual Orientation and Gender worksheet, one for each student
- Gender Sorting Activity pictures found in Appendix G.5, one set for each group

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Read through sexuality terms and become familiar with definitions and common student questions regarding sexuality.
- Load the Genderbread Person Prezi onto a computer and have it ready to project in front of the class.

¹⁶ Fredriksen-Goldsen K. I., et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle, WA: Institute for Multigenerational Health. Retrieved from <http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL.pdf>

- Photocopy the Genderbread Person worksheet, one for each student.
- Photocopy and cut out Gender Sorting Activity pictures found in Appendix G.5 and put together in envelope, one for each group.
- Photocopy What I Know About Sexual Orientation and Gender, one for each student.

Alternate Activity: Genderbread Person Labeling

- Determine which Genderbread Person poster to use: detailed or simplified
- Print and cut-out the corresponding labels from the accompanying digital materials; laminate if desired.

Total Instruction Time

Minimum: 60 min

Maximum: 75 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 4 Review: 5 min.

Gender and Sexual Identity-Genderbread Person Prezi: 15 min

Gender Sorting Activity: 15 min

What I Know About Gender and Sexual Orientation: 15 min

Session 5 Wrap-Up: 5 min.

Alternate Activity:

Genderbread Person Labeling: 15 min.

Activity 5.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is or not sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 5.2: Gender and Sexual Identity - Genderbread Person Prezi

Objective: Understand the topics of sex, gender, expression, and orientation.

The Genderbread Person image was produced by the website itspronouncedmetrosexual.com. Visit this website for more information and updated, more advanced versions of the genderbread person.

Note to Instructor: Before beginning this presentation, determine which version of the Genderbread person handout would be most appropriate for your class and make copies accordingly. Version 1 has only a discussion thought question at the end of it, while Version 2 requires students to fill-in-the-blanks as they view the Genderbread Person Prezi.

1. Explain to the class that we are going to be discussing gender and sexual identities today and what makes up someone's identity. We are going to explore the differences between sex, gender, expression, and orientation using a Prezi.
2. Describe that a Prezi is a computer program that details information in a more interactive way than a PowerPoint. The information will move around as we learn more specific details about certain topics.
3. Pass out the Genderbread Person handout to each student and project the Gender and Sexual Identities Prezi onto the board.
4. Describe each of the Prezi slides:

Slide: Sex

- Sex refers to a person's private body parts.

Slide: Female → Male

- Some people are born with female body parts like a vagina or uterus.
- Some people are born with male body parts like a penis or testicles.

Slide: Mix

- Some people are born with a mixture of body parts and may identify as intersex.
Note to Instructor: 1 in 2000 babies will be born intersex, meaning a mixture of male and female body parts, hormones, and DNA. People are born with eggs, sperm, or neither. Intersex people cannot impregnate themselves.

Slide: Gender Identity

- Gender Identity refers to how a person feels inside.
- Some people feel inside like they are a man. Some people feel inside like they are a woman.
- Sometimes people are born with body parts that don't match how they feel inside. For example, some people may be born with female body parts, but may feel like a man inside. A person who feels this way may identify as Transgender.

Slide: Gender Expression

- Expression is how a person communicates their gender to the outside world.
- They may present in a masculine way, a feminine way, or somewhere in between.

Slide “Masculine”

- Ask the class to raise their hands and answer: what are some ways that a person can express their gender in a masculine way?
- Examples include: sports (weightlifting, football, baseball), clothes (baggy or loose fitting, neutral colors, suits, ties), facial hair, muscles.

Slide “Feminine”

- Ask the class to raise their hands and answer: what are some ways that a person can express their gender in a feminine way?
- Examples include: sports (ice skating, ballet, dance, volleyball), clothes (dresses, scarves, bras, skirts, high heels), make-up.

Slide “Androgynous”

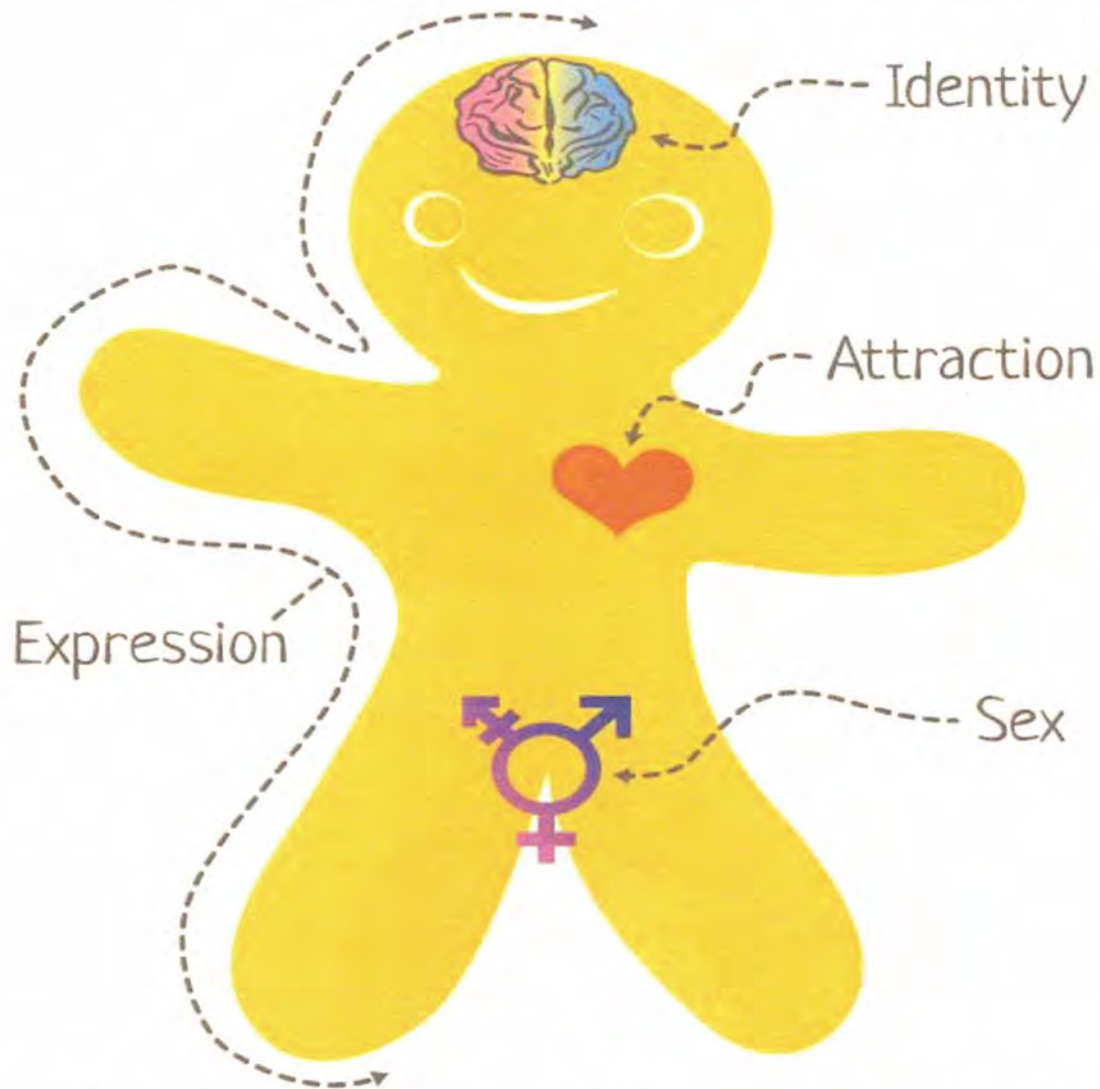
- Some people may choose to express their gender with a mixture of masculine and feminine elements.
- This is referred to as androgynous.
- Here are some photos of people who are dressing with a mixture.

Slide: Attraction

- Attraction, which some people call sexual orientation, refers to who you like or who you have crushes on.
- Some people like men. Some people like women. Some people like both men and women. Some people like neither men nor women.

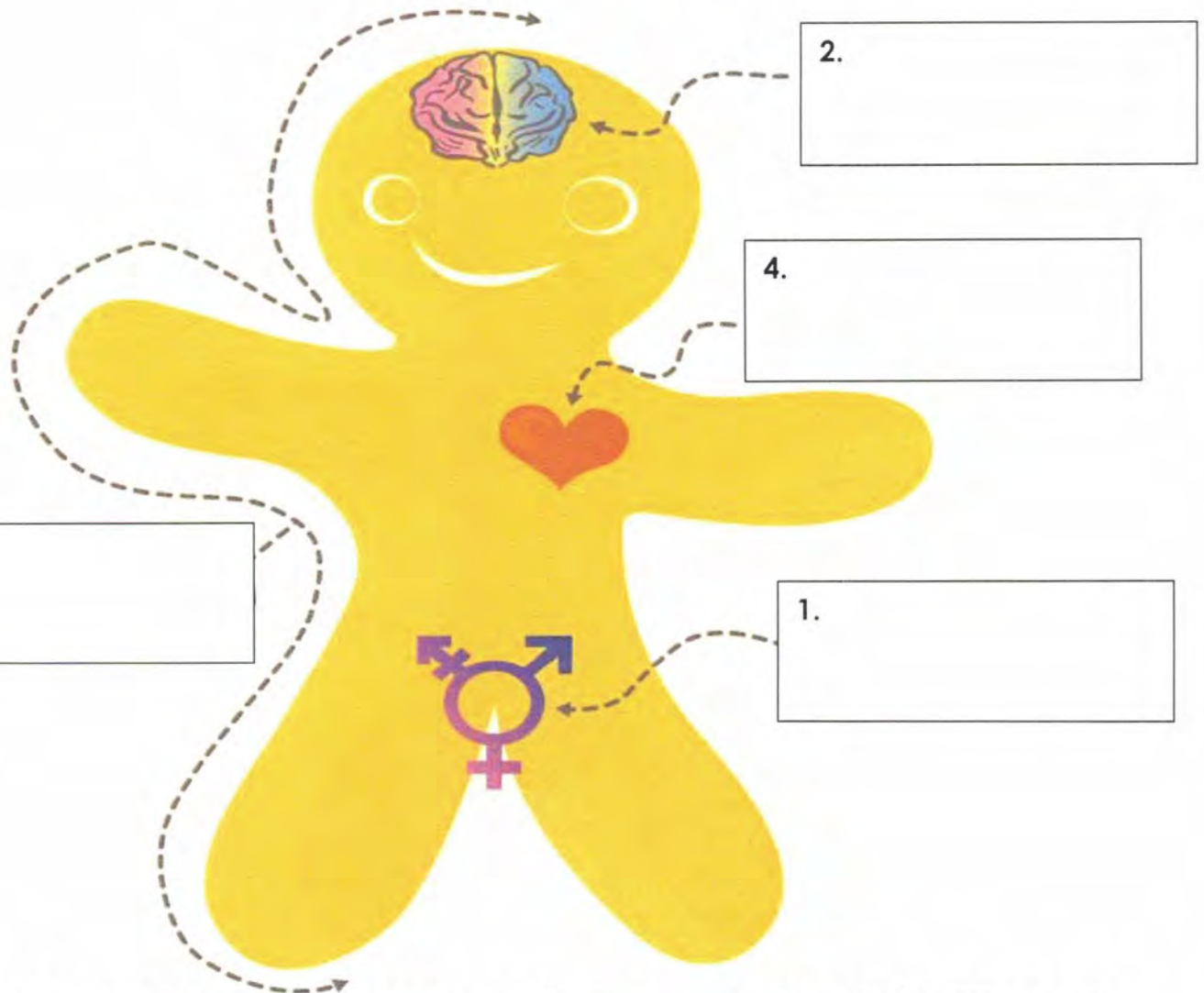
Slide: How can we make sure all students feel safe and welcome at our school?

GENDERBREAD PERSON



How can we make sure all students feel SAFE and WELCOME at our school?

GENDERBREAD PERSON



How can we make sure all students feel SAFE and WELCOME at our school?

Activity 5.3: Gender Sorting Activity

Objectives: To give students an opportunity to reflect on and discuss their personal values around gender messages and gender norms.

Note to Instructor: Gender Sorting Image Cards can be found in Appendix G.9.

1. **Introduce the activity by saying that there is a difference between body parts (“biological sex”) and how we feel (“gender”).** To review, use the Genderbread Person diagram found in Activity 5.2 to explain the different parts of a person’s identity. More information about the Genderbread Person can be found at www.itspronouncedmetrosexual.com.
2. **Explain that this activity is a way for us to think about the different pressures that people of all genders face** about the way they dress, act, and express themselves.
3. **Break students into small teams, and pass out a set of Gender Sorting pictures** (approximately 10-15 images per set) to each team. Instruct each team to sort the pictures into three categories: BOYS, GIRLS, and ANYONE.
4. **Give students 5-10 minutes to sort and discuss.** While sorting the cards into groups, ask students to explain to their other team members why they believe the card belongs in that group. The instructor should visit each group to hear what types of justifications are being given.
5. **After the students have sorted their pictures, bring the class back together to discuss the following questions:**
 - Which cards belong in the boys group? Which cards belong in the girls group? Which cards belong in the “anyone” group?
 - Did your group have any difficulties putting the cards into a group? Which ones and why?
 - Do you think it’s OK if a girl does an activity on a “boy” card? Do you think it’s OK if a boy does an activity on a “girl” card? Why?
 - What makes a card OK for all genders?
 - Do you feel pressure to dress and act a certain way? How is that?
 - What are some difficulties girls and boys may face if they challenge these gender “norms”? How can we support them?

Activity 5.4: What I Know About Gender and Sexual Orientation

Objectives: Determine terms and dispel myths relating to sexual orientation and gender identity.

1. Instruct the students that you will pass out a worksheet to complete according to what they think the answers are. If they don't know a word, they can raise their hand to ask for a definition.
2. Pass out **What I Know About Gender and Sexual Orientation** and give the class 5-10 minutes to finish their worksheet. While students are working, write the following bolded terms on the board:¹⁷
 - **SOGIE** is an acronym that stands for Sexual Orientation, Gender Identity and Expression. Every person has these identities, not only people who are LGBTQ+.
 - **Sex assigned at birth** refers to a person's biology (body parts, hormones, DNA) – male, female, or intersex.
 - **Gender identity** refers to how a person feels inside and is not physical. It may or may not correspond to the sex assigned at birth or other sex characteristics.
 - **Gender expression** refers to how a person communicates their gender to the outside world. For example, a person's appearance, dress, behavior may present in a masculine, feminine or androgynous way. It may or may not represent one's gender identity.
 - **Sexual orientation** refers to a person's sexual, romantic and/or emotional attractions to other people.
 - **Heterosexual** refers to men who are sexually attracted to women, and women who are sexually attracted to men.
 - **Gay** refers to people who are sexually attracted to their own gender (men attracted to other men).
 - **Lesbian** refers to women who are gay (women attracted to other women).
 - **Bisexual** (or bi) refers to people who are sexually attracted to two genders, typically men and women.
 - **Transgender** refers to a person whose gender identity does not correlate to the sex they were assigned at birth based on their external anatomy.¹⁸
 - **Non-Binary** refers to people who do not identify with either of the binary genders (men and women).
 - **Gender Non-Conforming (GNC)** describes when one's gender identity or expression does not correlate to the sex they were assigned at birth and/or the social norms expected of them.
 - **Intersex** refers to a person who is born with physical characteristics of both male and female bodies.
 - **Coming out** refers to the process of letting other people know that you identify as gay, lesbian, bisexual, transgender, etc.
 - **Homophobia** is an irrational fear or hatred of non-heterosexual people based on myth, negative stereotypes, and misinformation.
 - **Transphobia** is an irrational fear or hatred of trans* and GNC people based on myth, negative stereotypes, and misinformation.
 - **LGBTQ+** stands for: Lesbian, Gay, Bisexual, Transgender, Queer, etc. This acronym can often be seen with additional letters standing for Questioning, Intersex, Asexual, Pansexual, etc.

¹⁷ It's Pronounced Metro Sexual. (2016). Comprehensive* List of LGBTQ+ Vocabulary Definitions. Retrieved from <http://itspronouncedmetrosexual.com/2013/01/a-comprehensive-list-of-lgbtq-term-definitions/>

¹⁸ Trans Equality. (2016). Transgender terminology. Retrieved from <http://www.transequality.org/issues/resources/transgender-terminology>

3. The following are common questions and points of contention with students and tips on how to address them.

- **What does homosexual mean?** —Throughout Health Connected’s curricula, we do not use the term “homosexual” because it is viewed as derogatory by many in the LGBTQ+ community. Explain that it is a word used to describe people who are sexually attracted to their own gender, but that, today, people use the word “gay” instead because homosexual can have a hurtful connotation due to its use in pathologizing people based on their sexual orientation.
- **Is it OK to say “queer”? What does it mean?** —Queer is an umbrella term that someone who is not heterosexual might use if they don’t want to label themselves something so specific as “lesbian” or “transgender.” “Queer” has been used as a derogatory term, and is still used in that way sometimes. The general rule is a person can self-identify this way, but we should not place this identity onto others as it could be perceived as offensive.
- **Is being gay, lesbian, bisexual, or transgender a choice?** —This question often confuses students and even other teachers. The answer is **no**. The scientific community broadly supports the understanding that who an individual is attracted to not a choice. Who you are naturally attracted to is not a choice. Your actions, however, are your choice. Someone can be naturally attracted to others of their own gender but choose never to act on those feelings. A good question to ask is, “Why might someone who is gay choose to marry someone of a different gender, even if they were not sexually attracted to them?”
- **What’s wrong with saying “that’s so gay” or “no homo”?** —Ask students to think about what it does mean when students say “that’s gay.” Often they will say things like “that’s stupid,” “that’s lame,” or “that’s girly.” Ask the students to think about how someone in the class might feel if they were gay and had to hear other students say that all the time, knowing what it really meant. How might it make girls feel? It might help to compare it to racial discrimination and how it feels to be put down for something you can’t help. Is it OK for someone to make fun of another person’s skin color or nationality? “No homo” is a phrase added after a form of affection (verbal or physical) between people of the same gender to clarify that there is no sexual or romantic attraction. It is important to note that there are cultures and communities all around the world that normalize same-gender affection without the implication of sexual or romantic attraction. Ask students how someone may feel if they hear this phrase being used in a negative manner. Is there anything wrong with being attracted to someone of the same gender?
- **What are some groups/organizations that can support teens who are gay, coming out, or thinking about coming out?** —This question provides a great opportunity to refer the students to the back side of their resource lists for the LGBTQ+ resources. It is also a good time to mention that Gay/Straight Alliance groups (now sometimes known as Gender/Sexuality Alliance groups) exist on many high school campuses and some middle school campuses. Let students know that they have a right to their opinions about gay people and gay relationships, but they do not have a right to discriminate or bully others. Explain that some of their classmates might be gay or transgender, but have decided not to disclose their identity to others yet. The take-home point is this: **Every student has a right to feel safe at school.**

WHAT I KNOW ABOUT GENDER AND SEXUAL ORIENTATION

Name _____ Period _____ Date _____

Directions: Mark T for True or F for False next to the following statements.

- 1) _____ You can always tell if someone is gay by the way they dress or talk.
- 2) _____ People who identify as LGBTQ+ experience more bullying and violence than non-LGBTQ+ people.
- 3) _____ There are many religious communities that accept gay, lesbian, and bisexual people.
- 4) _____ A gay male is a boy who wants to be a girl. A lesbian is a girl who wants to be a boy.
- 5) _____ Children of gay, lesbian and bisexual adults usually grow up to be gay also.¹⁹
- 6) _____ People choose to be gay, lesbian, or bisexual.²⁰
- 7) _____ There are many groups and organizations that support teens who are LGBTQ+.

¹⁹ American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: 2008. (Available at: www.apa.org/topics/orientation.pdf)

²⁰ American Psychological Association. *Answers to your questions about transgender individuals and gender identity*. Washington, DC: 2006.

LO QUE SÉ SOBRE GÉNERO Y ORIENTACION SEXUAL

Nombre _____ Período _____ Fecha _____

Instrucciones: Marca V para Verdadero y F para Falso en las siguientes frases.

- 1) _____ Siempre se puede notar si alguien es homosexual por la manera en que parece y habla.
- 2) _____ Las personas que se identifican como LGBTQ+ experimentan más acoso y violencia que las personas no LGBTQ+.
- 3) _____ Hay muchas comunidades religiosas que aceptan a gente gay, lesbiana y bisexual.
- 4) _____ Un chico homosexual que quiere ser una chica. Una lesbiana quiere ser un chico.
- 5) _____ Los hijos de homosexuales, lesbianas y adultos bisexuales cuando crezcan también serán homosexuales.²¹
- 6) _____ Ser homosexual, lesbiana, o bisexual es una decisión.²²
- 7) _____ Hay muchos grupos y organizaciones que apoyan a adolescentes que son LGBTQ+.

²¹ American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: 2008. (Available at: www.apa.org/topics/orientation.pdf)

²² American Psychological Association. *Answers to your questions about transgender individuals and gender identity*. Washington, DC: 2006.

WHAT I KNOW ABOUT GENDER AND SEXUAL ORIENTATION (Answer Key)

Name _____ Period _____ Date _____

Directions: Mark T for True or F for False next to the following statements.

- 1) **F** You can always tell if someone is gay by the way they dress or talk.
- 2) **T** People who identify as LGBTQ experience more bullying and violence than non-LGBTQ people.
- 3) **T** There are many religious communities that accept gay, lesbian, and bisexual people.
- 4) **F** A gay male is a boy who wants to be a girl. A lesbian is a girl who wants to be a boy.
- 5) **F** Children of gay, lesbian and bisexual adults usually grow up to be gay also.²³
- 6) **F** People choose to be gay, lesbian, or bisexual.²⁴
- 7) **T** There are many groups and organizations that support teens who are LGBTQ+.

²³ American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality*. Washington, DC: 2008. (Available at: www.apa.org/topics/orientation.pdf)

²⁴ American Psychological Association. *Answers to your questions about transgender individuals and gender identity*. Washington, DC: 2006.

Alternate Activity 1: Genderbread Person Labeling

Objective: Understand the differences between sex, gender, expression, and attraction and how someone could identify within those categories.

Note to Instructor: Before beginning this presentation, create a poster of the Genderbread person using the samples in the accompanying digital materials. Based on the level of the students, choose either the Simplified Genderbread Person or the Detailed Genderbread Person. It is helpful to make the labels color-coordinated to the poster, and possibly laminate the poster and labels for use with Velcro stickers. The activity can be facilitated in an exploratory way (where students discuss and learn together) or in a relay race game (two teams racing to complete the labeling correctly). Alternatively, the sample poster can be projected onto a whiteboard and students can use magnets to label the image as a class.

1. **Explain to the class that we are going to be discussing gender and sexual identity, and the words a person may use to describe how they identify.** We will explore the difference between sex, gender, gender expression, and sexual orientation by sorting terms and labeling the Genderbread Person.
2. **Break the class into small groups and pass out the labels for the terms (box 1), definitions (box 2), and examples (box 3).**
 1. Gender Identity (**Term**)
 2. How a person feels inside (**Definition**)
 3. Man, Woman, Non-Binary (**Examples**)
3. **Give students 10-15 minutes to sort and discuss where the terms, definitions, and examples go onto the Genderbread Person poster.** The instructor should visit each group to help as needed.
4. **Review the posters as a class and check that all labels are in the correct positions.** Use the following information to guide the discussion:

Option 1 – Simplified Genderbread Person

- **Sex** – based on a person’s private body parts
 - **Male** – a body with a penis, testicles, scrotum, prostate gland, etc.
 - **Female** – a body with a vagina, uterus, ovaries, fallopian tubes, etc.
 - **Mix** – a body with some male and some female private body parts
- **Gender** – how a person feels inside (this is different than sex, which is based on the body)
 - **Man** – a person who feels like a man
 - **Woman** – a person who feels like a woman
 - **Transgender** – a person who feels like their private body parts do not “match” their gender
- **Expression** – how a person expresses their gender to the outside world (e.g. clothing, hairstyle, etc.)
 - **Masculine** – expressing a more “boyish” or “manly” style
 - **Feminine** – expressing a more “girlish” or “womanly” style
 - **In Between** – expressing a style that is both “boyish” and “girlish”
- **Attraction** – who a person likes (romantically or sexually)
 - **Heterosexual** – attracted to a different gender (e.g. a boy attracted to a girl)
 - **Gay/Lesbian** – attracted to your own gender (e.g. a girl attracted to another girl)
 - **Bisexual** – attracted to two genders (e.g. a boy attracted to boys and girls)

Option 2 – Detailed Genderbread Person

- **Biological Sex** – sex assigned at birth is typically determined medically by a person’s body parts, hormones, and DNA
 - **Male** – a person assigned male at birth will usually have:
 - **Body parts:** penis, testicles, scrotum, prostate gland, foreskin, etc.
 - **Hormones:** higher levels of testosterone (causes puberty changes like voice getting deeper, muscles getting bigger, hair growing on the chest and face, etc.)
 - **DNA:** “XY” chromosomes (“X” from the egg and “Y” from the sperm)
 - **Female** – a person assigned female at birth will usually have:
 - **Body parts:** vagina, ovaries, uterus, cervix, clitoris, etc.
 - **Hormones:** higher levels of estrogen and progesterone (causes puberty changes like breast tissue development, ovulation and menstruation, hips getting wider and waist getting narrower, etc.)
 - **DNA:** “XX” chromosomes (“X” from both egg and sperm cells)
 - **Intersex** – a person whose body formed differently than typical male and female bodies
 - Born with a **mixture** of typical male and typically female **body parts, hormones, and DNA**
 - **Common intersex conditions:** enlarged clitoris, undescended testes that do not produce sperm, having an extra “X” or “Y” chromosome, body cannot read testosterone so it grows female body parts
 - An intersex person cannot make both egg and sperm cells inside their body, thus they cannot impregnate themselves.
 - Some intersex people can reproduce and some are infertile. It depends on the specific condition and body parts the person has.
- **Gender Identity** – how a person feels inside (this is different than sex, which is physical)
 - **Woman** – *How does a person know they are a woman?* (e.g. they feel like a woman)
 - **Man** – *How does a person know they are a man?* (e.g. they feel like a man)
 - **Transgender** – a person whose sex assigned at birth does not match their gender identity. There are many different ways that people understand their trans* identity. For example:
 - **Trans man** – a person with typical female body parts, hormones, and/or DNA who identifies as a man
 - **Trans woman** – a person with typical male body parts, hormones, and/or DNA who identifies as a woman.
 - **Non-Binary** – a person who does not identify with either of the two dominant genders in our society: “man” and “woman.” For example:
 - **Gender fluid** – a person who moves fluidly between different gender identities
 - **Genderqueer** – a person who does not follow or fit into traditional gender categories
 - **Agender** – a person who does not identify with any particular gender
 - **Gender neutral** – a person who does not identify with any particular gender
- **Gender Expression** – how a person communicates their gender to the outside world (this is different than gender identity, which is an internal feeling)
 - **Masculine** – expressing a more “boyish” or “manly” style
 - *How can a person express themselves in a masculine way?* – Sports (e.g. weightlifting, football, baseball), clothes (e.g. baggy or loose fitting, neutral colors, suits and ties), body features (e.g. facial hair, muscles)
 - **Feminine** – expressing a more “girlish” or “womanly” style
 - *How can a person express themselves in a feminine way?* – Sports (e.g. dance, volleyball, ice skating), clothes (e.g. dresses and skirts, bras, high heels), body features (e.g. long hair, breasts)

- **Androgynous** – expressing a style with a **mixture** of masculine and feminine qualities

- **Sexual Orientation** – who a person is attracted to

- There are two types of attractions: **romantic** (emotionally drawn to someone or feeling “in love”) and **sexual** (physically drawn to someone or feeling “turned on”). Some people fall in love with the same people they are sexually attracted to. Some people fall in love with people of multiple genders, but are only sexually attracted to one gender. This shows us how romantic and sexual attraction are different.

- **Heterosexual** – a person who is attracted to a different gender than them

- **Gay or Lesbian** – a person who is attracted to the same gender than them

- **Bisexual** – a person who is attracted to two genders (typically men and women)

- **Queer** – an umbrella term that a non-heterosexual person may use to self-identify

5. To wrap-up, ask the class: **How can we make sure all students feel SAFE and VALUED at our school?**

Note to Instructor: Emphasize respect, which means treating people the way you want to be treated, even if you do not agree with them or have different values than them.

GENDERBREAD PERSON

1. Expression

2. How you express your gender

3.

_____ Masculine _____

_____ Feminine _____

_____ In Between _____

1. Gender

2. How you feel inside

3.

_____ Man _____

_____ Woman _____

_____ Transgender _____

1. Sex

2. Private body parts

3.

_____ Male _____

_____ Female _____

_____ Mix _____

1. Attraction

2. Who you like

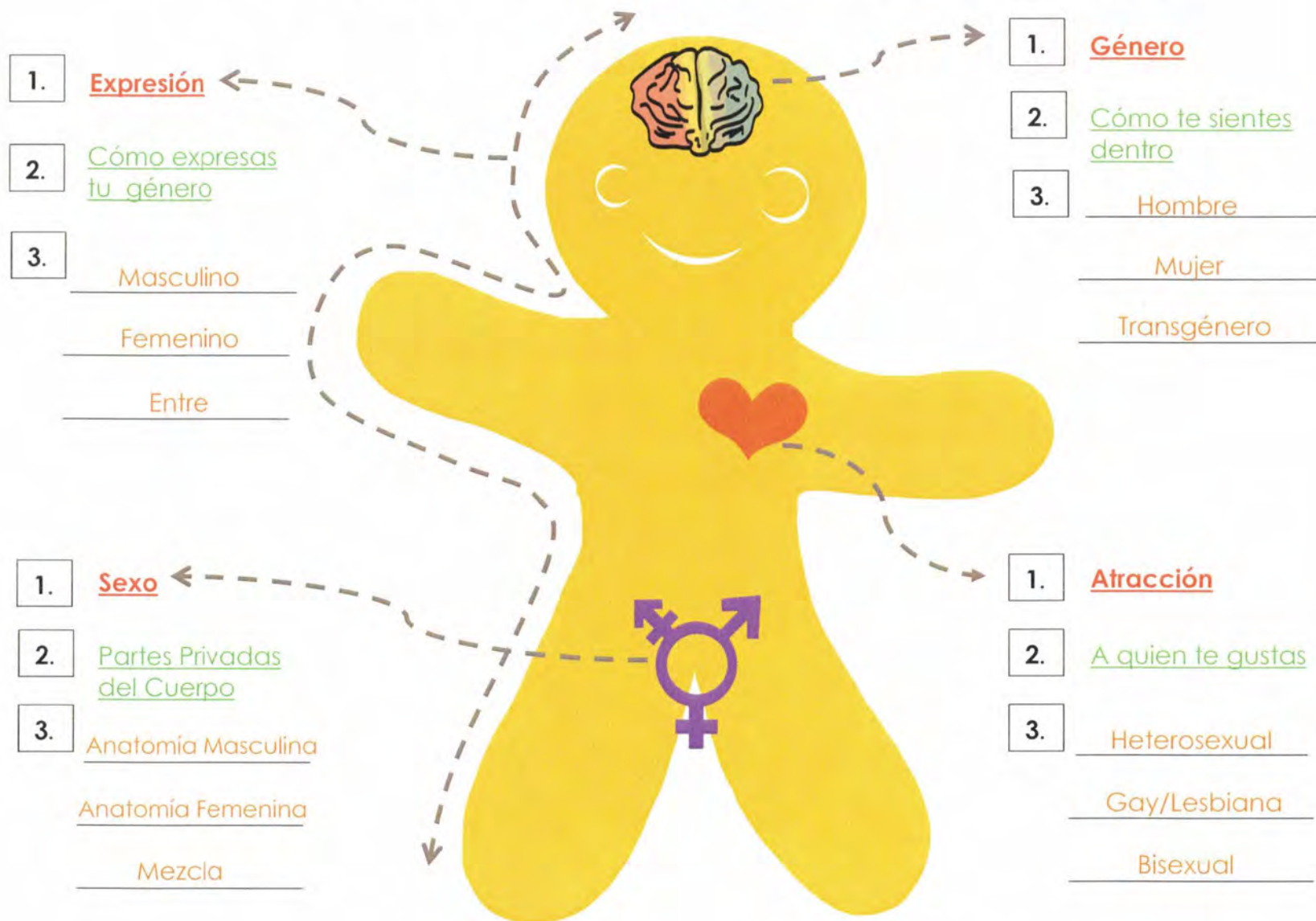
3.

_____ Heterosexual _____

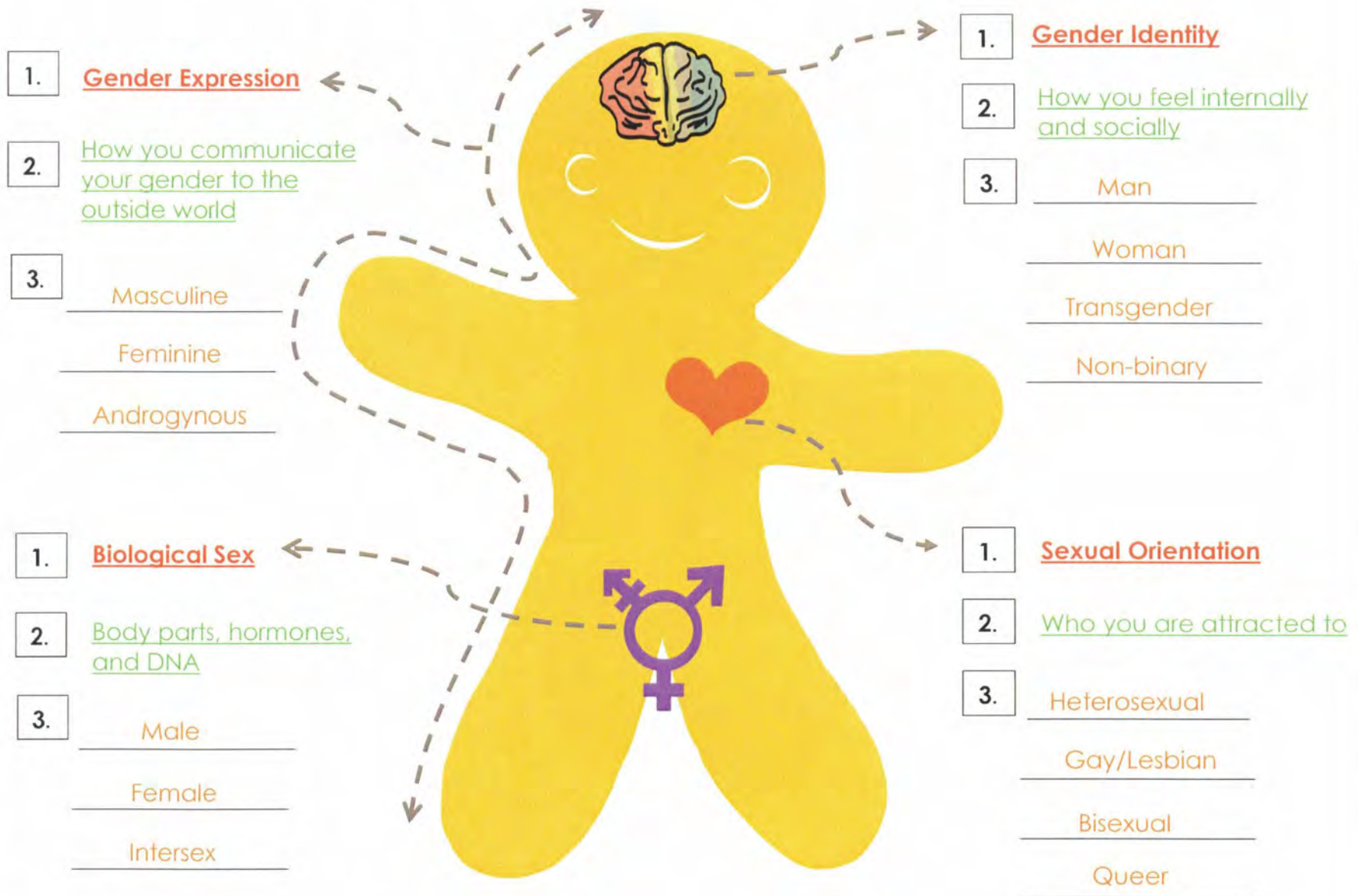
_____ Gay/Lesbian _____

_____ Bisexual _____

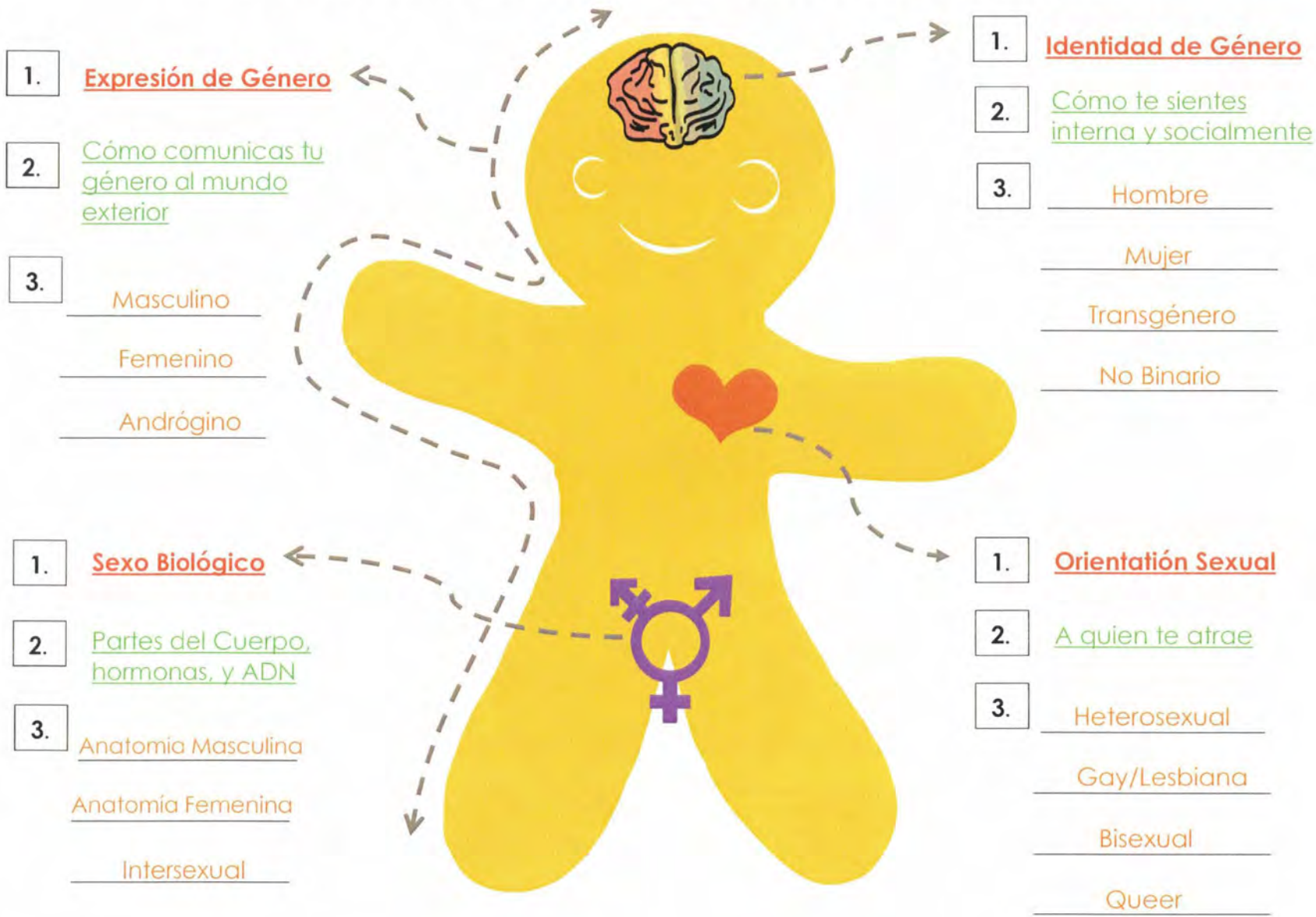
PERSONA DE PAN GÉNERO



GENDERBREAD PERSON



PERSONA DE PAN GÉNERO



Session 5 Assessment: Gender and Sexual Identities

Category 1: True/False and Open Ended

Gender and Sexual Identity Questions:

1. In the Genderbread Prezi, what does biological sex refer to?
Answer: A person's body parts
2. Gender refers to...
Answer: How a person feels inside
3. True/ False: Expression refers to who you like.
Answer: False- this refers to attraction. Expression is how a person communicates their gender to the outside world.

What I know About Gender and Sexual Orientation Questions:

1. True/ False: How a person dresses or talks can tell you their sexual orientation (who they are attracted to).
Answer: False
2. True/ False: People choose to be gay, lesbian or bisexual.
Answer: False

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Gender and Sexual Identity	Who You Like	Body Parts	Not Sure
Question 1: Biological sex refers to:	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: Body parts	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: Gender and Sexual Identity	True	False	Not Sure
Question 2: True/False: Gender refers to how a person feels on the inside.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Topic: What I know About Gender and Sexual Orientation	True	False	Not Sure
Question 1: True/False: How a person dresses or talks can tell you their sexual orientation (who they are attracted to).	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: False	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: What I know About Gender and Sexual Orientation	True	False	Not Sure
Question 2: True/False: People choose to be gay, lesbian or bisexual.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: False	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Category 3: Icon Selection

- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- Option 2: Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Gender and Sexual Identity Question:

1. True/False: A person's sex refers to what body parts they are born with.

Answer: True

2. What is gender?

Answer: How someone feels inside







What I Know About Gender and Sexual Orientation Question:

1. True/False: How a person dresses or talks can tell you their sexual orientation (who they are attracted to).

Answer: False

2. True/False: People choose to be gay, lesbian or bisexual.

Answer: False

Row 1	True 	False 	Not sure 
Row 2	Who you are attracted to 	How you feel on the inside 	Not sure 

Session 5 Wrap-Up

Objective: To review the topics covered during the fifth session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What is the difference between a person's sex and a person's gender?
 - What does LGBTQ+ stand for?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss healthy and unhealthy relationships.
4. **Collect the Question Box questions.**

Session 6: Relationships

Goals

- Understand healthy versus unhealthy reasons to be in a relationship and qualities in those relationships.
- Learn about dating, create a dating plan, and understand signs of interest and disinterest in a relationship.
- Understand the importance of communication, choice, and boundaries with current or future partners.

Objectives

At the end of this session, students will be able to:

- Identify two healthy and two unhealthy reasons to get into a relationship and two healthy and two unhealthy qualities in a relationship.
- Develop a dating plan and be able to identify a sign of interest and disinterest in a relationship.
- Practice communication skills in dealing with sexually pressured situations.

Why is this important?

Students will discuss relationships and identify characteristics they find attractive and healthy if they were to be in a relationship. This is important for students to learn that relationships will be different throughout their lifetime and it's important to feel safe and comfortable with the people they are around. By making a date plan, students will practice skills of identifying characteristics that are healthy for themselves, learning how to communicate with friends or partners who may be pressuring them sexually, and learn how to be a healthy partner in respecting someone else's boundaries and comfort level.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Projection technology (DVD player and TV, laptop/projector or SmartBoard)
- A writing surface (e.g., white board, Smartboard)
- Relationship Spectrum cards with images found in Appendix G.6
- Tape
- Copies of Mapping My Date worksheet, one for each student
- Copies of What Would You Say worksheet, one for each student
- Copies of Riley Jones Profile worksheets (public, private, and blank), one for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Print and cut out Relationship Spectrum cards from Appendix G.6 (if possible, laminate them and attach Velcro or magnets).
- Print out Relationship Spectrum Healthy, Unhealthy, and Abusive signs.
- Print out Mapping My Date worksheet, one for each student.
- Print out What Would You Say worksheet, one for each student.
- Print out Riley Jones Profile worksheets (public, private, and blank), one for each student.

Total Instruction Time

Minimum: 80 min

Maximum: 100 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 5 Review: 5 min.

Healthy and Unhealthy Relationships: 10 min

Mapping My Date: 15 min

What Would You Say?: 15 min

Relationship Spectrum: 15 min

Online Safety & Social Media “Red Flags”: 25 min

Session 6 Wrap-Up: 5 min.

Activity 6.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
4. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 6.2: Healthy and Unhealthy Relationships

Objective: Distinguish between healthy and unhealthy reasons to be in a relationship.

Brainstorm

1. Explain to the class that we will be talking about different kinds of relationships today, specifically romantic and intimate relationships with partners.
2. Ask class “What are some things that make you attracted to another person?” and write their responses on the board. Ask for examples that go past how someone physically looks like qualities of their personality. Examples may include they have pretty eyes, they are funny, they are nice to me, etc.
3. Ask class “What is dating?” Explain to class that dating is getting to know someone and letting them get to know you so that you can decide whether you enjoy spending time together.
4. Ask class “Do you think you want to date someone? Why or why not?” Ask for volunteers to share their answers.
5. Write “Reasons to Want a Relationship” on the board with “Healthy” and “Unhealthy” in two columns underneath.
6. Ask “What are some healthy reasons to want a relationship?” and write responses under Healthy.
7. Ask “What may be some unhealthy reasons to want a relationship?” and write responses under Unhealthy.
Example answers can be seen in this chart:

Healthy	Unhealthy
<ul style="list-style-type: none"> • You like them and want to see them more • To have someone to talk to about feelings or problems • To feel connected or close to someone • To feel love • To share love • Friendship • Companionship • To do fun things together 	<ul style="list-style-type: none"> • You want someone to buy you presents. • To be cool or popular • Just to have sex • Because all your friends are in relationships • To make you feel better • Because you are lonely • To be in control of someone

8. After brainstorming, ask the students:
 - Are there any reasons that could belong on both lists? Which ones and why?
 - What do you want in a relationship or friendship with someone?
 - Is there anything wrong with wanting a partner or sweetheart because your friends do?
 - Is there anything wrong with wanting a partner or sweetheart to make you popular?
 - What kinds of relationships do you notice that your friends or family members have?
 - Is it better to be alone than in an unhealthy relationship?

9. Ask “What are some ways to show or tell someone you like them?”

- Tell them they are funny.
- Tell them you like being around them.

10. Ask “If you wanted to date someone, how would you ask them? What would you do and where would you go?”

Note for instructor: Keep in mind, for some students it may be dangerous to have an unsupervised date.

11. End with “Remember, you don’t need someone else to make you feel special... you are fine the way you are!”

12. **Optional Video:** Here is an optional CNN video (*We’re even more extraordinary together*, 2017) that can be played for students as an optional closing for the discussion of dating. The video is about a relationship between a couple that has Asperger’s Syndrome.

Link to video: <http://cnn.it/2lBy6wh>

• **Discussion questions for the video:**

- What did you find interesting or stood out to you about the video?
- Do you think Nico and Jolly have a healthy relationship? If so, why?
- What are some relationship qualities you see in Nico and Jolly’s relationship?

Activity 6.3: Dating

Objectives: Develop a dating plan: what to look for in a partner, how to ask someone on a date, signals of interest and disinterest, and the evolution of a relationship.

1. **Review dating by asking student's "What is dating?"** Ask volunteers to share their answers. Explain to the class that dating is getting to know someone and letting them get to know you so that you can decide whether you enjoy spending time together.
2. **Ask the class "What is a date?"** Have student's pair share and then have volunteers share their answers. Explain that a date is doing an activity with someone that you are getting to know. Examples may include going out to eat, watching a movie, or going to the park.
3. **Explain to the class that we are going to discuss more aspects about dating.** Use the following questions and discussion points to address where people can meet a potential partner, recognizing and displaying interest, and what to avoid doing on a date.

Note to Instructor: We are using the term partner rather than boyfriend/girlfriend to be more inclusive. You may need to define partner in this context.

- **Where can someone meet a person they might want to date?**
 - **Job/office place**
Note to Instructor: Mention to students it may be best to separate your love life and work life, as it could complicate your working situation.
 - **Places you visit daily**
Note to Instructor: Mention to students that however, if things do not work out, it may be hard to avoid this person.
 - **School**
 - **Online**
- **How does someone express interest? How can we recognize interest?**
 - Making eye contact with someone to show you are listening
 - Nodding to show interest in what they are saying
 - Smiling
 - Laughing with the person
- **Avoid doing the following:**
 - Touching in an inappropriate way or without permission
 - Continuing to flirt when your date is showing body signs of being uncomfortable
 - Complimenting the other person without being sincere

4. **Tell students we are going to think about what we want to do on a date and what it might look like to ask someone out on a date.** Write the following prompts on the board and ask students to pair-share:
 - **What would I want to do on a date?**
 - **Possible answers:** going to the movies, playing video games, going out to eat, going to a baseball game, etc.
 - **Fill in the blank: Would you like to _____ with me?**
5. **Ask the class:**
 - **What are some possible responses to asking someone out on a date?**
 - **Possible answers:** yes, I would love to, no, no thank you, I don't want to go on a date, etc.
 - **How would it feel if someone said no?**

- Possible answers: sad, frustrated, angry, confused, etc.
 - **What can we do to make ourselves feel better when we are upset or disappointed?**
 - Possible answers: taking deep breaths, taking a walk, getting a drink of water, playing video games, talking to a trusted adult, etc.
6. **Explain that being told “No” is a normal experience; most people don’t get everything they want, and that’s OK.** It is normal to feel sad, and that’s OK too. This is an example of rejection. Rejection is when a person wants to be included, but is not. We are going to watch a short animated video from amaze.org to explore how rejection can affect someone, and what they can do after being rejected.
 7. **Play the video from www.amaze.org/video/healthy-relationship-rejection/.** After watching the video, ask the students what was the most interesting part of the video.
 8. **Remind students:**
 - Accept the other person’s decision
 - If you are feeling sad or upset, talk to a trusted adult
 - Don’t blame yourself; being rejected does not mean there is anything wrong with you
 - Do things that make you feel happy, like hanging out with friends
 - Focus on yourself; think of all the great qualities you have and congratulate yourself for taking a chance
 9. **Pass out the Mapping My Date worksheet.** Allow the students 5-10 minutes to fill out their answers. Then ask for volunteers to share aloud. If no one volunteers, offer some examples and ask “Did anyone put down _____ for this question?” Assure students they will not have to share their answers unless they choose to.
 10. **Ask the class “If you have a good time on your date, what would you do next?”** Let students know that, if they had a good time and are interested in going out with the person again, they can follow-up after the date with a phone call, email, or text.
 11. **Discuss the evolution of a relationship.** For example, explain to the class that you will begin to learn more about the person you are dating as you go on more dates with them. Ways of getting closer to someone can include:
 - You can begin to introduce them to your close friends and family.
 - You can expand the types of dates you go on.
 - Maybe you are becoming more physically intimate by hugging, holding hands, kissing, making-out, or having sex.
 - If you are emotionally intimate with your partner and are considering having sex, make sure you:
 - Have talked about STIs and have discussed protection options (will be discussed in a future session).
 - Have talked about birth control and created a birth control plan (will be discussed in a future session).
 - Have discussed a plan for a possible pregnancy if this is a consideration (will be discussed in a future session).
 - Have talked about you and your date’s values regarding sex and are on the same page.
 - **If you do not feel like you can talk about this with your date, then you are not ready to have sex with them.**

Mapping My Date

3 traits that I want in a partner are...

- 1.
- 2.
- 3.

If I wanted to be in a relationship, a place I might meet someone is...

A sign that my date is **not** interested is...
(ex. walks away)

A sign that my date is interested is...
(ex. laughing together)

If I wanted to show my date that I am interested I might...
(ex. smile)

I could ask someone on a date by...

If they say "No" I can...

2 activities we could do together or places we could go on a date are...

- 1.
- 2.

Planificando Mi Cita

3 atributos que me gustaría que mi pareja tenga son...

1.

2.

3.

Si quisiera conocer a alguien, un lugar donde iría sería ...

Una señal que alguien **no está** interesado es...
(p.e. brazos cruzados)

Una señal que alguien está interesado es...
(p.e. riendo juntos)

Si quisiera mostrarle a alguien que estoy interesado en ellos, yo haría ...
(p.e. Sonreír)

Una manera que podría invitar a alguien a tener una cita conmigo es...

Si dicen que no, yo puedo...

2 actividades que podríamos hacer juntos o lugares donde podríamos ir son....

1.

2.

Activity 6.4: What Would You Say?

Objective: Describe if and how sexual activity fits into your life. Identify obvious and subtle ways that people pressure each other to be sexually active. Be prepared to stick up for yourself in the face of pressure.

1. **Explain to the class that this activity will give students a chance to practice communicating about their sexual boundaries.** Suggest that they be as realistic as possible without using curse words or violent language.

Note to Instructor: This assignment can also be given out as homework ahead of time, so that students can focus on sharing their responses (instead of generating them) during class time.

2. **Explain to the class that standing up for yourself is a skill that can be learned and practiced in many different situations.** We are going to learn the Be FIRM model:

Figure out your boundaries – The first step is to decide what you are OK with and what your limits are. Be honest and clear with yourself. If you don't know what your boundaries are, it is hard to stand up for yourself to a friend or partner.

I don't want to... – You can't expect others to know how you feel unless you tell them. Use a clear and strong voice to tell your friend or partner what your boundaries are. If they ask you to do something you don't want to do, stand up for yourself by using a sentence that starts with "I don't want to because..." or "I won't because..." People often try using excuses (e.g. "My mom won't let me..."), but these can signal that there is wiggle room and the other person may continue to pressure you by breaking down your excuses.

Reason why – Tell them why this is important to you (e.g. "I am uncomfortable," "it's against my values," or "I don't feel ready").

Make a suggestion – After saying "no," recommend something else to do instead (e.g. go on a walk, make a snack, just kiss, play video games, watch a movie). Make it clear that you are saying no to the activity, not to them as a person. You can continue to discuss suggestions about what to do until you find a solution you both agree on. This is called a compromise.

3. **Review an example with the class.** Read the following scenario aloud:

Scenario: You are going on a date with someone for the first time. You decide to meet them at a pizza restaurant at 7pm. When you get there, you say "hi" and sit down across from them. They ask you how you are doing and they say they have already put in an order for a large pepperoni pizza. You are a vegetarian. Use the be FIRM model to address this situation.

4. **Provide an example dialogue of how someone could respond to this scenario.** Write the following on the board:

Example Dialogue: "Thank you so much for ordering already. I am a vegetarian. I don't want to eat pepperoni because I was raised a vegetarian so why don't I ask the server if we can change our pizza to be half pepperoni and half veggie? That way we can both get what we want."

5. **As a class, identify the parts of the be FIRM model used in the example dialogue.** Underline sentences in different colors or re-write the sentences in a breakdown:

Figure out boundaries: vegetarian (does not eat meat)

I don't want to...: "I don't want to eat pepperoni"

Reason why: "I was raised a vegetarian"

Make a suggestion: "why don't I ask the server if we can change our pizza to be half pepperoni and half veggie?"

6. Explain to the class that we will be using the **FIRM** model to practice standing up for ourselves in situations of pressure from a friend or partner.

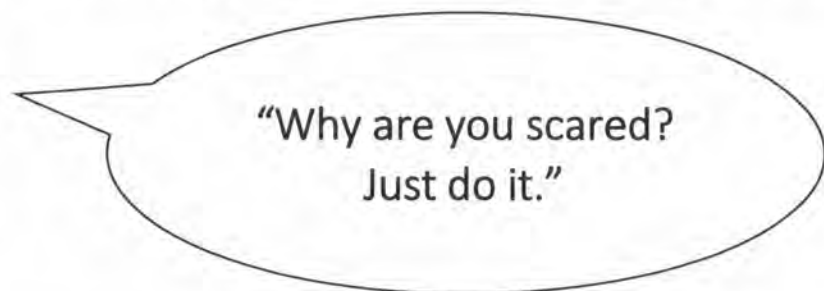
7. **Instruct students to work with a partner to fill out the What Would You Say? worksheet.** Give students 10-15 minutes to write down their responses to the statements on the paper. Focus on positives and encourage students to help each other make their responses stronger if needed.

Note to Instructor: Depending on the class, this activity can also be done in a large group if there is limited time, or individually if students are more private.

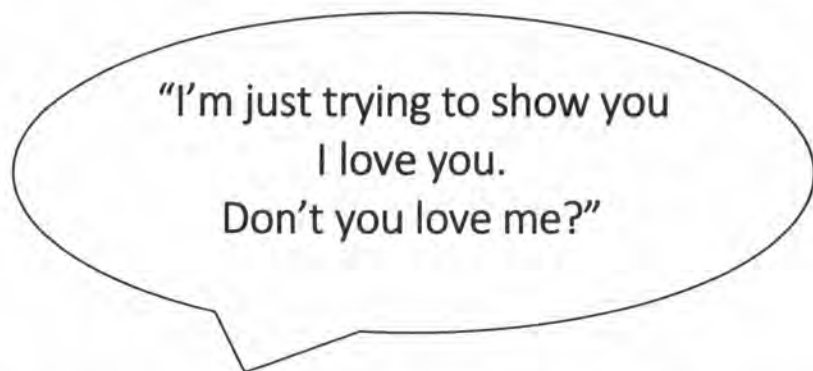
8. **Once most students have completed the worksheet, have students volunteer to role-play some of their favorite responses.** The following are some questions to stimulate discussion:
 - Which of these situations are the most realistic? Why?
 - Why do you think people pressure each other to have sex?
 - Now that you have practiced acting out these scenes, do you think it would be easier or harder to respond to pressure in real life? Why?

What Would You Say?

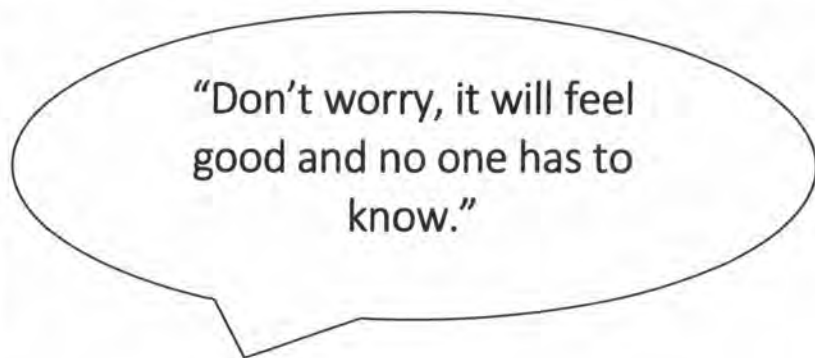
What would you say if a friend was making fun of you for not having sex?



What would you say if a partner is pressuring you to have sex?



What would you say if a partner did not want to use a condom?



¿Qué dirías si?

¿Qué dirías si un amigo se está riendo de ti por no tener sexo?

“¿Por qué tienes miedo?
Nada más usa un
condón.”

¿Qué dirías si tu pareja te está presionando para tener sexo?

“Sólo estoy tratando de
demostrarte que te amo.
¿Tú me amas?”

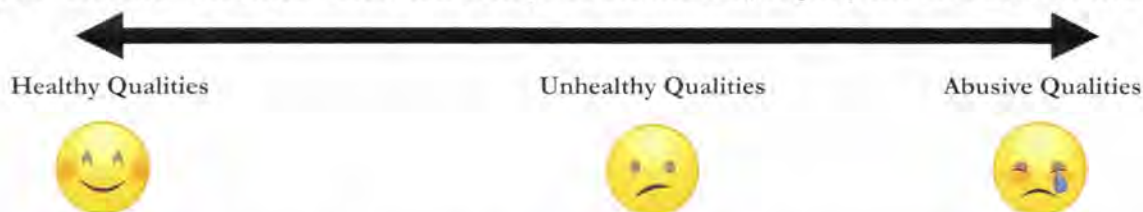
¿Qué dirías si una pareja no quiere usar condón?

“No te preocupes. Se va a
sentir bien y nadie se va a
enterar.”

Activity 6.5: Relationship Qualities Spectrum

Objective: Understand all relationships lie on a spectrum and identify examples of healthy, unhealthy and abusive behaviors.

1. Introduce the idea that the health of a relationship is based on a spectrum. Define spectrum: a range of similar things; one point to another point.
2. On the white board, draw the following spectrum - on one end, label it as “healthy” and the other end as “abusive” and then label “unhealthy” in the middle, slightly towards the abusive end.



3. Explain to class, “Relationships can be unhealthy or healthy, but most of the time it should be towards the ‘healthy’ end.”
4. Define consent and the importance of consent in a relationship.
 - **Consent:** is having permission to do something, e.g. asking for a hug and getting a yes. Remind students that this is an ongoing conversation with their partner, and that is important to ask for consent for any activity. Communication is important in a relationship, so that both partners know each other’s boundaries.
 - For some students, it may be helpful to elaborate on consent and discuss consent in regards to sexual activity. Consent is when a person gives their permission to do something sexual. This needs to be an ongoing conversation about what they would like to do with their partner. Many things make up legal consent:
 - A person must be of legal age to consent to sex. (In the State of CA, someone must be 18 years of age or older to give consent.)
 - There needs to be affirmative consent. Explicit verbal communication is the best way to give and obtain affirmative consent. For example, one person may ask, “Do you want to have sex?” and their partner could reply with a verbal and enthusiastic “Yes.”
 - In situations where a person is unable to communicate verbally, nonverbal cues, like nodding or pushing someone away, can also communicate whether or not consent is being given.
 - Everyone needs to be sober, meaning free of alcohol or drugs.
 - There cannot be any pressure, force or coercion.
5. Give each student one Relationship Quality card (from Appendix G.6) and have them come up to the board to tape their card where they think that behavior or scenario goes on the spectrum.
6. After each student has put their card on the spectrum, ask:
 - Which behaviors or scenarios describe healthy qualities in a relationship?
 - How could this quality change and become less healthy?
 - Which behaviors or scenarios were challenging to label as unhealthy versus abusive?
 - What can you do to help your friends have healthier relationships?

7. **Follow up the activity by encouraging friends and peers to be ‘upstanders’ and by identifying and avoiding abusive relationships.** Have student’s list people or organizations that they can contact for help if they or someone they know may be in an unsafe relationship such as a hotline, a non-profit, parents/guardians, teachers, school counselors, doctors.

Instructor Notes for some of the behaviors/scenarios:

- **Compromise:** means working together to come to a decision that is beneficial to all people; it make not be exactly what everyone wants, but both people are satisfied with the outcome.
- **Spend all your free time together:** some students bring up the idea of “free time;” this trait might be healthy if “free time” means the time after they are done with school, homework, and extracurricular activities; this trait might be unhealthy if they are skipping school, homework, and extracurricular activities to spend time with their partner.
- **Jealousy:** Ask the students if jealousy is a behavior or an emotion? Discuss the difference between emotions and behaviors: we may not be able to control how we feel, but we absolutely can control what we do. Describe a behavioral response to jealous that is unhealthy (stalking, controlling, monitoring, etc.) and one that could be healthy (communicating feeling insecure).
- **Calls to check where you are all the time (constantly):** this behavior is a red flag and may indicate an abusive relationship in which the abuser is trying to monitor and control their partner’s behavior.
- **Calls/texts every day:** students often bring up the idea of long distance relationships; this behavior might be healthy if this is the primary way they connect because they are dating long distance. Whether this behavior is healthy or unhealthy depends on the boundaries of those within the relationship (maybe one partner loves to text and the other does not); communication is important to understand these boundaries.
- **Asks for the passwords to your social media accounts:** this could depend on the context and the level of trust in someone’s relationship; consider if you asked for your partner’s passwords, would you give them yours? Why or why not? If someone is asking for passwords to check up on their partner, make sure they are not cheating, etc. this is a sign of an unhealthy and potentially abusive relationship. Relationships are built on trust and honesty.
- **Asks you to take sexual pictures:** the key word is “ask,” just because someone asks does not mean they have to send pictures. No one should be forced or pressured into sharing images they are uncomfortable with, just as no one should pressure someone to send images.
Note to Instructor: sending images or movies of someone under the age of 18 nude or semi-nude is considered distribution of child pornography under both Federal and California State law. Saving those images is considered possession of child pornography, even if those images are of your own body.
- **Threatens physical harm to you or your loved ones (includes pets):** this is a form of abuse. If someone is threatening physical harm to your or your loved ones, please talk with a trusted adult to figure out a way to safely leave that relationship. No one should be threatening your safety to get what they want.
- **Asks you to do sexual things for money:** this is a very clear scenario that defines sex trafficking. Sometimes the trafficker will make victims and survivors feel like a business person, saying, “You are making us so much money!” In reality, victims and survivors will not actually receive that money; the trafficker keeps most to all of it.

Note to Instructor: The following list of traits are in a general order from healthy to unhealthy to abusive. Your own ordering may be slightly different. **You can print out cards from the template in the accompanying digital materials.**

Trust
Respect
Honesty
Communicates
Respects your body
Make decisions together
Laughter
Compromise
Support
Friendship
Asks for consent
Makes you feel safe
Spend time together
Appreciates your personal style
Asks how you would like to be addressed and what pronouns you use
Encourages you to do things you're uncomfortable with

Jealousy
Buys you gifts
Calls/texts every day
Spend all your free time together
Asks for the passwords to your social media accounts
Yells
Lies
Calls you names
Calls to check where you are all the time (constantly)
Cheats
Criticizes you
Criticizes your body shape or size
Talks about you behind your back
Asks you to take sexual pictures

Demands things in return
Tells you not to see your friends and family
Threatens your safety
Threatens to "out" your sexual orientation or gender identity
Threatens to hurt themselves
Threatens physical harm to you or your loved ones (includes pets)
Hits you
Slaps you
Controls what you do

Potential Sex Trafficking:
Asks you to do sexual things for money

Activity 6.6: Online Safety & Social Media “Red Flags”

Objective: Understand the risks of online interactions and learn how to stay safe while using social media.

Note to Instructor: Online interactions can sometimes be easier for students with disabilities who may find in-person interactions difficult.²⁵ Using technology for social interactions online can be rewarding for people who struggle with social skills, but it can also be risky. Young people with learning disabilities may not recognize that an adult asking inappropriate questions or sharing personal information online can be dangerous.²⁶ This is why it is important to practice recognizing “red flags,” consider potential risks of social media use, and discuss how to keep ourselves safe online.

1. **Explain to the class that this activity will focus on online safety, the risks of using the Internet and social media, and how we can keep ourselves protected.**
2. **Ask the class the following questions and allow students to brainstorm the answers for a few minutes with someone near them before asking volunteers to share out. Below are some possible answers:**
 - **What is social media?**
 - Websites or apps that let people share information and connect with others
 - **What are some social media sites people use?**
 - Facebook
 - Instagram
 - Twitter
 - Snapchat
 - **Why do people use social media?**
 - To share information
 - To stay in touch with friends and family
 - To make new friends
 - To stay up-to-date with role models or celebrities
 - To share what they are doing or who they are with
 - **What are some risks of using social media?**
 - “Catfishing” – tricking a person into communication or a relationship by pretending to be someone else online
 - Stalking – learning personal information about a person and using it to follow them or make them uncomfortable
 - Bullying
 - Lower self-esteem
 - Lack of privacy
 - Online predators
 - Online ads that cause computer viruses
3. **Explain to the class that we are going to do an activity to look for “red flags” on a social media profile. Define “red flags” as things that make us feel unsafe (e.g. using sexual language, sharing sexual images without consent) or things that may be unsafe to share with others (e.g. location, contact information, financial information).**

²⁵ “Learning Disabilities, Autism and Internet Safety: a Guide for Parents.” *Under 13s and Social Media* | ParentInfo, Feb. 2015, parentinfo.org/article/learning-disabilities-autism-and-internet-safety.

²⁶ “Teaching Students with Disabilities about Online Safety | Power Up What Works.” *Interacting With Peers – Touch With Tech* | Power Up What Works, DC: American Institutes for Research, 2014, powerupwhatworks.org/technology/teaching-students-disabilities-about-online-safety.

4. **Pass out a copy of “Riley Jones (public profile)” to each student.** Instruct them to circle the “red flags” they see. They can discuss with a partner near them as they work.
5. **After all students have completed the worksheet, review as a class:**
 - **Public profile**
 - Information on a profile set to “public” can be viewed by anyone, including people we do not even know. This is how Tim Brown was able to comment on Riley’s photo update without being Riley’s friend.
 - **Too much personal information**
 - Keep personal information to ourselves, including our age, address, phone number, email, and workplace.
 - **Advertisements can be risky**
 - Ads on social media can be a way that companies try to get our personal information.
 - Check with a parent or trusted adult before clicking on an advertisement or claiming anything “free.”
 - **Checking-in at locations**
 - When a person checks-in at a location on social media, it lets other users know where that person is in real life. People may use this information to stalk or “catfish” someone.
 - **Status update with classmates’ names**
 - Once we post information online, we cannot take it back. It is very important to think about what we write before we post for others to see.
 - This post includes insults and is hurtful to Riley’s classmates. Think about how it feels to be insulted or made fun of – it lowers our self-esteem and is not nice.
 - **Comment from older person with no mutual friends**
 - We should be cautious interacting with people when we have no mutual friends because we cannot ask others about that person.
 - When people ask for pictures, it could lead to a risky situation. Tim Brown’s comment on Riley’s photo update is inappropriate and is considered sexual harassment.
 - **Vulnerable status update**
 - Posting personal or vulnerable information can put a person in an unsafe situation. Someone may use this information to create an unsafe relationship or take advantage of them.
 - Posting #homealone lets people know that Riley is alone and vulnerable
 - Posting #ihatemylife shows that Riley might be facing a mental health crisis. If we see someone online who seems like they need help, we should report to a parent or trusted adult right away.
 - **Partner pressure**
 - Alex Cruz’s comment might make Riley feel pressure to spend alone time together when Riley’s parents are not home, which can be risky.
6. **Give each student a copy of “Riley Jones (private profile)” and review it as a class.** Have students share out the things they notice are different about this profile compared to the first version.
7. **Give each student a blank copy of the social media profile to complete as their own.** This can be done in class or as a homework assignment.



Riley Jones (public profile)

About Me

Age: 15

School: Lincoln High School

City: Los Angeles, CA

Job: Starbucks barista

Email: rileyj44@yahoo.net

FREE Phone!*

*Must enter your address and phone number to claim



Suggested Friends



Sam Hill

(17 mutual friends)



Karen Wu

(5 mutual friends)



Tim Brown

(no mutual friends)

Status Update

Riley Jones checked in at **Lincoln H.S. Library**

Ugh! Today I got stuck with Cam and Skylar for the science fair project. They are so dumb! Why do I have to work with them?? I'll be at the library tonight to pick up the slack :(

Text if you need me: (650) 555-4321

Picture Update

85 and sunny - love this hot weather!
#summertime #beachday



Jamie Allen

Looks like fun! We should get together to catch up sometime soon!



Tim Brown

WOW!! Maybe this hot weather will make you want to strip off some of those clothes? Send some pics ;)

Status Update

Life sucks!! My family never understands. At least they are at work all day so I can have the house to myself... #ihatemylife #grounded #bored #homealone



Alex Cruz

Sorry you're dealing with this again babe :(Want me to come over? I've been hoping for some alone time with you...



Riley Jones (private profile)

About Me

School: Lincoln High School

City: Los Angeles, CA

FREE Phone!*

*Must enter your address and phone number to claim



Status Update

We got our science fair projects today... It's going to be so much work! First group meeting is tonight to get a jump start!



Nora Isa

I know, right? This project is gonna take forever! My group is meeting Thursday if you want to join us :)

Friends



Alex Cruz

(56 mutual friends)



Nora Isa

(44 mutual friends)



Sam Hill

(17 mutual friends)



Jamie Allen

(8 mutual friends)

Picture Update

85 and sunny - love this hot weather!
#summertime #beachday



Jamie Allen

Looks like fun! We should get together to catch up sometime soon!



Sam Hill

So lucky! It's still pretty cold over here on the East Coast. Looking forward to seeing you at camp! :D

Status Update

Phew! Finally taking some #metime to recharge tonight. Let me know if you want to hang out this weekend! #selfcare



Alex Cruz

Good for you babe! We all need time alone to relax sometimes. Want to go to the movies on Sunday? Check with your parents and let me know!

Draw yourself.



_____ (circle: public or private)

About Me

Fill in some basic information about yourself that is **safe** to share online.

Status Update

Write a status update and two comment responses from friends.

FREE Phone!*

*Would you click this?

circle: yes or no



Friends

Draw 3 friends and write their names.

Picture Update

Draw a picture and add a caption.
Then write a comment response from a friend.



Riley Jones (perfil público)

Información

Edad: 15

Colegio: Lincoln High School

Ciudad: Los Angeles, CA

Empleo: Starbucks barista

Email: rileyj44@yahoo.net

Teléfono GRATIS*

*Debe ingresar su dirección y número de teléfono para reclamar



Amigos Sugeridos



Sam Hill
(17 amigos en común)



Karen Wu
(5 amigos en común)



Tim Brown
(no amigos en común)

Actualización de Estatus

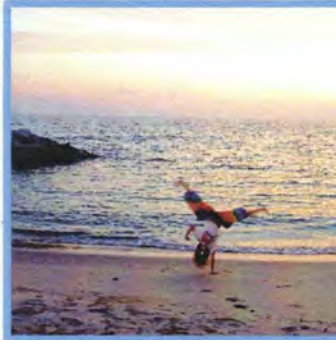
Riley Jones llegó a Lincoln H.S. Library

¡Ugh! Hoy me atascaron con Cam y Skylar para el proyecto de la feria de ciencias. ¡Son tan tontos! ¿Por qué tengo que trabajar con ellos? Estaré en la biblioteca hasta la noche porque no me van a ayudar para nada :(

Texto si me necesitas: (650) 555-4321

Actualización de Foto

85 y soleado – ¡me encanta este clima caluroso! #yallegoelverano #día de playa



Jamie Allen

¡Se ve divertido!
¡Deberíamos juntarnos pronto para ponernos al día!



Tim Brown

¡¡GUAU!! Tal vez este clima tan caluroso te haga quitarte algo más de ropa? Envíame algunas fotos ;)

Actualización de Estatus

¡La vida apesta! Mi familia nunca me entiende. Al menos están en el trabajo todo el día, así que tendré la casa toda para mi sola... #odiomivida #castigada #aburrida #solaencasa



Alex Cruz

Nena, que pena que estés lidiando con esto otra vez :(¿Quieres que te visite? He estado esperando tener un tiempo para estar a solas contigo...



Riley Jones (perfil privado)

Información

Colegio: Lincoln High School

Ciudad: Los Angeles, CA

Teléfono GRATIS*

*Debe ingresar su dirección y número de teléfono para reclamar



Amigos



Alex Cruz
(56 amigos en común)



Nora Isa
(44 amigos en común)



Sam Hill
(17 amigos en común)



Jamie Allen
(8 amigos en común)

Actualización de Estatus

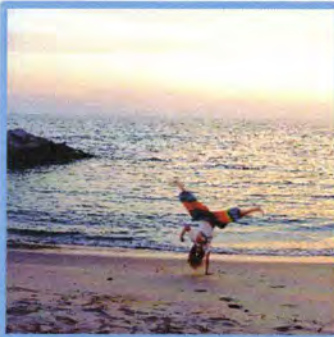
Hoy recibimos los proyectos para la feria de ciencias. ¡Va a ser arto trabajo! ¡La primera reunión de grupo es esta noche para comenzar!



Nora Isa

Cierto, ¿sí? Este proyecto va a tomar una eternidad! Mi grupo se reúne le jueves, si quieres reunirte con nosotros :)

Actualización de Foto



85 y soleado – ¡me encanta este clima caluroso! #yallegoelverano #díadeplaya



Jamie Allen

¡Se ve divertido!
¡Deberíamos juntarnos pronto para ponernos al día!



Sam Hill

Que suerte! Todavía hace bastante frío aquí en la costa este. ¡Espero verte en el campamento! :)

Actualización de Estatus

¡Uf! Finalmente tomando #tiempoparami para recargarme. ¡Díganme si quieren salir este fin de semana! #autocuidado



Alex Cruz

¡Que bueno, nena! Todos necesitamos tiempo solos para relajarnos. ¿Quieres ir al cine el domingo? ¡Pregúntale a tus papás y me dices!

Dibújate.



(**circula:** público o privado)

Información

Escribe una actualización de estatus y dos respuestas de comentario de tus amigos.

Actualización de Estatus

Escribe una actualización de estatus y dos respuestas de comentario de tus amigos.

Teléfono GRATIS!*

*¿Harías un clic aquí?

circula: sí o no



Amigos

Dibuja 3 amigos y escribe sus nombres.



Actualización de Foto

Dibuja una foto y añade un título. Después escribe una respuesta de comentario de un amigo.



Session 6 Assessment: Relationships

Category 1: True/False and Open Ended

Healthy and Unhealthy Relationships Questions:

1. What is dating?
Answer: Getting to know someone and letting them get to know you so that you can decide whether you enjoy spending romantic time together.
2. What are some healthy reasons to want a relationship?
Answer: e.g. you like them and want to see them more, to have someone to talk about feelings or problems, to feel connected or close to someone, to feel love, etc.
3. What are some unhealthy reasons to want a relationship?
Answer: e.g. you want someone to buy you presents, to be cool or popular, just to have sex, because all your friends are in relationships, etc.

Dating Questions:

1. Name a sign that a date is not interested.
Answer: They walk away or say "go away"
2. True/ False: A sign that my date may be interested is laughing together.
Answer: True
3. True/ False: If we experience rejection, one way we can make ourselves feel better is by taking deep breaths.
Answer: True

Relationship Spectrum Questions:

1. Name 3 healthy qualities and 3 unhealthy qualities in a relationship.
Answer: Healthy qualities: trust, respect, honesty, communication, etc.
Unhealthy qualities: yells, lies, threatens your safety, hits or slaps you, etc.

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Healthy and Unhealthy Relationships	True	False	Not Sure
Question 1: Dating is not wanting to get to know someone. Answer: False- Dating is getting to know someone and letting someone get to know you.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre- Assessment:</u>
	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Topic: Dating	True	False	Not Sure
Question 1: True/False: A sign that my date may be interested is laughing Answer: True	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Relationship Qualities Spectrum	Yelling	Trust	Not Sure
Question 1: A healthy relationship quality is... Answer: Trust	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Relationship Spectrum	Hitting	Respects Your Body	Not Sure
Question 2: An unhealthy quality in a relationship is... Answer: Hitting	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>

Category 3: Icon Selection

- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- Option 2: Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Healthy and Unhealthy Relationship Question:










1. True/False: Dating is not wanting to get to know someone.
Answer: False

Dating Question:

1. True/ False: A sign that my date may be interested is laughing together.
Answer: True

Relationship Spectrum Qualities Questions:

1. A healthy quality in a relationship is...
Answer: Trust
2. An unhealthy quality in a relationship is...
Answer: Hitting

Row 1 1	True 	False 	Not sure 
Row 2 2	Yelling 	Trust 	Not sure 
Row 3 3	Hitting 	Respects your body 	Not sure 

Session 6 Wrap-Up

Objective: To review the topics covered during the sixth session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - How can you tell if your date is having a good time?
 - How can you tell if your date is not having a good time?
 - What are 3 qualities you would for in a healthy relationship?
 - What are 3 unhealthy qualities of a relationship?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss birth control and the best ways to prevent a pregnancy.
4. **Collect the Question Box questions.**

Session 7: Birth Control

Goals

- Learn about all FDA approved birth control methods and their effectiveness rate.
- Determine which birth control methods offer STI protection.

Objectives

At the end of this session, students will be able to:

- Name 2 kinds of contraception.
- Describe the proper use of 1 birth control method and where to get it.
- Describe a birth control method that offers protection from STIs.
- Know how to use a condom correctly.

Why is this important?

Students will learn that there are several methods of preventing a pregnancy from occurring and that certain ones may be easier to use depending on their body and lifestyle. It is important for students to know that these birth control methods are easily accessible at a local health clinic in California and students can qualify for free birth control through the Family PACT program.

While abstinence is the best way to prevent a pregnancy, many methods are FDA-approved and proven to be very effective at preventing pregnancy. If students have the most up-to-date accurate medical information on birth control, they will be more likely to obtain birth control and use it correctly, which can lower the rates of unplanned pregnancies.²⁷

While preventing a pregnancy isn't necessarily a goal for all students, there are many other reasons someone may choose to use birth control. Students will be able to weigh the pros and cons of each method and determine which method might be best for them or their partner to use if trying to prevent a pregnancy now or in the future.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g. white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- Birth control samples

Birth Control Activity

- Birth Control PowerPoint in the accompanying digital materials
- Pre-cut Birth Control Cards found in Appendix G.7, (lamineate each card if possible) OR photocopies of Birth Control Grid worksheet, one for each student

Condom Demonstration Activity

- Condom Training models, one for each student
- Condoms (e.g. lubricated and a few non-latex material condoms), one for each student

²⁷ Reduced Disparities in Birth Rates Among Teens Aged 15–19 Years — United States, 2006–2007 and 2013–2014. MMWR Morb Mortal Wkly Rep 2016;65:409–414. DOI: <http://dx.doi.org/10.15585/mmwr.mm6516a1>

Internal Condom Demonstration Activity

- Pelvic model, one for instructor
- Internal condom, one for instructor

Additional Activity: Condom Steps Matching Game

- Condom Steps Matching Grid
- Condom Steps Matching Pictures
- Scissors
- Glue or tape (if desired)

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.

Birth Control Activity

- Collect birth control method samples. Local clinics or various birth control method distributors may offer samples. Some methods can be purchased at local drug stores. If you aren't able to get samples of the birth control methods, you may use pictures.
- Have the Birth Control Power Point loaded on to a computer and ready to project.
- Photocopy Birth Control Cards sheet found in Appendix G.7 and cut out each card (lamine each card if possible) or photocopy the Birth Control Grid worksheet, one for each student.

Condom Demonstration Activity

- Order class set of condom training models (can be purchased at American 3B Scientific: www.a3bs.com). It is ideal to have anatomically correct condom training models. Zucchini, bananas, or even test tubes can also be used as a substitute.
- Purchase or inquire with county Public Health Department to have enough condoms, one for each student.

Internal Condom Demonstration Activity

- Obtain female pelvic model from local clinic or Public Health Department. Female pelvic model can be purchased at American 3B Scientific: www.a3bs.com (search female condom training model). It is ideal to have anatomically correct condom training models.
- Purchase over the counter or inquire with county Public Health Department for free internal condoms.

Total Instruction Time

Minimum: 70 min.

Maximum: 85 min.

Activity and Time Needed

Anonymous Question Box: 10 min.

Review Session 6: 5 min.

All About Birth Control: 35-40 min

Condom Demonstrations: 20-30 min

Session 7 Wrap-Up: 5 min.

Activity 7.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 7.2: All About Birth Control

Objective: Name 3 methods of contraception. Describe proper use for one birth control method. State the effectiveness rate for one birth control method.

Before beginning the activity, determine which option you will use and prepare the materials accordingly. Read through the Birth Control Guide on the following pages for information on each type of birth control. Decide which pieces of information would be best for your students to know based on their learning ability.

For each class:

1. **Ask class “What is birth control?”** Explain that we will learn about the different ways people may choose to prevent a pregnancy, how to use each one and how effective each one is. There are many different methods of birth control that a person may use throughout their life to protect against pregnancy and some that also protect against sexually transmitted infections also known as STIs.
2. **Emphasize that ‘Not Having Sex’ or ‘Abstinence’ is the best way to prevent a pregnancy because it is the only method that is 100% effective.**
3. **Project the Birth Control PowerPoint on the board.**
4. **Go through the Birth Control PowerPoint and give information about each birth control method.** You do not need to go into a lot of detail about each method. Use your own judgment based on the level of the class.

Note to Instructor: The Birth Control PowerPoint does not include slides about every type of birth control and only includes information about the most commonly used and most effective methods. Information about other types and methods of birth control are found in the following Birth Control Guide and can be discussed after the PowerPoint presentation.

5. **As you go through each method, allow students to see each method by holding it up in the front of the class while explaining it.** For some classes, it will be beneficial to pass the materials around the class so students can see them up close and feel them. Be sure to remind the class to be respectful of all materials.

Option 1:

1. **After the Birth Control PowerPoint, draw a table on the board with three columns and tape the labels Male Bodies, Female Bodies, and All Bodies.**
2. **Using the cutouts from the Birth Control Cards worksheet found in Appendix G.7, pass a birth control card out to each student.**
3. **Have each student come up to the board, one at a time, to tape their card under the correct category.**
4. **Review the cards that were placed on the poster board.** For cards that were incorrectly placed on the table, acknowledge why someone might have chosen that column and then explain which column the card belongs on. When finished, the table should look like this with the appropriate birth control cards with pictures under each column:

Male Bodies	All Bodies	Female Bodies
Condom	Not Having Sex Internal Condom	Pill Patch Ring Shot Implant I.U.D.

Option 2:

1. After the Birth Control PowerPoint, draw a table on the board with three columns and tape the labels Behavior, Hormonal, and Barrier above each column.
2. Using the cutouts from the Birth Control Cards worksheet found in Appendix G.7, pass a birth control card out to each student.
3. Have each student come up to the board, one at a time, to tape their card under the correct category.
4. Review the cards that were placed on the poster board. For cards that were incorrectly placed on the table, acknowledge why someone might have chosen that column and then explain which column the card belongs on. When finished, the table should look like this with the appropriate birth control cards with pictures under each column:

Behavior	Hormonal	Barrier
Not Having Sex	Pill Patch Ring Shot Implant I.U.D.	Condom Internal Condom

Option 3:

1. During the Birth Control PowerPoint, have students take notes on the Birth Control Grid worksheet by writing down one piece of information that they learned for each method.
Note to Instructor: The Birth Control PowerPoint and Birth Control Grid are organized by most effective (100% effective) to least effective (74% effective) and does not include all FDA approved methods, such as the diaphragm or cervical cap. Information on other methods can be found in the Birth Control Guide.
2. Use the information in the Birth Control Guide or see the Birth Control Grid: Answer Key for information on how students should be summarizing the information.

Birth Control Guide

- **100% Guaranteed**

- Not having sex

- **What it is:** No vaginal sex, oral sex, or anal sex. No genital-to-genital contact and no semen inside the vagina or anus, or near or around the vulva.
 - **How it's used:** This method works best if it is agreed upon ahead of time. Encourage students to communicate their boundaries, values, and reasons why they are choosing to wait before engaging in romantic or sexual activities.
 - **Effectiveness:** 100%
 - **Where to get it:** Not having sex is a birth control method that is always available, even if someone has had sex in the past. It is a personal choice and requires strong values about not having sex, self-control, and strong communication skills.
 - **STI information:** Not having sex or genital-to-genital contact is the best way to avoid HIV and other sexually transmitted infections.

- **Barrier Methods**

- Condom

- **What it is:** A thin tube of latex that is worn over the penis throughout intercourse to catch the semen and pre-ejaculatory fluid that might come out during sex.
 - **How it's used:** The condom should be unrolled over an erect penis before the penis touches their partner's body. Each condom should be used only once. Only one condom should be used at a time. Do not use a condom with an internal condom.
 - **Effectiveness:** 82-98%*
 - **Where to get it:** Condoms are offered at teen clinics (see clinics list) and can be purchased at drug stores, pharmacies, grocery stores, and gas stations.
 - **STI Information:** Condoms are also effective in helping to prevent STIs. According to the National Institute of Health (2000), "correct and consistent use of latex condoms reduces the risk of HIV transmission by approximately 85% relative to risk when unprotected."

- Internal Condom (Sometimes called the female condom or insertive condom; sold as FC2)

- **What it is:** A thin pouch of polyurethane that is placed inside the vagina before intercourse and stays there during intercourse to catch the semen and pre-ejaculatory fluid that might come out during sex. Can also be used in the anus during anal sex.
 - **How it's used:** The inner ring should be squeezed and inserted into the vagina before sex. The outer ring stays on the outside of the vulva. The penis should go into the pouch during intercourse. If the penis is removed during sex, it's important to make sure that the penis goes back into the pouch. To remove, twist the outer ring to not spill semen and gently pull out of the vagina. Only one condom should be used at a time. Do not use a condom with an internal condom; it will cause one or both to break.
 - **Effectiveness:** 79-95%*
 - **Where to get it:** Internal condoms are offered at many teen clinics, at some pharmacies with a prescription, and online at fc2.us.com. They are not as easily available as condoms.
 - **STI information:** Like condoms, they also reduce a person's chance of contracting sexually transmitted infections by reducing the amount of genital-to-genital skin contact and by reducing the amount of fluids mixed during sex.

- Diaphragm & Cervical Cap

- **What it is:** A dome or cap inserted in the vagina to cover the cervix, blocking the semen from entering the uterus.

- **How it's used:** The dome or cap should be inserted into the vagina with spermicide before sex. It should be left in for about 6 hours after sex to make sure that the sperm doesn't enter the uterus.
- **Effectiveness:** The diaphragm is 88%-94%* effective. The cervical cap is 86% effective if the female has never given birth and 71% effective if she has.**
- **Where to get it:** The diaphragm and cervical cap are offered at many teen clinics. A female should be fitted for a diaphragm by a healthcare provider.
- **STI information:** Neither the diaphragm nor the cervical cap reduce the risk of contracting HIV or other sexually transmitted infections.

- **Hormonal Methods**

- Birth Control Pills
 - **What it is:** A daily pill that contains hormones that stop a person's body from ovulating and can also thicken the cervical mucus to block sperm from entering the uterus. Birth control pills take 1 to 2 weeks to start working.
 - **How it's used:** A person with a uterus should take 1 pill every day at the same time for as long as they would like to reduce the chances of becoming pregnant if they are sexually active. Forgetting to take a pill or taking it late can lower its effectiveness. Some pills have a week of placebo pills and during that week a person may get their period. Other types do not have placebo pills.
 - **Effectiveness:** 91-99%*
 - **Where to get it:** Birth control pills are available at teen clinics. You must have a prescription to purchase them from a pharmacy.
 - **STI information:** Birth control pills do not reduce your risk for contracting HIV or other sexually transmitted infections.
- The Shot (Depo-Provera)
 - **What it is:** An injection of birth control hormones every 12 weeks that stops a person's body from ovulating and thickens the cervical mucus to block sperm from entering the uterus. The shot may take one to two weeks to start working, but can work sooner if you start on your period.
 - **How it's used:** A person should visit their healthcare provider every 3 months to receive the injection in the upper arm or butt. They must be sure to make appointments ahead of time so that the hormones don't wear off before the next appointment.
 - **Effectiveness:** 94-99%*
 - **Where to get it:** The shot must be administered by a healthcare provider. It is available at teen clinics.
 - **STI information:** The shot does not reduce your risk for contracting HIV or other sexually transmitted infections.
- The Patch (Xulane)
 - **What it is:** The patch contains hormones similar to those in the birth control pill. The hormones enter the body by being absorbed through the skin. The patch takes one to two weeks to start working.
 - **How it's used:** A person with a uterus should wear 1 patch per week for 3 weeks in a row. On the 4th week of the month, the patch should not be worn, and the person may menstruate.
 - **Effectiveness:** 91-99%*
 - **Where to get it:** The patch is offered at teen clinics. You must have a prescription to purchase them from a pharmacy.
 - **STI information:** The patch does not reduce your risk for contracting HIV or other sexually transmitted infections.

- The Vaginal Ring (NuvaRing)
 - **What it is:** The Vaginal Ring is a flexible plastic ring that releases hormones inside the vagina and into the body. The hormones are similar to those in the birth control pill. The ring takes 1 to 2 weeks to start working.
 - **How it's used:** The ring is squeezed, inserted in the vagina and left there for a total of 3 weeks. After 3 weeks, a person should then gently remove the ring. No ring is inserted for the 4th week, and the person may menstruate.
 - **Effectiveness:** 91-99%*
 - **Where to get it:** The ring is offered at teen clinics. You must have a prescription to purchase them from a pharmacy.
 - **STI information:** The ring does not reduce your risk for contracting HIV or other sexually transmitted infections.
- Emergency Contraception (*Plan B, Plan B One-Step, Ella, Next Choice, Copper IUD*)
 - **What it is:** Emergency contraception is a high dose of birth control hormones that reduces the chance of a pregnancy after a birth control failure. E.g. a condom breaks, missing a birth control pill, forgetting to get the shot, or after having unprotected sex. It works by delaying ovulation, stopping fertilization, and/or thickening cervical mucus to block sperm from entering the uterus. This is also called EC or the morning-after-pill or the insertion of the copper IUD.
 - **How it's used:** Take 1 or 2 pills (depending on brand) as soon as possible up to five days after unprotected sex. This should not be used as a regular form of birth control. A copper IUD can also be used for emergency contraception.
 - **Effectiveness:** 85*-89% if taken up to 72 hours after sex. Emergency contraception can also continue to reduce the risk of pregnancy if taken within 120 hours after sex* depending on brand of emergency contraception. *Ella brand is up to 85% effective.
 - **Where to get it:** The emergency contraception is offered at teen clinics. You do not need a prescription to purchase them from a pharmacy.
 - **STI information:** Emergency contraception does not reduce your risk for contracting HIV or other sexually transmitted infections.

**The exact effectiveness of emergency contraceptive pills is difficult to measure and some researchers believe the effectiveness may be lower than reported on package labels.*
- Intrauterine Device (IUD)
 - **What it is:** IUD is a T-shaped device that stays in a female's uterus for several years.
 - The hormonal IUD (Mirena, Kyleena, Skyla & Liletta) works by stopping a person's body from ovulating, by thickening the cervical mucus to block sperm from entering the uterus, and by preventing implantation of a fertilized egg. The hormonal IUD can stay inside of a uterus for 3-7 years depending on device.
 - The non-hormonal, copper IUD (ParaGard) works by killing the sperm and egg and irritating the uterine lining. It can also prevent implantation of a fertilized egg. The copper IUD can be used to prevent pregnancy for 10+ years. It can also be used as emergency contraception within 5 days.
 - **How it's used:** The IUD should be inserted and removed by a healthcare provider.
 - **Effectiveness:** Over 99%*
 - **Where to get it:** The IUD can often be inserted at teen health clinics and must be inserted by a healthcare provider.
 - **STI information:** The IUD does not reduce your risk for contracting HIV or other sexually transmitted infections.
- Implant (Nexplanon)
 - **What it is:** The implant is a thin, flexible plastic rod that releases a hormone into a person's arm. This hormone is similar to one of the two hormones in the regular birth control pill.

- **How it's used:** The implant is inserted by a healthcare provider who will first give the person a local anesthetic and then inject the implant into the inner, upper arm using a special device. It is left there and works to prevent pregnancy for 3-5 years. When removed, a healthcare provider will make a small incision in the arm and gently pull out the implant.
- **Effectiveness:** Over 99%**
- **Where to get it:** The implant is offered at teen clinics and it must be inserted and removed by a healthcare provider.
- **STI information:** The implant does not reduce your risk for contracting HIV or other sexually transmitted infections.
- **Methods that kill sperm**
 - Nonoxynol-9 Products
 - **What it is:** Nonoxynol-9 products are spermicidal products that come in many different forms such as foams, vaginal films, jellies, creams, and suppositories.
 - **How it's used:** Nonoxynol-9 products should be inserted into the vagina before sex. They can be used by themselves, but ideally should be used with other methods such as a condom.
 - **Effectiveness:** 72-82%*
 - **Where to get it:** Nonoxynol-9 products is offered at teen health clinics and can be purchased at pharmacies and supermarkets without a prescription.
 - **STI information:** Nonoxynol-9 products do not reduce your risk for contracting HIV or other sexually transmitted infections. If used many times a day, nonoxynol-9 products have been shown to increase a person's risk of STI transmission, including HIV.
 - Contraceptive Sponge
 - **What it is:** The sponge is a round foam sponge that has spermicide in it that works by blocking the cervix, to kill sperm and release spermicide.
 - **How it's used:** The sponge should be moistened with water and then inserted into the vagina before sex. The sponge should be pushed as far as it will go so that it covers the cervix. After sex, the sponge should be left in place for 6 hours to ensure that it can block as much sperm as possible.
 - **Effectiveness:** 88-91% (if never given birth), 76-80% (if the user has given birth) *
 - **Where to get it:** The sponge is offered at some teen clinics and can be purchased at a pharmacy without a prescription.
 - **STI information:** The sponge does not reduce your risk for contracting HIV or other sexually transmitted infections.
- **Methods that are considered permanent**
 - Vasectomy
 - **What it is:** A vasectomy is a permanent surgical procedure for male bodies where a healthcare provider cuts and seals the vas deferens, ensuring that sperm are not ejaculated.
 - **How it's used:** A healthcare provider will first provide a local anesthetic, make a small opening in the scrotum and then cut each vas deferens that usually connect to the testicles. The ends of the vas deferens are then tied and sealed. The procedure takes about 30 min.
 - **Effectiveness:** nearly 100%**
 - **Where to get it:** This procedure must be performed by a healthcare provider.
 - **STI information:** A vasectomy does not reduce your risk for contracting HIV or other sexually transmitted infections.
 - Female Sterilization (Tubal Ligation)
 - **What it is:** A permanent surgical procedure where a healthcare provider ties or seals the fallopian tubes, ensuring that ovum cannot travel past the fallopian tubes and be fertilized by a sperm cell.

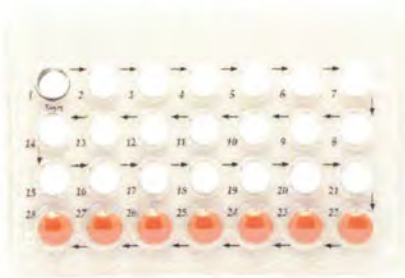
- **How it's used:** A healthcare provider must use a general anesthesia for this procedure. They will make incisions in the abdomen, find and tie off each fallopian tube, and then close the incisions.
- **Effectiveness:** nearly 100%**
- **Where to get it:** This procedure must be done by a healthcare provider.
- **STI information:** This procedure does not reduce your risk for contracting HIV or other sexually transmitted infections.

▪ **Low effectiveness methods**

- **Withdrawal Method / Pull Out Method**
 - **What it is:** This means when a person withdraws or pulls the penis out of the vagina or anus before ejaculating.
 - **How it's used:** Persons must be aware of and control the timing of ejaculation to ensure that no semen enters the vagina or anus. This method is not recommended because ejaculations are difficult to control and pre-ejaculate can have sperm.
 - **Effectiveness:** 78-96%*
 - **Where to get it:** Your own self-control.
 - **STI information:** The withdrawal or pull out method does not reduce your risk for contracting HIV or other sexually transmitted infections.
- **Calendar Method**
 - **What it is:** A person carefully measures their temperature and hormone levels to determine the days in their cycle when they are ovulating and therefore more likely to get pregnant.
 - **How it's used:** A person must take their temperature and/or test their urine every day to determine the days of ovulation. After determining their cycle, they along with their partner must not have sex 5 days prior to ovulation, during ovulation, and 5 days after ovulation.
 - **Effectiveness:** 75-97%* This method is not recommended for young persons because a teenage menstrual cycle is not normally regular.
 - **Where to get it:** A person must talk to a healthcare provider about how to measure ovulation accurately. Hormone testing kits and special thermometers can be purchased at pharmacies.
 - **STI information:** The calendar method does not reduce your risk for contracting HIV or other sexually transmitted infections.

Birth Control Grid

METHOD	EFFECTIVENESS	HOW TO USE IT
<p>Not Having Sex</p> 		
<p>IUD</p> 		
<p>IMPLANT</p> 		
<p>SHOT</p> 		
<p>RING</p> 		

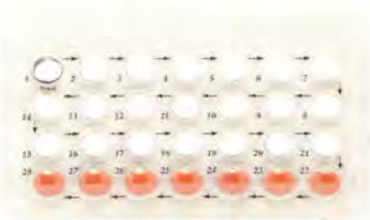
PATCH**PILL****CONDOM****INTERNAL CONDOM****EMERGENCY CONTRACEPTIVE**

Birth Control Grid (Answer Key)

METHOD	EFFECTIVENESS	HOW TO USE IT
Not Having Sex 	100%	<ul style="list-style-type: none"> Decide to wait Tell your partner No semen inside vagina, anus, or near the vulva
IUD 	Over 99%	<ul style="list-style-type: none"> "T" shaped plastic or copper device inserted into a uterus Leave in hormonal type for up to 3, 5, or 7 years Leave in copper type for up to 10+ years
THE IMPLANT 	Over 99%	<ul style="list-style-type: none"> Thin, plastic implant inserted under the skin in the upper arm Leave in for up to 3-5 years
THE SHOT 	94-99%	<ul style="list-style-type: none"> Doctor gives you an injection every 12 weeks Make your appointment early
THE RING 	91-99%	<ul style="list-style-type: none"> Insert ring in vagina Leave inside for 3 weeks Remove during 4th week

THE PATCH**91-99%**

- Stick patch to upper arm, upper torso or buttocks
- New patch every week for 3 weeks
- No patch worn on 4th week

BIRTH CONTROL PILLS**91-99%**

- Take 1 pill every day at the same time
- Use a backup method if you miss a pill

CONDOMS**82-98%**

- Pinch tip and unroll over penis before sex
- Remove penis from vagina, anus, or mouth before removing used condom
- Use every time
- Protects from STIs





INTERNAL CONDOM**79-95%**

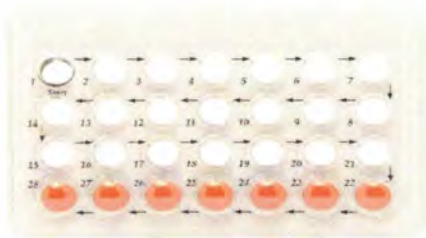
- Put in vagina before sex
- Put penis in pouch during sex
- Remove penis from vagina before removing used condom
- Use every time
- Protects from STIs

EMERGENCY CONTRACEPTIVE**74-89%**

- 1 pill taken ASAP after unprotected sex or a contraceptive failure
- Can use up to 5 days afterwards

Tabla de Anticonceptivos

MÉTODO	EFICACA	CÓMO SE USA
NO TENER RELACIONES SEXUALES 		
DISPOSITIVO INTRAUTERINO (DIU) 		
EL IMPLANTE 		
LA INYECCIÓN 		
EL ANILLO 		

EL PARCHE**PASTILLAS ANTICONCEPTIVAS****CONDÓN****CONDÓN INTERNO****ANTICONCEPTIVO DE EMERGENCIA**

Activity 7.3: Condom Demonstration

Objective: Gain the skills and knowledge to use condoms correctly and increase the likelihood of condom use for a sexually active person.

1. Before doing the activity, it is suggested that students review:

- Names of clinics where they can get condoms for free.
- How to store condoms properly (e.g. at room temperature, not in a wallet or hot car).

2. Explain to the class that:

- We will learn the proper steps to using a condom with a condom training model and a real condom.
- Everyone has the right to pass on this activity.
- Everyone is expected to be respectful during this activity. If someone is using the supplies inappropriately or bothering another student, they will be disciplined.
- The class will go through each step together. If someone skips ahead, they may miss an important step and put the condom on incorrectly, causing the condom to break or slip. When condoms do break, it is most likely because they were used incorrectly, not because of factory defects. Using a condom correctly can save a life.

3. Distribute a condom training model and a latex condom to each student. Have some non-latex condoms on-hand for students who are allergic to latex.

3. Start the condom demonstration with the class:

- **STEP 1: Store condoms in a cool, dry place**
 - A condom is best kept in an area where the temperature does not fluctuate.
 - A car traps heat and will break down the material
 - A backpack, wallet or purse are may be OK for short term use. They should not be kept longer than needed in those places due to friction from movement, pressure, and possibility of damage from other items (e.g. backpack with sharp items such as pens, scissors or tacks)
- **STEP 2: Ask for consent**
 - Partners should discuss and both give affirmative consent before sex can happen.
 - Review what needs to take place for there to be consent
- **STEP 3: Check the package and expiration date**
 - Make sure the condom wrapper is intact (no holes or tears).
 - Make sure the condom moves smoothly in the wrapper to show the lubrication has not dried out.
 - Check the expiration date, typically 5 years from manufacturing date. Have students read out loud the date printed on their condom.
- **STEP 4: Open the package with hands**
 - Move the condom to the side before carefully tearing down one side of the package.
 - Do not use scissors or your teeth since they are sharp and be careful of fingernails.
 - Be careful not to tear the condom as you are opening it.

- **STEP 5: Check the direction of the condom**
 - Check which direction it rolls (You can visually check all the students' condoms, or ask students to check each other's condoms to make sure they understand this step).
 - The folds should go down, out, up, and in-like a sombrero, to easily be applied to a penis.
- **STEP 6: Pinch the tip and roll down the base of an erect penis**
 - Squeeze the tip of the condom.
 - While squeezing the tip with one hand, roll the condom down the base of the penis with the other hand.
 - By squeezing the tip, a reservoir is created for the semen to be deposited. If the reservoir is not there, the semen may drip out of the condom or cause a breakage.
- **STEP 7: Remove the condom**
 - After ejaculation, hold on to the base of the condom as the penis is withdrawn from the partner's body to help ensure it's not left in the partner.
 - Remove the condom from the penis taking care to not spill the semen.
- **STEP 8: Tie a knot and throw it into the trash**
 - Tie the condom in a knot to keep semen from leaking out.
 - Wrap the condom in some tissue and throw it away in the garbage
 - **DO NOT FLUSH CONDOMS DOWN THE TOILET**, it can cause serious plumbing damage.
 - Condoms are not recyclable

Helpful tips:

- ✓ Adding two drops of water-based or silicone-based lubricant to the inside of the condom before putting it on can increase sensation and comfort.
- ✓ Applying lubricant to the outside of the condom also makes vaginal and anal sex more comfortable.
- ✓ If you are allergic to latex, you can use polyurethane (plastic) condoms.

REMEMBER:

- ✓ **DO NOT** keep latex condoms in places that get hot (pocket, wallet, glove compartment, etc.).
- ✓ **DO NOT** use oil-based lubricants (Vaseline, baby oil, or lotion) with latex condoms.
- ✓ **DO NOT** use lambskin or natural condoms. They can protect against pregnancy, but have microscopic holes that allow HIV and other STIs through.

Activity 7.4: Internal Condom Demonstration

Objective: To help students know how to use internal condoms correctly, thereby reducing the chances of breakage or incorrect insertion. Increase the likelihood of condom use when a person becomes sexually active.

1. Before doing the activity, it is suggested that students review:

- Names of clinics where they can get condoms.
- How to store condoms properly (e.g. at room temperature, not in a wallet or hot car).

2. Explain to the class that:

- We will learn the proper steps to using an internal condom with a female pelvic model and a real internal condom.
- Internal condoms, sold as FC2, are also known as insertive condoms because they go inside of an anus or vagina rather than roll onto a penis. Sometimes they are called female condoms. However, since they can go inside an anus and everyone has an anus, we will refer to them as internal condoms.
- Everyone is expected to be respectful during this activity.
- The instructor will go through each step in front of the class. It's important to pay attention to each step to insure correct usage. When condoms do break, it is most likely because they were used incorrectly, not because of factory defects. Using a condom correctly can save your life.

3. Start the condom demonstration with the class:

- **STEP 1: Ask for consent**
 - Both partners should discuss and both give affirmative consent before sex can happen.
- **STEP 2: Check out the package**
 - Make sure the condom wrapper is intact (no holes or tears).
 - Check the expiration date. Have students read out loud the date printed on their condom.
 - Explain that the internal condom is a strong, soft, nitrile sheath or pouch which is a good alternative for people with latex allergies.
- **STEP 3: Open the package**
 - Move the condom to the side before carefully tearing down one edge of the package.
 - Do not use your teeth and be careful of fingernails.
 - Be careful not to tear the condom as you are opening it.
- **STEP 4: Insert condom**
 - Open the internal condom to show the class. Explain that the internal condom is about the same length as an unrolled condom but the width is different because it is not made to go on a penis, it is made to line the inside of a vagina for protection.
 - Pinch the inner polyurethane ring of the condom. This inner ring is not the same as the vaginal ring.
 - While pinching inner ring, gently insert the condom into vagina. A person can use their finger inside of the condom to help push the ring further back underneath the pelvic bone for a more comfortable fit. The thin and strong material of the condom will adjust to the body heat to conform to the vagina.
 - The outer ring of the condom should still be outside the vagina, covering part of the labia which can help with additional protection from skin-to-skin STIs.

- **STEP 5: Remove the condom**
 - The internal condom does not have to be removed immediately after male ejaculation. The condom should be removed prior to standing to avoid the semen from spilling out.
 - Twist the part of the condom that is outside of the vagina to hold the semen inside.
 - Gently remove the condom from the vagina without spilling the semen.
 - Tie the condom in a knot to keep semen from leaking out.
- **STEP 6: Dispose of the condom**
 - Wrap the condom in some tissue and throw it away in the garbage.
 - **DO NOT FLUSH CONDOMS DOWN THE TOILET.**

Helpful tips:

- Each condom contains a silicone-based lubricant and can be used with oil- and water- based lubricant to increase sensation and comfort.
- Although the internal condom is not FDA approved for anal intercourse, people may adapt for use during anal sex for STI protection (by removal of inner ring).²⁸

REMEMBER:

- ✓ FDA approved for vaginal intercourse and has been proven to prevent STIs.²⁹

²⁸ U.S. Food & Drug (2015). Condoms: Barriers to Bad News. Retrieved from: <http://www.fda.gov/forpatients/illness/hivaids/prevention/ucm126370.htm>

²⁹ Ibid.

Additional Activity 1: Condom Steps Matching Game

Objective: Gain the skills and knowledge to use condoms correctly and increase the likelihood of condom use during sexual activity.

Note to Instructor: Appendix G.8 contains a Condom Steps Visual Guide. Instructors may distribute copies to students or project onto board for students to follow along during the demonstration.

1. Before doing the activity, quiz students on:

- Names of clinics where they can get condoms for free.
- How to store condoms properly (e.g. at room temperature, not in a wallet or hot car).

2. Explain to the class that:

- We will learn the proper steps to using a condom by playing a matching game.
- Students will be working in groups of 3-5, by table, or individually.
- Each group or person will receive a sheet with condom step pictures. Using scissors cut out all of the pictures.
- The goal is place the correct pictures in the correct box on the Condom Step Grid based on the descriptions for each step.

3. Pass out a worksheet to each group or person and begin cutting out the pictures and sorting them.

Walk around the room to check on progress. The game ends when the last group successfully puts the correct steps in order.

4. Review the correct steps of proper condom use with the class:

- **STEP 1: Store condoms in a cool, dry place**
 - Extreme heat and cold can weaken both the latex and the condom wrapper, making it more likely that the condom will tear or break.
- **STEP 2: Ask for consent!**
 - Both partners should discuss and both give affirmative consent before sex can happen.
- **STEP 3: Check package & expiration date**
 - Make sure the condom wrapper is intact (no holes or tears).
 - Check the expiration date.
- **STEP 4: Open carefully with hands**
 - Move the condom to the side before carefully tearing down one edge of the package.
 - Do not use your teeth and be careful of fingernails.
 - Be careful not to tear the condom as you are opening it.
- **STEP 5: Check the direction**
 - Check which direction it rolls.
- **STEP 6: Pinch the tip and roll to base**
 - Squeeze the tip of the condom.
 - While squeezing the tip with one hand, roll the condom down the base of the penis with the other hand.
- **STEP 7: Remove carefully without spilling**
 - After ejaculation, hold on to the base of the condom as the penis is withdrawn from the partner's body.
 - Carefully remove the condom from the penis without spilling the semen.
- **STEP 8: Tie a knot and throw into trash**

- Tie the condom in a knot to keep semen from leaking out.
- Wrap the condom in some tissue and throw it away in the garbage.
- DO NOT FLUSH CONDOMS DOWN THE TOILET.

Helpful tips:

- ✓ Adding two drops of water-based or silicone-based lubricant to the inside of the condom before putting it on can increase sensation and comfort.
- ✓ Applying lubricant to the outside of the condom also makes vaginal and anal sex more comfortable.
- ✓ If you are allergic to latex, you can use polyurethane (plastic) condoms.

REMEMBER:

- ✓ DO NOT keep latex condoms in places that get hot (pocket, wallet, glove compartment, etc.).
- ✓ DO NOT use oil-based lubricants (Vaseline, baby oil, or lotion) with latex condoms.
- ✓ DO NOT use lambskin or natural condoms. They can protect against pregnancy, but have microscopic holes that allow HIV and other STIs through.

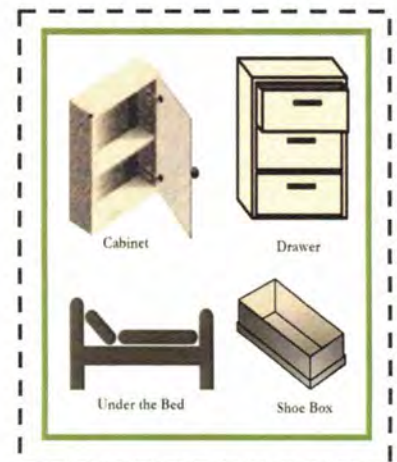
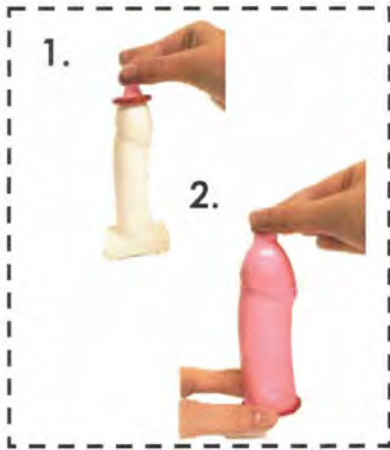
Condom Steps Matching Game

Directions: Place each picture into the correct box.

1. Store condoms in a cool, dry place	2. Ask for consent!	3. Check package & expiration date	4. Open carefully with hands
5. Check the direction it rolls	6. Pinch tip and roll to base	7. Remove carefully without spilling	8. Tie a knot and throw into trash







Condom Steps Matching Game

Directions: Cut out the pictures along the dotted lines.



Condom Steps Matching Game – ANSWER KEY

Directions: Place each picture into the correct box.

<p>1. Store condoms in a cool, dry place</p> 	<p>2. Ask for consent!</p> 	<p>3. Check package & expiration date</p> 	<p>4. Open carefully with hands</p> 
<p>5. Check the direction it rolls</p> 	<p>6. Pinch tip and roll to base</p> 	<p>7. Remove carefully without spilling</p> 	<p>8. Tie a knot and throw into trash</p> 

Pasos Para Usar un Condón

Direcciones: Carta las imagines en las líneas punteadas.

1. Guárdalo en un lugar fresco y seco	2. Pide consentimiento	3. Revisa la envoltura y fecha de caducidad	4. Abre con las manos cuidadosamente
5. Revisa la orientación	6. Pellizca la punta y desenrolla	7. Quita el condón sin derramar	8. Hazle un nudo y tíralo a la basura

Pasos Para Usar un Condón

Direcciones: Recortar las imágenes a lo largo de las líneas de puntos.



Additional Activity 2: It Depends on the Situation – Choosing Birth Control

Objectives: Give one pro and one con for two kinds of birth control. Name two community resources for health services. If you were to need it, choose a form of birth control and describe why it's right for you and your partner.

Before beginning this activity, read through the two groups of scenarios and decide which group would be best for your class depending on your students' comprehension and reading level. It is also beneficial to choose which scenarios in your preferred group are most suitable for your population ahead of time and prepare materials accordingly.

1. **Before class, photocopy and cut the It Depends on the Situation scenarios suitable for your class.** Make enough for each group to have one scenario. Groups can have the same scenario.
2. **Instruct the class that they will be split into groups of 3 or 4.**
3. **Each group will receive a scenario about a couple deciding which birth control method to use.** You will be given 5-10 minutes to read the scenarios and decide as a group which birth control method is right for your couple. After everyone is finished we will talk about each couple and why you chose that method for that couple.
4. **When each group is sharing, encourage students to explain how the method works, advantages and disadvantages, effectiveness, etc.** Fill in any missing information.
5. **After a group has given its method and its reason, ask the rest of the class if they agree and why or why not.** Discuss access and price of the birth control methods.
6. **Discuss any of the following questions with the class:**
 - Why should a male care about birth control?
 - What other kinds of birth control are available that we didn't hear about?
 - What are some good and bad things about them? How do they work?
 - What method of birth control is the only one that is 100% effective?
7. **Conclude with saying, "There are many different kinds of birth control methods, but the key is to use what is right for you and your partner."**

Instructor Facilitation Guide for Scenarios Group #1:

- **Scenario 1**
 - Juan and Afia have had sex with other people, so they need to use condoms to protect against STIs. Suggest they also both get tested for STIs.
 - Since they are only 17, having a baby at this time could be difficult, so using two methods of birth control could be recommended, such as a hormonal method and a condom to also prevent against STIs.
- **Scenario 2**
 - Chan and Lilyana are in a committed relationship, and have both tested negative for STIs. They want protection for at least three years. Any method could be used by this couple, including a long lasting hormonal method, such as the Shot, Implant, and IUD.
 - Suggest Chan and Lilyana use condoms because there are STIs that have no tests or that are rarely tested for like HPV for male bodies (no test) and trichomoniasis (usually not tested for).

- **Scenario 3**
 - Because Alex values waiting to have sex until marriage, Alex and Casey should not have sex.
 - Suggest that Alex and Casey discuss a plan if they do decide to have sex in the future.
- **Scenario 4**
 - Josephine should take Emergency Contraception as soon as possible, within at least 5 days of a contraceptive failure or unprotected sex; the sooner she takes it the more effective it will be.
 - Josephine and Edgar should also discuss using an additional birth control method, such as a hormonal method, in case the condoms break again.
- **Scenario 5**
 - Since Ashley and Lorenzo have tested negative for STIs and are not sure if they would like to have children, they could use any of the hormonal birth control methods if they are trying to find a birth control method besides a condom.
 - However, if they are not good about using condoms every time, they may not be good at using some hormonal methods such as the Birth Control Pill that requires a female to take it daily. A method that requires less attention might be better, such as the Ring, Shot, Implant, and IUD.
 - Suggest that Ashley and Lorenzo use condoms because there are STIs that have no test or that are rarely tested for like HPV (warts) in men (no test) and trichomoniasis (usually not tested for).
- **Scenario 6**
 - Since Rosa has an STI, they should use condoms to help prevent transmission to Zach.
 - Suggest that Zach and Rosa also use a hormonal birth control method in case the condom breaks to prevent pregnancy.

Instructor Facilitation Guide for Scenarios Group #2:

- **Scenario 1**
 - Alfonso and Noel have had sex with other people, so they need to use condoms to protect against STIs. Suggest they also both get tested for STIs since they have never been tested before.
 - Since they are only 17, having a baby at this time could be difficult, so using two methods of birth control could be recommended, such as a hormonal method and a condom to also prevent against STIs.
- **Scenario 2**
 - Gabriella and Nathaniel are in a committed relationship, have both tested negative for STIs, and want protection for three years or more. Any method could be used by this couple, including a long lasting hormonal method, such as the Shot, Implant, and IUD.
 - Suggest that Gabriella and Nathaniel use condoms because there are STIs that have no test or that are rarely tested for like HPV for male bodies (no test) and trichomoniasis (usually not tested for).
- **Scenario 3**
 - Since Jamie values waiting to have sex until marriage, Jamie and Taylor should not have sex.
 - Suggest Jamie and Taylor discuss a plan if they do decide to have sex in the future.
- **Scenario 4**
 - Isabelle should take Emergency Contraception as soon as possible, within at least 3-5 days of contraceptive failure or unprotected sex; the sooner she takes it the more effective it will be.
 - Chung and Isabelle should also discuss using an additional method, such as a hormonal method, in case the condom breaks again and because they are both not ready to have a baby.
 - Since Chung and Isabelle have also had sex with other people, they should also get tested for STIs and HIV.
- **Scenario 5**
 - Because Giselle and Oscar have tested negative for STIs and are not sure if they would like to have children, they could use any of the hormonal birth control methods if they are trying to find a birth control method besides a condom.

- However, if they are not good about using condoms every time, they may not be good at using some hormonal methods such as the Birth Control Pill that requires a female to take it daily. A method that requires less attention might be better, such as the Ring, Shot, Implant, and IUD.
- **Scenario 6:**
 - Because Catherine has an STI, they should use condoms to help prevent transmission to Ahmad.
 - Suggest that Ahmad and Catherine also use a hormonal birth control method in case the condom breaks to prevent pregnancy.

It Depends on the Situation (Group #1)

Scenario 1: Juan and Afia are in high school. They started dating six months ago. They have decided they are ready to start having sex. Both Juan and Afia have had sex in the past with other people.

Scenario 2: Chan and Lilyana just got married. Before they got married they got tested for STIs and HIV. Both of them were negative. They have decided they want to wait for 3 years before they start a family.

Scenario 3: Alex and Casey have been in a relationship for a year. Alex does not want to have sex until marriage, but Casey does not feel as strong about waiting to have sex.

Scenario 4: Josephine and Edgar are in high school. After high school, they both plan to go to college. Last night while they were having sex, they used a condom but they think it broke. Josephine is not on any other type of birth control.

Scenario 5: Ashley and Lorenzo use condoms during sex. They both want to start using a different type of birth control method instead of condoms because Lorenzo says they feel weird. Neither of them are ready for a baby nor want an STI.

Scenario 6: Zach and Rosa are 20 years old. They love each other and have been together for over a year. Both of them feel they are ready to start having sex. Rosa told Zach at the beginning of their relationship that she has an STI.

It Depends on the Situation (Group #2)

Scenario 1: Alfonso and Noel are in high school. After high school, they have decided they would like to go to college or get good jobs. They have been dating for six months and are in a healthy, committed relationship. They have decided they are ready to start having sex. Both of them have had sex with other people in the past, but have never been tested for STIs or HIV.

Scenario 2: Gabriella and Nathaniel recently got married. Both have been tested for STIs and HIV. They were both negative. Gabriella just got accepted into college but doesn't want to start a family until she is done. They are looking for a birth control method that will last for three years or more.

Scenario 3: Jamie and Taylor are high school seniors. They have been in a committed relationship for a year now. Both of them feel that this is a long lasting relationship and would like to get married one day. Jamie is committed to waiting to have sex until marriage. Taylor's beliefs on not having sex until marriage are not as strong.

Scenario 4: Chung and Isabelle are in high school. They met at a party a few months ago and have had sex a couple of times since they met. Last night while having sex, the condom broke. Isabelle is not on any type of birth control. They both feel they are not ready to have a baby since they are only in high school. Both of them have also had sex with other people in the last couple of months.

Scenario 5: Giselle and Oscar are in a healthy, committed relationship and live together. Both of them have been tested for STIs and HIV and are negative. While they try to use condoms every time they have sex, sometimes they do not. They would like to find a different birth control method they can use besides condoms.

Scenario 6: Ahmad and Catherine are in love. They have not discussed marriage because they feel they are too young. Recently, they decided they are ready to start having sex. Catherine told Ahmad at the beginning of their relationship that she has an STI.

Depende de la situación (Grupo #1)

Escena 1: Juan y Afia están en la preparatoria. Empezaron a salir hace seis meses. Han decidido que están listos para tener relaciones sexuales. Juan y Afia ya han tenido relaciones sexuales con otras personas en el pasado.

Escena 2: Chan y Lilyana se acaban de casar. Antes de que se casaran hicieron pruebas del VIH y las ITS. Las pruebas resultaron negativas. Han decidido esperar 3 años antes de tener hijos.

Escena 3: Alex y Casey han estado juntos desde hace un año. Alex no quiere tener relaciones sexuales hasta que se case pero eso no es una prioridad para Casey.

Escena 4: Josephine y Edgar están en preparatoria. Luego que terminen la preparatoria, los dos planean ir a la universidad. Ayer tuvieron sexo y usaron un condón, pero piensan que se rompió. Josephine no está usando ningún otro método anticonceptivo.

Escena 5: Ashley y Lorenzo usan condones durante el sexo. Ambos quieren empezar a usar otro método anticonceptivo en vez de condones, porque Lorenzo dice que se sienten raros. Ninguno de los dos quiere tener hijos por el momento, tampoco quieren contraer una ITS.

Escena 6: Zach y Rosa tienen 20 años. Se aman mucho y han estado juntos por más de un año. Los dos sienten que ya están listos para empezar a tener relaciones sexuales. Al inicio de la relación, Rosa le contó a Zach que tenía una ITS.

Depende de la situación (Grupo #2)

Escena 1: Alfonso y Noel están en la preparatoria. Después de la preparatoria han decidido que les gustaría ir a la universidad o conseguir buenos trabajos. Han estado saliendo juntos por seis meses y están comprometidos en una relación saludable. Han decidido que están listos para empezar a tener sexo. Ambos ya han tenido sexo con otras personas en el pasado, pero nunca se han hecho pruebas del VIH o las ITS.

Escena 2: Gabriella y Nathaniel se han casado recientemente. Ambos se han realizado las pruebas del VIH y las ITS. Ambos tuvieron resultados negativos. Emily ha sido aceptada en la Universidad recientemente pero no quiere tener hijos hasta que acabe sus estudios. Gabriella y Nathaniel están buscando un método anticonceptivo que dure tres años o más.

Escena 3: Jamie y Taylor están el último año de preparatoria. Han estado comprometidos en una relación por un año. Ambos sienten que su relación durará para siempre. Les gustaría casarse algún día. Jamie se ha comprometido a esperar hasta que se case para tener sexo. Taylor no tiene las mismas creencias sobre esperando para tener sexo hasta que se case.

Escena 4: Chung y Isabelle están en la preparatoria. Se conocieron hace algunos meses en una fiesta y han tenido sexo un par de veces desde que se conocieron. Ayer mientras tenían sexo, el condón se rompió. Nicole no está usando otro método anticonceptivo. Ambos piensan que no están listos para tener hijos ahorita estando en la preparatoria. Ambos han tenido sexo con otras personas en los últimos meses.

Escena 5: Giselle y Oscar viven juntos y están comprometidos en una relación saludable. Ambos se han realizado las pruebas de SIDA y las ITS y los resultados han sido negativos. Aunque siempre tratan de usar condones cada vez que tienen sexo algunas veces no los usan. Les gustaría encontrar un método anticonceptivo diferente que puedan utilizar además del condón.

Escena 6: Ahmad y Catherine están enamorados. Todavía no han hablado de matrimonio porque son muy jóvenes. Recientemente han decidido que están listos para empezar a tener sexo. Al inicio de su relación, Catherine le dijo a Ahmad que ella tiene una ITS.

Session 7 Assessment: Birth Control

Category 1: True/False and Open Ended

Birth Control Questions:

1. What is birth control?
Answer: A method used to prevent pregnancy.
2. What is the 100% effective method to prevent pregnancy and the best way to lower your risk of getting an STI?
Answer: Not having sex (abstinence)
3. List one option for male bodies, all bodies, and female bodies that can be used to prevent pregnancy?
Answer: Male Bodies: Condoms
Female Bodies: Pill, Patch, Ring, Shot, Implant, and I.U.D.
All Bodies: Not having sex

Condom Demonstration:

1. Why should you check the wrapper before opening the condom?
Answer: To make sure the condom wrapper is intact (no holes or tears) and that it is not past the expiration date.
2. True/ False: A person should use their teeth to open a condom.
Answer: False
3. True/False: Squeeze the tip (top) of the condom before rolling it down the base of the penis.
Answer: True
4. True/False: Condoms can be placed in a toilet after use.
Answer: False- condoms should be placed in the garbage.

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Birth Control	True	False	Not Sure
Question 1: True/False: Birth control is a method used to prevent pregnancy.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Topic: Birth Control Question 2: The 100% effective method to prevent pregnancy and or lower the risk of getting an STI is... Answer: Not having sex	Condom <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not having sex <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Condom Demonstration Question 1: True/False: Before using a condom, you should check for holes and the expiration date. Answer: True	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Condom Demonstration Question 2: True/False: A person should use their teeth to open a condom. Answer: False	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Condom Demonstration Question 3: True/False: Condoms can be placed in a toilet after use. Answer: False	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>

Category 3: Icon Selection







- **Option 1:** Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- **Option 2:** Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Birth Control Questions:

1. True/False: Birth control is a method used to prevent pregnancy.
Answer: True
2. The 100% method used to prevent pregnancy and or lower the risk of getting an STI is...
Answer: Not having sex

Condom Demonstration:

1. True/ False: Before using a condom, you should check for holes and the expiration date.
Answer: True
2. True/False: A person should use their teeth to open a condom.
Answer: False
3. True/False: Condoms can be placed in a toilet after use.
Answer: False

Row 1	True 	False 	Not sure 
Row 2	No Sex (Abstinence) 	Condoms 	Not sure 

Session 7 Wrap-Up

Objective: To review the topics covered during the seventh session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What is the best way to prevent a pregnancy?
 - What is one example of a hormonal method of birth control?
 - What is one example of a barrier method of birth control?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss legal pregnancy options.
4. **Collect the Question Box questions.**

Session 8: Pregnancy Options

Goals

- Identify all legal options for a person who becomes pregnant.
- Discuss why or why not someone might choose a particular option if they become pregnant.
- Identify necessities for taking care of a baby.

Objectives

At the end of this session, students will be able to:

- Know all legal options available to a person who becomes pregnant.
- Articulate one reason why someone may and may not choose each option.
- Name two resources a person who becomes pregnant can seek for medical care or support.
- Name five things needed to take care of a baby.

Why Is This Important?

California Education Code requires that instructors objectively discuss all legal options available to a person who becomes pregnant. This lesson defines each of those options – become a parent, abortion, adoption, and safe surrender – and considerations an individual should be aware of for each of those options. In addition to providing information about each option for a pregnant person, the activity encourages students to consider and discuss the reasons why or why not an individual would choose each option. This is an important opportunity for students to reflect on their own values about pregnancy while learning to be respectful of other values their classmates may have. It is important to remind students (and be aware for yourself as the instructor) that students in the classroom may have already chosen one of these options for themselves or a partner. As such, it is critical that all participants are mindful of the facilitation and discussion of this activity.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g. white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- Scissors
- Glue sticks

Pregnancy Options Activity

- Pregnancy Options PowerPoint in the accompanying digital materials
- Photocopies of Pregnancy Options worksheet
- Photocopies of Pregnancy Options cards from Appendix G.8, one set for each student
- Picture of Safe Surrender sign, printed out or projected on screen

No Easy Decision Activity

- No Easy Decision Scenarios, class set
- Photocopies of No Easy Decision worksheet

What Does a Baby Need? Activity

- Large poster paper, one for each student
- What Does a Baby Need? Cards from Appendix G.9, one set for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Laws about abortion vary widely between states and may change frequently. The content in this lesson is designed based on California's abortion laws. Be sure to check the most current laws in your state and which facilities offer the procedure in your area.

Note to Instructor: It is VERY IMPORTANT that instructors remain neutral on their personal views on abortion. Abortion is controversial, and expressing one's own values on this subject may offend or hurt a student. Teachers should NOT teach or express their own beliefs on this topic. The teacher should only teach what the legal options are for a person who is pregnant and the issues surrounding each option.

Pregnancy Options Activity

- Carefully read the Pregnancy Options Discussion guide (included on the next page) for basic information on each option.
- Have the Pregnancy Options PowerPoint loaded on to a computer and ready to project.
- Photocopy Pregnancy Options Cards sheet, one for each student, found in Appendix G.8.
- Photocopy Pregnancy Options worksheet, one for each student.

No Easy Decision Activity

- Before facilitating the activity, No Easy Decision, it's best to do the Pregnancy Options Discussion, which covers all four safe and legal pregnancy options.
- Photocopy No Easy Decision Scenario, class set.
- Photocopy No Easy Decision worksheet, one for each student.
- Print out picture of Safe Surrender sign.

What Does a Baby Need? Activity

- Photocopy and cut out the What Does a Baby Need? Cards found in Appendix G.9, one set for each student.

Total Instruction Time

Minimum: 40 min.

Maximum: 55 min.

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 7 Review: 5 min.

Pregnancy Options: 15 min.

No Easy Decision: 15 min

What Does a Baby Need?: 15 min

Session 8 Wrap-Up: 5 min.

Activity 8.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that you always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 8.2: Pregnancy Options

Objective: Identify the legal options when a pregnancy occurs and learn the importance of good prenatal care.

1. Explain to the class that we will discuss the legal options a person who is pregnant has if they become pregnant by going through a PowerPoint.
2. Discuss with the class that the person who is pregnant ultimately gets to decide which option to choose. Discuss how different people in that person's life can get involved and how to support the pregnant person's decision. The partner of the person who is pregnant will have valid and normal feelings about pregnancy. Couples should have a discussion on which option they would choose if a pregnancy occurred BEFORE they have sex.
3. Pass out the Pregnancy Options worksheet to each student along with the Pregnancy Options Card cutouts (found in Appendix G.8) and glue sticks. Explain to the class that they will be responsible for writing in each option on their worksheet as you go through each slide of the PowerPoint and choosing an appropriate picture to paste in each square.
4. Project the Pregnancy Options PowerPoint on the board. Go over each option in as much detail as is appropriate for the class, using the notes for each option located below.

Pregnancy Options PowerPoint Guide

Continue pregnancy and become a parent³⁰

- Teens may raise a baby alone, with their partner, and/or with the help of family and friends.
- A teen has the right to continue their pregnancy regardless of age, marital status, or financial situation.
- There are resources for teens who choose to have a baby and need help. Provide information on local organizations, such as TAPP: Teenage Parenting Program, WIC: Women, Infants and Children, etc.
- If one biological parent participates less than the other in raising the child, he or she may be required to pay child support.
- If a teen decides to have the baby and raise it, they should see a doctor for prenatal care as soon as possible. Prenatal care is very important for the health of the teen and the baby!
- Prenatal care should occur as soon as a pregnancy is known or suspected and the decision is made to continue the pregnancy. Prenatal care consists of periodic check-ups with a health provider to ensure the pregnancy is developing normally and continues until delivery.

Continue the pregnancy and make an adoption plan³¹

- Adoption is when a person legally takes on all the rights and responsibilities of a child who is not biologically born to them.
- This is an alternative if a teen does not feel prepared to raise a child but does not want to have an abortion.
- Birth parents give up all rights and responsibilities as legal guardians, and the decision is permanent once the adoption procedures are completed.
- Birth parents can choose an adoptive family or let a public agency choose for them.
- Birth parents can be involved in choosing the level of openness they want with the adoptive family and child (creating an adoption plan).
- Birth parents can receive help with birth and adoption expenses, help with legal and hospital documents, and counseling.
- Provide information on local organizations, such as Adopt International, Adoption Connection, The Independent Adoption Center, etc.

End the pregnancy with an abortion³²

- Abortion is ending a pregnancy by removing an embryo or fetus from the uterus.
- In California, teens DO NOT need parental notification or permission to obtain an abortion. However, the majority of teens who have abortions do it with a parent's knowledge.
- No one can legally force another person to have an abortion or prevent them from getting one (including parents or partner).
- Medical Abortion – must be done within the first 10 weeks of a pregnancy. The patient takes 2 medications; the first causes termination of the pregnancy and the second causes the pregnancy to leave the uterus. This process can take a few days and is similar to a heavy period.

³⁰ Hamilton, B.E., et al. (2015). Births: Data for 2014. National Vital Statistics Reports, 64(12). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf

³¹ The American College of Obstetricians and Gynecologists. Frequently Asked Questions. Pregnancy options: Raising the baby, adoption, and abortion. Retrieved from <http://www.acog.org/~/media/For%20Patients/faq168.pdf>

³² Ibid.

- Surgical Abortion – although most are done in the first 12 weeks of the pregnancy, abortion is legal up to 24 weeks in California. This procedure is performed in a clinic or medical office, using a vacuum aspirator to empty the uterus with gentle suction. After 12 weeks, it is a more surgical procedure.
- In both types, the patient **MUST** return to the clinic for a follow-up visit.
- Both types of abortions can be paid for through Medi-Cal or Emergency Medi-Cal (in California).
- Discussion with a partner, parents, a professional, or a friend is encouraged before making a decision.
- Provide information on local abortion providers, such as Planned Parenthood and Kaiser.

Safe Surrender Law (aka Safe Haven or Newborn Abandonment Law)³³

- In California, the parent or lawful guardian of a newborn, within 72 hours of birth, may bring the newborn to a safe surrender site anonymously, without fear of prosecution³⁴.
- The identity of the person surrendering the child will remain confidential.
- The person who surrendered the child has 14 days to reclaim the child if they change their mind.
- Safe surrender sites include hospital emergency rooms, fire stations, or other locations designated with a posted blue Safe Surrender sign.
- The child will eventually be given to child protective services for placement in a foster home if not reclaimed within the 14 days.
- For more information on Safe Surrender, please see www.babysafe.ca.gov.

Overview

- All of these options can be difficult choices to make.
- The person will make the best decision by being honest with themselves and remain true to their own values and beliefs.
- All feelings should be taken into consideration, including how this pregnancy would affect the parent's and the child's life now and in the future.
- The choice is entirely up to the person who is pregnant, but encourage them to talk with parents, a partner, a professional, or a friend for advice.

Statistics to share with class:³⁵

- In 2011, 5% of teens age 15-19 in the U.S. became pregnant (over 550,000 in total)
 - 60% of those pregnancies resulted in a live birth (parenting, adoption, or Safe Surrender)
 - Less than 1% of teens who give birth chose adoption
 - The rate of teens who chose Safe Surrender is unknown, but statistically insignificant
 - 26% of those pregnancies were ended with an abortion
 - An estimated 14% of those pregnancies ended unexpectedly in a miscarriage

³³ California Department of Social Services. Safe Surrender Fact Sheet. <http://www.babysafe.ca.gov/res/pdf/SSBFactSheet.pdf>

³⁴ Ibid.

³⁵ Kost, K. & Maddow-Zimet, I. (2016). U.S. teenage pregnancies, births and abortions, 2011: National trends by age, race and ethnicity. Guttmacher Institute, Retrieved from <http://www.guttmacher.org/report/us-teen-pregnancy-trends-2011>

Pregnancy Options

<p>1. Continue pregnancy and become _____.</p>	<p>2. _____: Giving another person the legal right to take care of a child</p>
<p>3. _____: Ending the pregnancy</p>	<p>4. _____: Safely giving a child to a safe surrender site in the first 3 days of the child's life</p>

Pregnancy Options (Answer Key Example)

Continue pregnancy and
become
a Parent .



Adoption :
Giving another person the legal
right to take care of a child



Abortion :
Ending the pregnancy



Safe Surrender :
Safely giving a child to a safe
surrender site in the first 3 days of
the child's life



Opciones de Embarazo

<p>1. Continuar con el embarazo y ser padre</p> <p>_____.</p>	<p>2. _____:</p> <p>Otorgarles el derecho legal a otros padres para cuidar a un niño</p>
<p>3. _____:</p> <p>Interrumpir el embarazo</p>	<p>4. _____:</p> <p>Entregar el niño a un sitio seguro hasta tres días después de que nace</p>

Opciones de Embarazo (Ejemplo de respuestas)

Continuar con el embarazo y ser
Padre.



Adopción:

Otorgarles el derecho legal a otros padres para cuidar a un niño



Aborto:

Interrumpir el embarazo



Entrega Protegida:

Entregar el niño a un sitio seguro hasta tres días después de que nace



Activity 8.3: No Easy Decision

Objective: To help students understand their beliefs and values about the different pregnancy options.

Note to Instructor: It is best to do this activity after Pregnancy Options Discussion, which covers all 4 safe and legal pregnancy options. There are two options for this activity.

- **Option 1:** Group activity which involves students working together to fill out a worksheet.
- **Option 2:** Uses the same scenarios, but can work better for smaller classes as it is used for discussion with the entire class.

Option 1:

1. **Explain to the class that each student will receive a copy of the No Easy Decision worksheet and the class will be divided into small groups of 3 to 4 students.** Each group will read a story together of a person who is pregnant.
2. **Divide the class into small groups of 3 to 4 students and pass out the scenarios and No Easy Decision worksheet.**
3. **Ask the students to read their scenario and have them complete the chart on the No Easy Decision worksheet based on the scenario they are given.** Students should be given 10-15 minutes to complete their handout together.
4. **Remind students that the decision regarding what to do about an unintended pregnancy can often be very difficult.** The objective of the activity is to look at the different perspectives given the scenario, not for students to choose which option the pregnant person should choose. Students need to be careful not to judge any of the options as there may be students in the room who are pregnant or parenting, or who have chosen adoption, abortion, or safe surrender in the past.
For the purpose of this discussion to go along with the No Easy Decision activity, it is important for the students to be mindful in listing their reasons a person would consider different options. Be sure students are not labeling a person's character, but rather identifying that some options may go against a person's belief system.
5. **While students are working on their scenarios together, it is important for the instructor to take some time to listen in on each group.** By listening to the different groups, it will ensue that the conversation stays safe and open for all perspectives to be heard and discussed.
6. **After students have completed the No Easy Decision worksheet, bring the class back together to have a class discussion about the activity.**
7. **Ask the class:**
 - What are the options a person has if they are pregnant?
 - Why do some people plan when they want a pregnancy?
 - Why do we do this activity?

Option 2:

1. **Explain to the class that as a large group, we will learn the 4 safe and legal pregnancy options.**
2. **We will read stories of a pregnant person and talk about why a person may or may not choose a certain option; depending on the scenario.**

No Easy Decision Scenarios

1. A 16-year-old student just had sex with her boyfriend. They used a condom but it broke. Now she is pregnant. They did not know about taking Emergency Contraception to help prevent pregnancy.
2. A 19-year-old college student was raped at a party. Because this happened, she is now pregnant.
3. A 38-year-old female is pregnant, but she has cancer. She tried to get pregnant for many years. Now, she cannot get medicine for her cancer because it might harm the fetus.
4. A 50-year-old female thought she couldn't get pregnant because she hadn't had her period in over a year. She was very surprised when the doctor told her she is pregnant. She already had 2 children and is going to become a grandmother soon.

No Easy Decision

Based on the scenario you have, fill in the bubbles with reasons why a person would or would not choose either option

Yes:

No:

Abortion

**Continue the pregnancy
and become a parent**

Yes:

No:

Adoption

Yes:

No:

**Who can they go to for
help with their choice?**

Escenas que Presentan Decisiones Difíciles

1. Una estudiante de 16 años acaba de tener sexo con su novio. Usaron un condón, pero se rompió. Ahora ella está embarazada. No sabían que podían tomar anticoncepción de emergencia para evitar el embarazo.
2. Una estudiante universitaria de 19 años fue violada en una fiesta. Ahora está embarazada.
3. Una mujer de 38 años está embarazada, pero tiene cáncer. Ella trataba de embarazarse durante muchos años. Ahora no puede tomar medicina contra el cáncer porque podría afectar al feto.
4. Una mujer de 50 años pensó que ya no podía embarazarse porque no tenía su periodo por más de un año. Se sorprendió mucho cuando el doctor le dijo que estaba embarazada. Ella ya tiene 2 hijos y pronto será abuela.

Decisión Difícil

En base a la escena que se te presenta, rellena las burbujas con las razones
porqué una persona

Sí:

No:

Aborto

**Continuar con el
embarazo y convertirse
en padres**

Sí:

No:

Adopción

Sí:

No:

**¿Quién puede ayudarla
con su decisión?**

Activity 8.4: What Does a Baby Need?

Objective: Reflect on what is needed to raise a healthy baby.

1. **Say the following statements and ask the following questions to the class:**
 - Raise your hand if you think babies are cute.
 - Raise your hand if you think crying babies are cute.
 - How often do you think babies cry each day?
 - How often do you think babies need to be fed each day?
 - Do you think that you would get tired taking care of a baby each day?
 - Do you have enough money to take care of a baby each month?
2. **Write “What a Baby Needs” on the board.**
3. **Ask students, “What are all the things a baby needs?” and write responses on the board.** Remind them to think of things that cost money as well as things that don’t cost money, i.e. being held.
4. **Pass out the What Does a Baby Need? Cut-outs worksheet found in Appendix G.9 to each student and a large piece of poster paper.**
5. **Ask students to go through their worksheet and cut and paste on their poster all of the things they would need to take care of a baby.**
 - If possible, have them include prices of each on their collage and add up the cost to take care of a baby for a day, a week, and for a month. Also, some students might not be capable of adding up the cost/budget for the things that they have cut out. Have other students who can do this help them out.
 - For some students, assistance may be needed for cutting and pasting and it may be beneficial to have the cut-outs prepared before class begins.
6. **Have students share their posters with the class.**

Session 8 Assessment: Pregnancy Options

Category 1: True/False and Open Ended

Pregnancy Option Questions:

1. Name 3 things a person should consider when deciding to become a parent?
Answer: Support, financial stability, if they are ready, their future, etc.
2. If a teen decides to have a baby, they should see a doctor for _____.
Answer: Prenatal Care (periodic check-ups with a health care provider to ensure the pregnancy is developing normally and continues until delivery)
3. A person can end a pregnancy with an _____.
Answer: Abortion
4. When a birth parent can choose an adoptive family, what kind of adoption is that?
Answer: Open Adoption
5. What is a place that a person can safely surrender their baby?
Answer: Fire station, police station, hospital emergency room

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Pregnancy Options	True	False	Not Sure
Question 1: True/False: Prenatal (before giving birth) care is important for the pregnant person and the developing fetus. Answer: True	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: Pregnancy Options	True	False	Not Sure
Question 2: True/False: In a closed adoption, birth parents can choose the adoptive family. Answer: False- this is an open adoption.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>




Topic: Pregnancy Options	True	False	Not Sure
Question 3: True/False: If a person has an abortion (medical or surgical) it is important to return for a follow up appointment.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: Pregnancy Options	True	False	Not Sure
Question 4: True/False: A person has up to 1 year to reclaim their child from a Safe Surrender site.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: False.	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Category 3: Icon Selection

- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- Option 2: Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Pregnancy Option Questions:

1. True/False: When deciding to become a parent and raise a baby, a teen may think about the support from their partner or family.
Answer: True
2. True/ False: Prenatal care (check-ups with a health care provider to ensure the pregnancy is progressing normally) is important.
Answer: True
3. True/False: In a closed adoption, birth parents can choose the adoptive family.
Answer: False
4. True/False: A person has up to 1 year to reclaim their child from a Safe Surrender site.
Answer: False

Row 1	True 	False 	Not sure 
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Session 8 Wrap-Up

Objective: To review the topics covered during the eighth session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What are two options a person has if they become pregnant?
 - If a person was going to continue the pregnancy and become a parent, what is it important for them to do?
 - Name 3 things that a baby needs.
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss sexually transmitted infections.
4. **Collect the Question Box questions.**

Session 9: Sexually Transmitted Infections

Goals

- Understand what an STI is, including HIV/AIDS.
- Identify places to receive STI testing and treatment.
- Discuss ways to support people who have an STI, including HIV/AIDS.
- Increase the likelihood of condom use when a person decides to have sex.

Objectives

At the end of this session, students will be able to:

- Name three STIs.
- List two ways a person can prevent and protect themselves from STIs.
- Demonstrate the correct steps to use a condom.

Why is this important?

Teens have the highest rates of STIs among all age groups, with 15-24 year olds accounting for 50% of all new STI cases.³⁶ To address this rate of transmission, define the known STIs, the health outcomes of each STI, typical signs and symptoms (including NO symptoms), and the most effective ways to prevent them. You will notice that we have not included pictures of physical signs of STIs as part of the content in this session. That is intentional. The most common sign of an STI is no signs or symptoms at all. In addition, research studies have demonstrated that scare tactics (e.g., showing graphic photos of infected body parts) can be counterproductive – in fact discouraging individuals from getting tested or communicating with their partner.³⁷

Although teens may know where to obtain condoms, knowing how to properly use a condom through a hands-on demo affords students the practice with the specific steps required for proper condom usage. Be sure to reiterate that, while condoms are highly effective when used correctly (Session 7 on birth control methods), they do not provide guaranteed protection from STIs. As such, it is important that teens who have sex also recognize the importance of getting tested regularly for STIs, make sure their partner is tested, and that there is communication between partners about preventing the spread of STIs.

During this lesson, it is critical to communicate that having an STI does not make someone a bad person and isn't an immediate indication of someone's character to reduce the negative stigma around STIs, particularly HIV. There have been significant advancements in the treatment and prevention of HIV over the last 30 years and students will learn that along with not having sex, reducing the number of sexual partners they have, and engaging in monogamous relationships (such as marriage), there are new medications like PrEP and PEP that can also significantly reduce a person's chance of contracting HIV.

If you feel you need more background information on STIs and HIV/AIDS to answer students' questions, please see the CDC website (www.cdc.gov/std) or the STI Control Branch website (www.std.ca.gov).

Materials Needed

³⁶ Centers for Disease Control and Prevention. (2016). Sexual Risk Behaviors: HIV, STD, & Teen Pregnancy Prevention. Retrieved from <http://www.cdc.gov/healthyyouth/sexualbehaviors/>

³⁷ Centers for Disease Control and Prevention. (2016). Condom Effectiveness. Retrieved from <http://www.cdc.gov/condomeffectiveness/>
Teen Talk Adapted for All Abilities, 2019

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- A writing surface (e.g., white board, Smartboard)
- Projection technology (laptop/projector or SmartBoard)
- STI Prezi or PowerPoint in the accompanying digital materials
- Copies of STI Information Sheet, one for each student
- Copies of STI Scavenger Hunt, one for each student
- Copies of HIV 101, one for each student
- Copies of What I Know About HIV/AIDS worksheet, one for each student
- STI plush toys (can be found at www.giantmicrobes.com)

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.
- Order STI plush toys from www.giantmicrobes.com.
- Read through STI information Sheet and HIV 101.
- Photocopy STI Information Sheet, one for each student.
- Photocopy STI Scavenger Hunt, one for each student.
- Based on the functioning and learning level of your class, decide if you will use the STI Prezi or one of the two STI PowerPoints located in the accompanying digital materials and have them loaded on a computer ready to project.
- Photocopy a worksheet with HIV/AIDS: True or False? on one side and HIV 101 on the other side, one for each student.

Total Instruction Time

Minimum: 115 min

Maximum: 150 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 8 Review: 5 min.

STI Information Sheet: 10 min.

STI Scavenger Hunt: 15 min

STI Prezi or PowerPoint: 25 min

STI Posters: 20 min

STI Toss: 15 min

HIV 101: 15 min

Session 9 Wrap-Up: 5 min.

Activity 9.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address every question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 9.2 STI Information Sheet

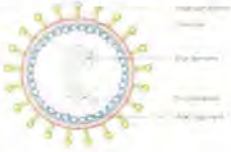
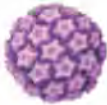
Objectives: To identify what an STI is, modes of transmission, symptoms, and long-term effects of STIs. Identify ways to protect self from STIs, including HIV/AIDS.

1. **Explain to the class that each student will receive a copy the Sexually Transmitted Infections (STIs) Information sheet.** This information sheet highlights the most common STIs that can be passed person to person through specific modes of transmission. The information sheet also describes signs and symptoms a person may experience if they have been exposed to a particular STI. An important highlight on this information sheet are also descriptions of how a person can best protect themselves against STIs.
2. **Pass STI Information sheet out to all students to keep for reference.**

Sexually Transmitted Infections

-STIs often have NO signs or symptoms!

-Condoms do not cover all areas of the genitals, but are the best protection against STIs if someone is having sex and using them correctly

	STIs	How it is passed	Signs (Something you see) and Symptoms (Something you feel)	How to stay protected
Viral STIs—Not Curable but Treatable and Preventable	Genital Herpes 	HSV-1 & HSV-2: Possible to get from contact during vaginal, anal, oral sex or skin-to-skin contact	-No Symptoms -Genital blisters -Flu-like symptoms -Painful urination	-Don't have sex -Use a condom or dental dam <i>every time</i> you have sex -Get tested! Note: -Condoms do not cover all areas where the virus can live -May increase risk of HIV infection
	HPV Human Papilloma Virus 	-Skin-to-skin genital contact -Unprotected sex -Contact with mucous membranes or bodily fluids	-No Symptoms -May cause cervical, penile, oral, or anal cancers -Genital warts	-Don't have sex -Use a condom or dental dam <i>every time</i> you have sex -Get vaccinated -Get tested!

Hepatitis B



- Unprotected sex
- Through infected blood body fluids
- Blood transfer or sharing needles

- Can harm the liver
- Pain in abdomen
- Dark urine
- Skin or eyes turn yellow

- Don't have sex
- Use a condom or dental dam *every time* you have sex
- Get vaccinated
- Get tested!
- No I.V. drug use
- Use clean needles for steroids, tattoos or piercings

HIV Human Immunodeficiency Virus



- Fluids:** Blood, pre-ejaculatory fluid, semen, vaginal fluid, rectal fluid, breast milk
- Unprotected sex
 - Blood transfer or sharing needles
 - Can be passed from mother to baby




- Many people with HIV have no symptoms until they progress to having AIDS
- A weak immune system can lead to frequent illness
- Flu-like symptoms
- Open-mouth sores
- Can lead to AIDS

- Don't have sex
- Use a condom or dental dam *every time* you have sex
- No IV drug use or sharing needles
- Use clean needles for steroids, tattoos or piercings
- Get tested!
- Prevent or decrease risk of contracting or passing HIV by using medication Pre-Exposure Prophylaxis (PrEP) or Post Exposure Prophylaxis (PEP)

Note:

- HIV+ individuals can have a normal life expectancy if detected early and remain on antiretroviral medication

Bacterial STIs—Curable with antibiotics

STIs	How can you get it?	Signs (Something you see) and Symptoms (Something you feel)	How can you protect yourself?
Chlamydia 	-Unprotected sex -Can be passed from mother to baby	-No Symptoms -Burning feeling while urinating -Unusual discharge from penis or vagina -Pain in abdomen -Can cause infertility and pelvic inflammatory disease	-Don't have sex -Use a condom or dental dam every time you have sex -Get tested!
Gonorrhea 	-Unprotected sex -Can be passed from mother to baby	-No Symptoms -Strong need to urinate -Unusual discharge from penis or vagina -Pain in abdomen -Can cause infertility and pelvic inflammatory disease	-Don't have sex -Use a condom or dental dam every time you have sex -Get tested!
Syphilis 	-Unprotected sex -Contact with infected sores	-Has a phase of no symptoms -Sores on penis or vagina or body rash -Can cause damage to nervous system, heart, brain, and death	-Don't have sex -Use a condom or dental dam every time you have sex -Get tested to see if syphilis is in latent (hidden) phase

Other STIs—Curable with Medication

Trichomoniasis

-Unprotected sex

-No Symptoms

-Burning or uncomfortable feeling while urinating or ejaculating

-Unusual discharge from penis or vagina

-Itching or redness of vagina

-Don't have sex

-Use a condom or dental dam every time you have sex

-Get tested!

Pubic Lice (Crabs)

-Skin-to-skin or close genital contact

-Unprotected sex

-Can be passed in sheets, towels, and clothes

-Itching around genitals

-Sometimes lice or eggs can be seen

-Don't have sex

-Use a condom or dental dam correctly and every time you have sex

-Visit a doctor!

Activity 9.3: STI Scavenger Hunt

Objectives: To identify curable and treatable STIs. Learn about common symptoms each STI may present. Identify ways to prevent from getting or passing STIs, including HIV/AIDS.

1. **Inform the class that you are having them complete an STI Scavenger Hunt.** Explain that they will each receive a Sexually Transmitted Infection handout to look for information on STIs that are in the clue boxes. There is also a word bank provided at the top to help them identify the curable and treatable STIs and how to spell them.
Note to Instructor: This activity can be best used for students with higher reading comprehension, but can be adapted based on student and classroom needs. E.g. instead of pair work, the instructor can do a group activity helping students navigate the handout and clues as a class.
2. **Explain to the class that they will partner up with a student near them and use their STI handout from Activity 9.2 to solve the clues for the scavenger hunt.**
3. **Pass the STI Scavenger Hunt worksheet to each student.** Allow students 15-20 minutes to complete the activity.
4. **When all students have completed the activity, come together as a group and call on different groups to answer each section on the worksheet.** If possible, project the clues with the correct answer(s) for students to view. Reference the STI Scavenger Answer Key for assistance.
5. **Ask students:**
 - What did you find interesting or something you learned?
 - Why is it important to know what the most common symptom of any STI is? (Most STIs are asymptomatic so a person who is having any type of sex should get tested to know their STI status to better protect themselves and their partner).
6. **Remind students that the STI Information Sheet and STI Scavenger Hunt can serve as reference for future use.**

STI Scavenger Hunt

Directions: Use the information on the Sexually Transmitted Infections handout to solve the clues in the boxes. Answers will only be used one time.

Curable STIs → cured with medication from a health care provider

Word Bank:

Chlamydia

Trichomoniasis

Pubic Lice

Gonorrhea

Syphilis

Along with Chlamydia, I can lead to infertility- not being able to cause a pregnancy or become pregnant.

I look like a sea animal and can cause private parts to be very itchy.

My name is hard to pronounce.

I can cause painful urination and can also lead to infertility.

If not treated, I can cause harm to the heart, the brain, and may lead to death.

Treatable STIs → with medication and care from a health care provider

Word Bank:

HIV

HPV

Hepatitis B

Herpes

There are two types of me, and I can cause blisters.

I can cause cancer and warts on the private parts.

I can harm the liver.

I can be passed through only 6 bodily fluids, including blood and breast milk.

There are many ways to prevent STIs. Name 2 ways to reduce the risk of getting or passing an STI.

1.

2.

***The best way to reduce the chance of getting any of us is by**

***The most common symptom of any of the STIs is**

STI Scavenger Hunt **Answer Key**

Directions: Use the information on the Sexually Transmitted Infections handout to solve the clues in the boxes. Answers will only be used one time.

Curable STIs → cured with medication from a health care provider

Word Bank:

Chlamydia

Trichomoniasis

Pubic Lice

Gonorrhea

Syphilis

Along with Chlamydia, I can lead to infertility- not being able to cause a pregnancy or become pregnant.

Gonorrhea

I look like a sea animal and can cause private parts to be very itchy.

Pubic Lice

My name is hard to pronounce.

Trichomoniasis

I can cause painful urination and can also lead to infertility.

Chlamydia

If not treated, I can cause harm to the heart, the brain, and may lead to death.

Syphilis

Treatable STIs → with medication and care from a health care provider

Word Bank:

HIV

HPV

Hepatitis B

Herpes

There are two types of me, and I can cause blisters.

Herpes

I can cause cancer and warts on the private parts.

HPV

I can harm the liver.

Hepatitis B

I can be passed through only 6 bodily fluids, including blood and breast milk.

HIV

There are many ways to prevent STIs. Name 2 ways to reduce the risk of getting or passing an STI.

1. **Using Condoms**
2. **Getting Tested**

***The best way to reduce the chance of getting any of us is by**

Not having sex

***The most common symptom of any of the STIs is**

No Symptom

Juego de Pistas sobre ITS

Instrucciones: Usa la información de la hoja sobre las Infecciones de Transmisión Sexual (ITS) para resolver las pistas en las cajas. Cada respuesta sólo se usa una vez.

ITS Curables → se curan con medicamentos de un proveedor de salud

Recuadro de palabras:

Clamidia

Tricomoniasis

Ladillas

Gonorréa

Sífilis

Junto con la clamidia, si no me tratan, puedo resultar en infertilidad (no ser capaz de causar un embarazo o estar embarazada).

Parezco un animal marino y puedo causar picazón en las partes privadas.

Mi nombre es difícil de pronunciar.

Puedo casuar ardor al orinar y también puedo resultar en infertilidad.

Si no me tratan, puedo causar daño en el corazón, el cerebro y puedo resultar en la muerte.

ITS Tratables → con medicamentos y atención de un proveedor de salud

Recuadro de palabras:

VIH

VPH

Hepatitis B

Herpes

Existen dos tipos de mí y puedo causar ampollas.

Yo puedo causar cáncer y verrugas de las partes privadas.

Puedo dañar al hígado.

Me transmito a través de sólo 6 fluidos corporales, incluyendo la sangre y la leche materna.

Existen muchas formas de prevenir las ITS. Nombra 2 formas de reducir el riesgo.

1.

2.

***La mejor forma de reducir el riesgo de contraer alguna de éstas es...**

***El síntoma más común de cualquier ITS es**

Activity 9.4: Sexually Transmitted Infections Prezi

Objectives: Identify curable and incurable/ treatable STIs. Identify ways to prevent STI transmission. Establish compassion for people living with HIV.

1. **Introduce today's session by explaining to the class that if someone chooses to have sex, there can be potential risks involved.** We will be discussing different infections that can be passed person to person through sex, but more specifically through certain fluids that come from the body.
2. **Explain that you will go through a computer program called a Prezi to discuss common STIs a person can get, how a person can protect themselves against these STIs and where a person can get resources if they need sexual health services.** A Prezi is a computer program that details information in a more interactive way than a PowerPoint. The information will move around as we learn more specific details about certain topics.
3. **Go through the worksheet with students as you talk through the STI Prezi.**

Slide: Sexually Transmitted Infections (# 1)

- The terms STD and STI are often used interchangeably. An infection means simply that a germ is present inside a person's body. It may not be causing any signs or symptoms. A disease is an infection that is actually causing symptoms.
- The use of STI is becoming more popular because the term "infection" has less negative connotations than the word "disease." When people think of a disease they often think of something you have forever, when in reality, many STIs are curable, and all are treatable.

Slide: STI Basics

- While it is possible to contract an STI through sharing needles, blood transfusions, etc. the main way that they are passed is through oral, vaginal, and anal sex.
- There are over 25 infections that are contracted primarily through sexual activity. This Prezi will only focus on nine of the most common ones. These can be divided into two categories: curable or treatable.
- There are several steps that teens can take to greatly lower their chances of getting an STI, however not having sex is the best way.

Slide: Curable STIs (#2)

- Chlamydia, Gonorrhea and Syphilis are caused by bacteria, so they can be cured with antibiotics which can be obtained from a medical provider.
- Trichomoniasis is caused by a protozoan. It is also cured using an anti-protozoa antibiotic which can also be obtained from a medical provider.
- Pubic Lice is a type of parasitic insect. It is cured using an insecticide which you can purchase over the counter (Nix or RID). If a stronger medication is needed, you can get a prescription from a medical provider.
- ALL STIs can make you more likely to contract HIV, because they can create openings in the body like sores or rashes.

Slide: Chlamydia (#3)

- Chlamydia is caused by bacteria that can create scarring inside the sexual and reproductive body parts.
 - Someone who has been diagnosed with Chlamydia several times or who has had an undiagnosed case for a long period of time might have built up enough scar tissue to prevent sperm from moving

through the vas deferens, an egg from moving through the fallopian tubes, or a fertilized egg from implanting in the uterus.

- Chlamydia is a leading cause of infertility.
- Chlamydia often shows no symptoms and is a very common curable STI, especially among young female.
- The test for Chlamydia involves urinating in a cup and testing the urine for the bacteria. Most clinics will tell the patient to expect to wait two weeks for results.

Slide: Trichomoniasis

- This is the most common curable STI.
 - More than 3.7 million people have this infection, but only 30% experience any symptoms.
- It typically affects female-bodies more often than male-bodies.
 - Common symptoms include unusual discharge and strong odor.

Slide: Gonorrhea

- A bacterial infection that is most commonly found among young people (age 15-29).
- Gonorrhea and Chlamydia are both tested for using urine, so most clinics will automatically test for both of these STIs if a urine sample is given.

Slide: Syphilis

- Easily cured by antibiotics in its primary and secondary stages.
 - If this infection goes untreated for many years, it can develop into late stage Syphilis and may cause permanent damage to the heart, brain, or other body systems.

Slide: Pubic Lice

- Parasites that infest the pubic hair and cause intense itchiness.
- Shaving is not proven to remove Pubic Lice, because the parasites can move to other hair on the body including underarm hair, facial hair, and eyelashes. They can also lay eggs just below the skin in the hair follicle. A medicated shampoo is used to kill all Pubic Lice and their eggs.
 - All clothes, bedding, and towels that may have been exposed to the Pubic Lice need to be washed and dried at a high temperature at the same time as the person is being treated.

Slide: Treatable STIs

- All of the STIs listed on this page are caused by viruses. Since viruses do not have cells and are not alive, they cannot technically be killed or cured.
 - However, these viruses can be treated. Treatments for viral STIs help to suppress the virus so that it doesn't spread so quickly or as often.
- ALL sexually transmitted infections can make you more likely to contract HIV because they can create openings in the body through which HIV-infected fluid can pass.

Slide: Hepatitis B

- All types of Hepatitis can cause inflammation of the liver.
- Hepatitis B is classified as an STI because it is primarily passed through fluids mixing during unprotected sex.

Slide: Human Papilloma Virus (HPV) (#4)

- This is the most common infection of all STIs. In fact, most people will contract HPV at some point in their lives. There are over 100 different strands of the HPV virus.
- It is primarily transmitted through skin-to-skin contact.

- This means it may be passed even if a condom is used because condoms do not cover the entire genital area.
- Some strains of HPV can cause genital warts to form.
 - These can be detected by a visual exam. This means a medical provider will simply look at the sore, bump, or wart and will be able to tell if it is caused by HPV.
- Some strains of HPV can cause cancer of the cervix, vagina, vulva, anus, penis, or throat depending on the area of exposure.
 - Medical providers recommend all female-bodies receive Pap tests every 3 years once they turn 21. A Pap test is done using a speculum to widen the vagina, then taking a swab of the cervix to get a sample of cells. The cells are then tested in a lab to determine if the cells are cancerous or precancerous. There is no HPV test for male-bodies.
- A vaccine, Gardasil, is available to protect against 9 of the most dangerous strains of HPV. It is recommended that people of all genders between ages 9-45 receive this vaccine.
 - It is a series of 3 injections over 6 months. You must receive all 3 shots to be protected.

Slide: Herpes (#5)

- Herpes is primarily transmitted through skin-to skin contact. It can even be transmitted when no blisters are present, although transmission is much greater if a sore is present.
- This virus is not curable, meaning a person may have outbreaks of painful blisters for the rest of their life.
 - HSV-1 is usually oral herpes. Many people have this strain of Herpes in their blood from a young age. It can be passed through intimate contact like kissing or oral sex, or through indirect contact like sharing drinks or chapstick. Many people refer to oral herpes as “cold sores.” HSV-1 can be passed to the genital area through oral sex.
 - HSV-2 is usually genital herpes. This strain is typically passed through sexual contact, and can be passed even when a condom is used. It may cause blisters to form around the vulva, inner thighs, anus, penis, testicles, mouth or throat depending on the area of exposure.
- Medical providers can test for Herpes by a visual exam of present blisters, or a blood test for the virus.

Slide: HIV (#6)

- This virus attacks the immune system and kills off white blood cells. This makes a person unable to fight off illnesses or heal when they become sick or injured.
 - A person does not die of HIV or AIDS; they may die of other illnesses like a cold or pneumonia because their immune system is too weak to heal their body.
- HIV can be tested for by mouth or by blood.
 - The oral swab test means that a medical provider will take a swab of the skin cells on the inside of a person’s cheek and test for the presence of HIV anti-bodies. This test can easily be done and test results are ready in 15-20 minutes.
 - The blood test is more accurate, but may take up to 2 weeks for the test results.

Slide: HIV and AIDS are Different (#7)

- A person can have HIV and be very healthy. Testing HIV+ simply means the virus is in your blood.
- A person is only diagnosed with AIDS when they actually start getting sick. This happens once the virus has killed off too many of their white blood cells and their immune system is very weak.
- New medications called antiretrovirals can allow HIV+ people to have a normal life expectancy, but some medications can have side effects. There are also medications to reduce the risk of HIV infection before or after exposure to the virus (known as and PEP and PrEP).

Slide: Only Six Body Fluids Can Pass HIV (#8)

- Blood, semen, vaginal fluid, breast milk, rectal fluid, and pre-ejaculatory fluid.
 - These fluids are not exchanged through casual contact or even kissing.
- While HIV can technically be found in saliva, there is not enough of the virus in saliva to be transmitted through kissing or sharing drinks.

Slide: Medications can lower the risk of contracting HIV

- PrEP (pre-exposure prophylaxis) is a medication that a person who is HIV- can take before potential exposure to the virus.
 - For example, an HIV- partner can take PrEP to lower their risk of contracting the virus through protected sex with their HIV+ partner.
- PEP (post-exposure prophylaxis) is a medication that a person who is HIV- can take soon after potential exposure to the virus.
 - For example, an HIV- partner can take PEP to lower their risk of contracting the virus through unprotected sex with their HIV+ partner (e.g. the condom broke).

Slide: Treat People with HIV the Way You Want to be Treated (#9)

- People with HIV or AIDS have an illness just like any other illness, such as cancer, chicken pox, flu, or heart disease.
- Some people may treat those who are HIV+ badly because they are afraid of catching it, or because it can possibly be contracted through sexual activity.
 - Stress that people cannot get HIV from casual contact, sharing drinks, or even kissing.
- Brainstorm ways students could help people with HIV or AIDS, for example volunteering at an HIV/AIDS organization, sending a card, visiting patients in the hospital, etc.
 1. Some organizations to recommend are: Avert (avert.org), AIDS United (aidsunited.org), Red (red.org), San Francisco Aids Foundation (sfaf.org)

Slide: HOW else can a person get an STI?

- Blood transfer – sharing drug needles, tattoo needles, and tattoo ink can pass HIV and Hepatitis. A person getting a tattoo should always make sure they are using a fresh needle and fresh ink. Needle exchange programs offer new clean needles at no cost.
 - Any physical contact that involves blood is an activity that could pass HIV and Hepatitis.
 - Discuss universal precautions in handling another person's blood and bodily fluids, such as wearing gloves, having the injured person treat their own wounds, etc. See www.cdc.gov for a list of all universal precautions.
- Mother to baby – a person who is pregnant and HIV+ can take medication to reduce the risk of passing HIV to the baby during pregnancy and birth. A mother who is HIV+ would feed their child using formula instead of breastfeeding.

Slide: WHO can get an STI?

- STIs seek to infect any host body that allows it to enter. They do not discriminate or seek out certain types of people by gender, age, race or sexual orientation.
 - Some STIs affect certain groups more than others, but it is not intentional by the microbe.

Slide: CAN you have an STI and not know it? (#10)

- You can never know, even if you get tested, because there are some STIs that have no tests and some STIs can take 6 weeks for it to show up on tests (HIV and Herpes).
- Herpes and pubic lice usually do have symptoms, but most other STIs do not.

- It is recommended to take a mirror and check yourself out when you are healthy so you know what your normal appearance and odor is. Knowing and being comfortable with your body can help you to be aware of signs of an infection.
 - Vaginas may have discharge daily, and the amount of discharge might vary throughout the menstrual cycle. If the smell, amount or color changes drastically, it should get checked.

Slide: SO...Get Checked by a Doctor/Provider! (#11)

- You can typically choose the gender of your doctor/provider.
- STI tests are usually urine tests as well as a visual check of your sexual parts.
 - STI tests could also involve a pelvic exam and/or Pap test for female bodies.
 - HIV and syphilis tests can be a blood draw, finger prick, or cheek swab.

Slide: WHAT can I do to protect myself from STIs?

- Not having sex (abstinence) is the best way to avoid contracting STIs. (#12)
- Using condoms correctly and consistently. (#13)
 - Remember, condoms do not cover all areas where STIs can occur.
- Communicate with your partner about sexual experiences and STI history. (#14)
 - For example, maybe ask: Have you had sex before? Did you always use condoms? When was the last time you were tested? Etc.
- Maintain a healthy, committed relationship, such as a marriage. Everyone involved should understand and respect the expectations of that relationship.
 - If both people are STI free they probably do not need to worry about STIs being passed between them. However, if someone cheats it could introduce an STI into the relationship.
 - Also, not all STIs can be tested for. For example, there is no test for HPV in male bodies.
- Do not have sex while under the influence of drugs or alcohol. This is not only illegal when you are under 21, but can also put people at risk for sexual violence and unwanted health outcomes like STIs.
 - A person who is drunk or high cannot give consent, and may not use protection properly.

Slide: Remember...If you get an STI...

- They are very common. About 25% of all teens who have had sex will get an STI each year.
- It's important to follow the medical provider's instructions very carefully. If you don't finish the medication, you might not completely cure the STI.
- Your partner needs to get treated too! Otherwise they can give it to you again.

Slide: SO...Which clinics around here will give you a free STI test? (#15)

- Answers vary depending on location, but in California all Family PACT centers provide confidential STI testing.

Activity 9.5: Sexually Transmitted Infections PowerPoint

Objectives: Identify curable and incurable/ treatable STIs. Identify ways to prevent STI transmission. Learn about HIV/AIDS.

1. Introduce today's session by explaining to the class that if someone chooses to have sex, there can be potential risks involved. We will be discussing different infections that can be passed person to person through sex, but more specifically through certain fluids that come from the body.
2. Explain that you will go through a PowerPoint to discuss common STIs a person can get, how a person can protect themselves against these STIs and where a person can get resources if they need sexual health services.

Note to Instructor: There are two options for this activity: STIs (advanced) and STIs (simplified). The "advanced" presentation covers more detailed information from the Prezi, while the "simplified" presentation is a very basic overview of STIs. Choose the best option that will work for your students' learning capabilities. Below are the notes for the "advanced" version, but they can be adapted for the "simplified version"

Slide: What is an STI?

- Explain that STIs are infections you can get through sex (oral, vaginal, and anal sex) or contact with an infected person.
- The terms STD and STI are often used interchangeably. An infection simply means that a germ is present inside a person's body. It may not be causing any signs or symptoms. A disease is an infection that is actually causing symptoms.
- The use of STI is becoming more popular because the term "infection" has less negative connotations than the word "disease." When people think of a disease they often think of something you have forever, when in reality, many STIs are curable, and all are treatable.
- STIs can either be cured or treated with medication.

Slide: Curable vs. Treatable

- Curable STIs are caused by bacteria. They are cured by medication prescribed by a health care provider (e.g. antibiotics).
- Treatable STIs are caused by viruses. Since viruses do not have cells and are not alive, they cannot technically be killed or cured. However, these viruses can be treated. Treatments for viral STIs help to suppress the virus so that it doesn't spread so quickly or as often. It is also important that people have continued care from a health care provider.
- ALL STIs can make someone more likely to contract HIV, because they can create openings in the body like sores or rashes.

Slide: Common Curable STIs

- **Optional:** before reviewing the curable STIs, ask students what does curable mean or if they know of any curable STIs.
- Here is a list of the most common curable STIs:
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - Trichomoniasis
 - Pubic lice

Slide: Chlamydia

- Chlamydia is caused by bacteria that can create scarring inside the sexual and reproductive body parts.
 - Chlamydia can cause infertility – not being able to get pregnant or get someone pregnant.
- Chlamydia often shows no symptoms and is a very common curable STI.
- They test for chlamydia by collecting a urine sample to look for the bacteria found in chlamydia. If they find the bacteria, a doctor will give the patient a prescription of antibiotics.

Slide: Gonorrhea

- A bacterial infection most common among young people ages 15-29.
- Gonorrhea can also cause infertility.
- It is also very similar to Chlamydia; it can be tested by urine sample and treated with antibiotics.

Slide: Syphilis

- Easily cured by antibiotics in the early stages (primary and secondary).
- If syphilis is untreated for many years, it can develop into late stage syphilis and may cause damage to the heart, the brain, or can cause death.

Slide: Trichomoniasis

- This is the most common curable STI.
- Common symptoms include unusual discharge and a strong odor.
- It is caused by a parasite (not a bacteria) so it will need a special medication to cure it (not antibiotics).

Slide: Pubic Lice

- Parasites that infest the pubic hair and cause intense itchiness.
- Pubic lice can also be contracted through bed sheets, towels, and sharing clothing.
- A medicated shampoo is used to kill all pubic lice and their eggs.

Slide: Treatable STIs

- **Optional:** before reviewing the treatable STIs, you can ask students what does treatable mean or do they know of any treatable STIs.
- Here is a list of the most common treatable STIs:
 - Herpes
 - Human Papilloma Virus (HPV)
 - Hepatitis B
 - HIV

Slide: Herpes

- Herpes is primarily transmitted through skin-to-skin contact.
- It can cause painful blisters on the mouth or genitals. It can even be transmitted when no blisters are present, although transmission is much greater if a sore is present.
- There are two types:
 - HSV-1 is usually oral herpes. It can be passed through intimate contact like kissing or oral sex, or through indirect contact like sharing drinks or chapstick. Many people refer to oral herpes as “cold sores.” HSV-1 can be passed to the genital area through oral sex.
 - HSV-2 is usually genital herpes. This strain is typically passed through sexual contact, and can be passed even when a condom is used. It may cause blisters to form around the vulva, inner thighs, anus, penis, testicles, mouth or throat depending on the area of exposure.
- Testing for herpes is done by visual exam to see if blisters are present or by blood to test for the virus.

Slide: Hepatitis B

- All types of Hepatitis can cause inflammation and damage to the liver.
- Hepatitis B is classified as an STI because it is primarily passed through fluids mixing during unprotected sex. It can also be spread by blood and childbirth.
- There is a vaccine to prevent this virus, and it is required to enter public school.

Slide: Human Papilloma Virus (HPV)

- This is the most common STI.
- It is primarily transmitted through skin-to-skin contact.
- Some strains of HPV can cause genital warts to form.
 - These can be detected by a visual exam. This means a medical provider will simply look at the sore, bump, or wart and will be able to tell if it is caused by HPV.
- Some strains of HPV can cause cancer of the cervix, vagina, vulva, anus, penis, or throat depending on the area of exposure.
 - Pap tests are recommended for female bodies every three years once they turn 21. A pap test is done using a speculum to widen the vagina, then taking a swab of the cervix to get a sample of cells. The cells are then tested in a lab to determine if the cells are cancerous or precancerous. There is no HPV test for male-bodies.
- A vaccine, Gardasil, is available to protect against nine of the most dangerous strains of HPV. It is recommended that people of all genders between ages 9-26 receive this vaccine.
 - It is a series of three injections over six months. You must receive all three shots to be protected.

Slide: HIV

- This virus attacks the immune system making it weak.
- This makes it hard for a person's body to fight off illness.
- HIV can be tested for by mouth or by blood.

Slide: HIV and AIDS are Different

- HIV = Human Immunodeficiency Virus
- AIDS = Acquired Immune Deficiency Syndrome
 - If the immune systems becomes extremely weak from HIV, a doctor may diagnose them with AIDS. A person living with AIDS would not die from HIV or AIDS itself, but possibly from a common cold or an infection that their body was not able to fight off because their immune system was too weak.

Slide: Medication Can Lower the Risk of HIV

- PrEP: Pre-exposure prophylaxis
 - Taken by an HIV-negative person before potential exposure to the virus.
- PEP: Post-exposure prophylaxis
 - Taken by an HIV-negative person after potential exposure to the virus.
- ART: Antiretroviral therapy
 - Taken by an HIV-positive person to treat HIV and prevent transmitting the virus to others.

Slide: How is HIV passed?

- Blood, fluid from the penis (semen, pre-ejaculate), fluid from the vagina, fluid from the anus and breastmilk.
 - These fluids are not exchanged through casual contact or even kissing.

Slide: How is HIV not passed?

- Hugging, kissing, shaking hands, sharing a drink, sharing a bathroom, mosquito or insect bites, donating blood, sweat, urine, saliva, and being friends with someone who is living with HIV

Slide: How Can We Support Others?

- If someone is living with HIV or another STI...
 - Do not make them feel bad
 - Treat them with respect
 - Do not be afraid to include them in activities
 - Participate in a walk or fundraiser for HIV research

Slide: Who Can Get an STI?

- Anyone! STIs do not discriminate or search for certain bodies or identities.

Slide: Most Common Symptom

- No Symptom! Most STIs do not show outward signs or symptoms, which is why it is important to get tested and communicate with partners.

Slide: Possible Symptoms

- Itching in private parts
- Burning while peeing
- Something looks or feels different

Slide: Best Way to Avoid STIs

- Don't have sex!
 - Not having sex (abstinence) is the best way to avoid contracting STIs.

Slide: Use a Condom During Sex

- Use condom, internal condom or dental dam during every sexual activity with a partner.
 - Remember, condoms do not cover all areas where STIs can occur.

Slide: Talk with Your Partner

- Ask about past sexual experiences and STI history.
 - What might you want to ask someone before having sex with them? (e.g. Have you had sex before? Do you have an STI? When was the last time you were tested?)

Slide: Keep a Clear Head

- Do not have sex if you or your partner have been using alcohol or drugs!
 - This is illegal and can put people at risk for sexual violence and unwanted health outcomes like STIs.
 - A person who is not sober cannot give consent, and may not use protection properly.

Slide: Get Tested for STIs

- Get tested by a health care provider: Every year, before every new partner, or if something starts to look or feel different.

Slide: STI Testing

- What clinics near us can we go to for free STI tests?
 - Refer to your local clinic list.

Activity 9.6: STI Posters

Objective: Learn about a STI by creating a poster and identifying important information about that STI.

1. Divide the class into small groups and assign each group an STI from the STI information sheet found in Activity 9.2 to “research.”
2. Give each group 20 minutes to make a poster containing the following information about the STI they were assigned:
 - Name of STI
 - Is it curable or treatable?
 - How does someone get it?
 - What are the signs or symptoms?
 - How can someone best protect themselves?
 - Where can someone get tested for this STI?
3. Ask the group to present their information to the whole class.

Activity 9.7: STI Toss

Objective: Review the different types of STIs, the possible outcomes of getting each one, and the best ways to prevent the spread of them.

This activity is meant to review STIs after at least one of the previous activities in session 9 has been completed. Make sure each student has a photocopy of the STI Information sheet that is found in Activity 9.2 before beginning this activity and that you have obtained the STI plush toys from giantmicrobes.com.

1. Explain that you will gently toss or hand a STI plush toy to different students in the class, one at a time.
2. When a student catches the plush toy, they will first read the name of the STI printed on the toy.
3. After the student clarifies which STI plush they are holding, ask the student a question about that STI using the STI Information sheet as a guide. Allow students to reference their own STI Information sheet if they need help answering a specific question.

Examples of questions to be asked:

- Is this STI curable or treatable?
 - Is this STI a bacteria or a virus?
 - What is the most common symptom of having this STI?
 - How could someone get this STI?
 - Is this STI passed through skin-to-skin contact or the exchange of certain bodily fluids?
 - What are the long term consequences of this STI?
 - How can someone protect themselves from getting this STI?
 - Where could someone get tested for this STI?
 - Could this STI kill someone?
 - What would you do if you found out you had this STI?
 - What would you do if you found out your partner had this STI?
4. After answering a question, instruct the student to either gently toss or hand the STI plush toy back to you or another student in the class.

Activity 9.8: HIV 101

Objective: To provide definitions of the acronyms HIV and AIDS. To define how HIV is and is not transmitted.

Option 1:

1. **Hand out the HIV 101 handout and read it together as a class.** You may like to have different students read the information aloud.
2. **Place students in pairs or small groups and give each group the HIV and AIDS: True or False? quiz to complete.** Remind them that it does not count for a grade to assess their learning.
3. **After 10 minutes, go over the answers together as a class.**

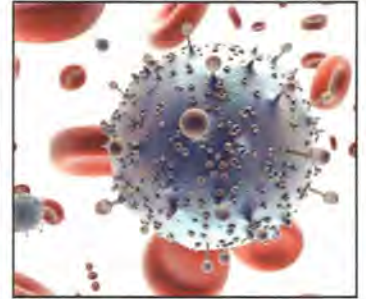
Option 2:

1. **Pass out the HIV and AIDS: True or False? quiz to students and explain that this quiz will not be graded.** It's simply to see how much they know about HIV and AIDS.
2. **After students have completed the quiz, pass out the HIV 101 handout and review with the class.** You may like to have different students read the information aloud.
3. **After reviewing the handout, have the students grade their quizzes and turn them in.**

HIV 101

Human Immunodeficiency Virus

A virus that attacks the cells in the immune system. The immune system usually keeps the body strong and fights off colds, the flu, etc. When someone has HIV, their immune system gets weak and it is harder to fight off illnesses.



Acquired Immune Deficiency Syndrome

When someone with HIV starts to get sick and their immune system is very weak, a doctor may diagnose them with AIDS. Now we have many drugs to treat this disease and, with proper treatment, people with HIV can have a normal life expectancy. There is still no cure, but hopefully scientists will come up with a cure someday soon!

HIV is passed by...

Blood

(sharing needles with someone who has HIV)



Fluid from the anus
Fluid from the vagina
Fluid from the penis
(semen and pre-ejaculate)

Breastmilk

(from a mother with HIV to baby)



HIV is not passed by...

Hugging

Kissing

Shaking hands

Sharing a drink

Sharing a bathroom



Mosquitos or insects

Donating blood

Sweat, tears, or saliva

Being friends with someone who is living with HIV



How does someone know if they have HIV?

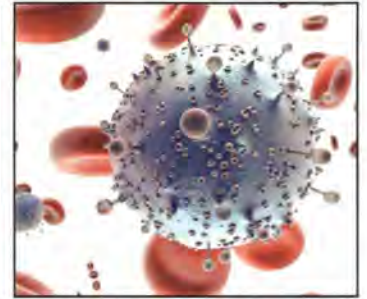
They get tested by a medical provider!

To learn more about HIV, visit: www.kidshealth.org/en/kids/hiv.html

EL VIH 101

Virus de Inmunodeficiencia Humana

Es un virus que ataca las células del sistema inmunológico. El sistema inmunológico mantiene el cuerpo fuerte y combate la gripe, infecciones, etc. Pero cuando alguien contrae el VIH, el sistema inmunológico se debilita.



Síndrome de Immuno- Deficiencia Adquirida

Cuando alguien que tiene el VIH comienza a enfermarse y su sistema inmunológico se debilita, el médico le diagnostica con el SIDA. Ahora tenemos muchos fármacos para tratar esta enfermedad y, con el tratamiento adecuado, las personas con VIH pueden tener una expectativa de vida normal. ¡Todavía no existe cura pero esperemos que los científicos encuentren con una cura pronto!

El VIH puede ser transmitido por...

Sangre

(compartiendo agujas con alguien que tiene el VIH)



Fluido rectal
Fluido vaginal
Fluido del pene
(semen y pre-eyaculado)

Leche Materna

(si una madre tiene el VIH y le da a su bebé)



El VIH no puede ser transmitido por...

Abrazos

Besos

Dar la mano

Compartir
bebidas

Compartir
baños



Picaduras de
mosquitos

Donar
sangre

Sudor, orina,
o saliva

Ser amigo
de alguien
que tiene
el VIH



¿Cómo sabe alguien si tiene el VIH?

¡Se hacen la prueba por un médico!

Para obtener más información sobre el VIH, visite: www.kidshealth.org/en/kids/hiv.html

What Do I Know About HIV?

Directions: Read each sentence and circle either Yes or No.

You can get HIV from kissing.		YES	NO
You can get HIV from sharing a cup with someone with HIV.		YES	NO
Mosquitos and bugs can pass HIV.		YES	NO
A mother can pass HIV to her baby.		YES	NO
You can get HIV from donating blood.		YES	NO
You can get HIV from shaking hands.		YES	NO
You can get HIV from hugging.		YES	NO
You can get HIV from having sex with someone with HIV.		YES	NO
You can get HIV from being friends with someone with HIV.		YES	NO









¿Qué sé sobre el VIH?

Instrucciones: Lee cada oración y haz un círculo en Si o No.

Puedes contagiarte del VIH por besar a otra persona.		SI	NO
Puedes contagiarte del VIH si compartes una taza de café con alguien quien tiene VIH.		SI	NO
Los mosquitos y microbios pueden transmitir el VIH.		SI	NO
Una madre puede contagiar a su bebé con el VIH.		SI	NO
Puedes contagiarte del VIH por donar sangre.		SI	NO
Puedes contagiarte de VIH al dar la mano a otra persona.		SI	NO
Puedes contagiarte del VIH por abrazar a otra persona.		SI	NO
Puedes contagiarte del VIH si tienes sexo con una persona que tiene VIH.		SI	NO
Puedes contagiarte del VIH por ser amigo de una persona que tiene VIH.		SI	NO

What Do I Know About HIV? (Answer Key)

Directions: Read each sentence and circle either Yes or No.

You can get HIV from kissing.		YES	NO
You can get HIV from sharing a cup with someone with HIV.		YES	NO
Mosquitos and bugs can pass HIV.		YES	NO
A mother can pass HIV to her baby.		YES	NO
You can get HIV from donating blood.		YES	NO
You can get HIV from shaking hands.		YES	NO
You can get HIV from hugging.		YES	NO
You can get HIV from having sex with someone with HIV.		YES	NO
You can get HIV from being friends with someone with HIV.		YES	NO

Session 9 Assessment: Sexually Transmitted Infections

Category 1: True/False and Open Ended

Sexually Transmitted Infection Questions:

1. What does STI stand for?

Answer: Sexually Transmitted Infection.

2. What are the main ways an STI can get in someone's body?

Answer: Through oral, anal, and vaginal sex

3. What is the difference between curable and treatable?

Answers:

Curable: you can get rid of the infection from the body with medicine like antibiotics.

Treatable: the virus stays in the body, but you can treat it with medicine.

4. Name 3 curable STI's and 2 treatable STI's.

Answers:

Curable: Chlamydia, Trichomoniasis, Gonorrhea, Syphilis, and Pubic Lice.

Treatable: Hepatitis B, HPV, Herpes, and HIV

HIV Questions:

1. What does HIV and AIDS stand for?

Answers:

HIV= Human immunodeficiency virus

AIDS= Acquired immune deficiency syndrome

2. The virus attacks which system of the body?

Answer: Immune system

3. List 3 ways HIV can get in someone's body.

Answers: Blood, semen, vaginal fluid, rectal fluid, rectal fluid, breast milk, and pre-ejaculatory fluid.

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Sexually Transmitted Infections	True	False	Not Sure
Question 1: True/False: STI stands for Sexually Transmitted Infection.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Topic: Sexually Transmitted Infections Question 2: STIs are mainly passed through... Answer: Oral, anal, and vaginal sex	Oral, anal, and vaginal sex <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not having sex <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: HIV Question 1: Is HIV considered a curable or treatable STI? Answer: Treatable	Curable <u>Pre-Assessment:</u> <u>Post- Assessment:</u>	Treatable <u>Pre-Assessment:</u> <u>Post- Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post- Assessment:</u>
Topic: HIV Question 2: HIV is a virus that attacks which system of the body? Answer: Immune System	Digestive System <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Immune System <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: HIV Question 3: HIV can be transmitted through holding hands. Answer: False	True <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	False <u>Pre-Assessment:</u> <u>Post-Assessment:</u>	Not Sure <u>Pre-Assessment:</u> <u>Post- Assessment:</u>

Category 3: Icon Selection

- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- Option 2: Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

STI Questions:

1. True/False: STI stands for Sexually Transmitted Infection
Answer: True
2. Sexually Transmitted Infections are mostly passed through...
Answer: Oral, anal, and vaginal sex
3. True/False: HIV is curable.
Answer: False
4. True/False: HIV can be transmitted by holding hands.
Answer: False

Row 1	True 	False 	Not sure 
Row 2	Oral, anal, and vaginal sex	Not having sex	Not sure 

Session 9 Wrap-Up

Objective: To review the topics covered during the third session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - What is the best way to prevent getting a sexually transmitted infection?
 - If a person is choosing to have sex, what can they do to protect themselves from an STI?
 - What is one example of a curable STI?
 - What is one example of an STI that is not curable but is treatable?
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss sexual safety.
4. **Collect the Question Box questions.**

Session 10: Sexual Safety

Goals

- Reinforce the resources available to students if they have questions or feel unsafe.
- Cultivate a culture of respect and support for peers.
- Encourage students to identify ways they are each unique.

Objectives

At the end of this session, students will be able to:

- Describe the definitions of sexual harassment, sexual assault, and sex trafficking.
- Identify appropriate, inappropriate, and illegal social behaviors.
- Name 2 adults they can call on if they have questions or feel unsafe.
- Identify 2 ways they can support their peers if they are experiencing an uncomfortable or unsafe situation.

Why is this important?

During this session, students will learn more about sexual safety and establishing their personal boundaries. Youth with special needs are statistically a more vulnerable group to be a victim of sexual abuse.³⁸ The scenarios get more complex, covering topics related to personal safety and bullying. These topics are referenced in the National Sexuality Education Standards, however **use your discretion with which scenarios are most appropriate for your class, depending on maturity level, knowledge base, and community norms.**

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student

Safe Touch vs. Unsafe Touch

- Safe Touch vs. Unsafe Touch PowerPoint in the accompanying digital materials

Public vs. Private Types of Affection

- Public vs. Private Types of Affection PowerPoint in the accompanying digital materials
- Public vs. Private Types of Affection cards found in Appendix G.10 (laminated if possible)

Consent and Sexual Crimes

- Enlarged poster of the definitions of consent, sexual harassment and sexual assault (or projection technology to project the definitions)

Sexual Safety

- Sexual Safety PowerPoint with definitions of sexual harassment, sexual assault, rape, indecent exposure, stalking, and sex trafficking

What Should I Do?

- Laminated What Should I Do? scenario (with pictures) placards, scenarios 1-12 with Velcro on the back
- Velcro headers: Appropriate, Inappropriate, Illegal
- Velcro board

³⁸ Deschaine, M. (2011). Developmental disabilities impact the sexual health of young adults. Excerpted from Sexual Health Disparities Among Disenfranchised Youth. Downloaded August 25, 2015, from www.pathwaysrtc.pdx.edu.

- What Should I Do? Worksheets, one for each student (12 possible scenarios total)
- Who You Can Talk To resource list handout (handed out during the previous session)
- Sexual Safety Worksheets, one for each student

Preparation

- Screen Anonymous Question Box questions from the previous session and prepare responses.

Public vs. Private Types of Affection

- Print and cut out Public vs. Private Types of Affection cards found in Appendix G.10 (if possible, laminate).

Sexual Safety

- Photocopy the Sexual Safety handout, one for each student

What Should I Do?

- If not done already, create laminated What Should I Do? scenario placards for scenarios 1-12.
- Photocopy the What Should I Do? Discussion Worksheets, one for each student.
- Photocopy extra Who You Can Talk To resource list handout, in case students didn't bring their list back to class.

Total Instruction Time

Minimum: 80 min

Maximum: 100 min

Activity and Time Needed

Anonymous Question Box: 5 min.

Session 9 Review: 5 min.

Safe Touch vs. Unsafe Touch: 10 min

Public vs. Private Types of Affection: 15 min

Consent and Sexual Crimes: 10 min

Sexual Safety: 10 min

What Should I Do?: 20 min

Session 10 Wrap-Up: 5 min.

Activity 10.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

1. **Hand out Question Box scratch paper to each student at the beginning of the session.** Let students know that you are providing scratch paper at the beginning of class so that they can write down any questions they have during the session.
2. **Select 4-5 questions** to answer during the first 5 minutes of class, however the goal is to answer all questions submitted to the Question Box by the end of the course.
3. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 10.2: Safe Touch vs. Unsafe Touch

Objective: Identify the difference between touching of one's body that is appropriate and touch that is considered inappropriate or illegal.

Note to Instructor: There is a PowerPoint titled Safe Touch vs. Unsafe Touch in the accompanying digital materials that can be used to facilitate this lesson.

1. **Explain to class that today we will be discussing the difference between safe touch and unsafe touch.**
2. **Begin by asking the following questions:**
 - Who are you comfortable with seeing you naked? Pictures on a page for people to point to.
 - Does everyone have the right to touch you? Have class repeat together No!
 - What should a person do before they touch you? Ask!
 - What can you say if you don't want another person to touch you? No! No thank you, Stop!
 - What should you do if another person is touching you without your permission? Say Stop! Say No! Tell a trusted adult like a teacher or a parent.
3. **Tell the class that they have the right to their own body and that no one should touch them unless it is OK with them.** Before you do touch another person, you also have to ask them if it is OK.
4. **Practice going around to each individual student and have them practice verbally saying Yes or No to each question?**
 - Is it OK if I high five you?
 - Is it OK if I shake your hand?
 - Is it OK if I pat you on the back?
 - Is it OK if I hug you?

Activity 10.3: Public vs Private Types of Affection

Objective: Learn about consent, personal space, and body boundaries. Identify types of affection that are public, private, or depend on the situation.

There are two alternatives for how to facilitate this activity. Before beginning this activity, determine which option you will use and prepare the materials accordingly.

1. Option 1: students get out of their seat to put icons of types of affection on the poster boards under Private, Public, or Depends on the Situation (after getting consent). This needs to be prepared before the class session starts.
2. Option 2: allows students to stay in their seats for the duration of the activity and hand out the “Types of Affection Cards” out to the students. Have a class discussion about what types of affection go in public, private, or depends on the situation (after getting consent).

For both activity options:

1. **Display the PowerPoint titled, “Public vs. Private Types of Affection.”**
2. **Explain to the class that we are going to discuss consent, body boundaries and personal space, and types of affection.**
3. **Review consent and why it is important.**
 - **Consent:** is getting and giving permission to do something, e.g. asking for a hug and getting a yes. Remind students that this is an ongoing conversation with their partner, and that is important to ask for consent for any activity. Communication is important in a relationship, so that both partners know each other’s boundaries.
 - For some students, it may be helpful to elaborate on consent and discuss consent in regards to sexual activity. Consent is when a person gives their permission to do something sexual. It needs to be an ongoing conversation about what they would like to do with their partner. This consists of different things that make up legal consent:
 - A person must be of legal age to consent to sex. (In the state of CA, someone must be 18 years of age or older to give consent.)
 - Explicit verbal communication is the best way to give and obtain consent. For example, one person may ask, “Do you want to have sex?” and their partner could reply with a verbal and enthusiastic “Yes”.
 - In situations where a person is unable to communicate verbally, nonverbal cues, like nodding or pushing someone away, can also communicate whether or not consent is being given.
 - Everyone needs to be conscious and sober, meaning free of alcohol or drugs.
 - There cannot be any pressure, force or coercion.
 - Depending on the age and cognitive level of your class, the video, *Consent for Kids*, may be shown to reiterate what consent is and how to practice consent. (The video is best for students at a cognitive grade level between 5th and 8th grade).
 - Link for the video: <https://www.youtube.com/watch?v=h3nhM9Uljc>
4. **Discuss personal space and body boundaries.** Explain to students that personal space is a boundary of space between that person’s and another person’s body that they feel comfortable with.
 - To help students understand personal space, you can reference a person spinning around a circle with their arms outstretched or a hula hoop. The inside of the circle or hula hoop is considered that person’s personal space.³⁹

³⁹ Innis, G. (2012, December 31). Personal Space: A social skill children need and adults can teach. Retrieved July 14, 2017 from http://msue.anr.msu.edu/news/personal_space_a_social_skill_children_need_and_adults_can_teach

- It is important to remind students to be respectful of people's personal space. If you want to get closer to a person, you should ask the person first before entering their personal space.

Note to Instructor: Give students examples of how to ask someone to enter their personal space, e.g. "Can I give you a hug?" or "Are you OK with a high five?" Remember to remind students that they should wait for a response from the other person. If the person responds with a no, explain to students that it is OK to feel hurt by this, but to be respectful and understand that a person might not be comfortable with this type of affection.

5. **Ask the class "What is the difference between private and public types of affection?"** Review the difference between public and private.
 - Public: other people are around and can see you
 - Private: you are away from other people and they can't see you
6. **Go through the PowerPoint and give examples of public and private types of affection.** Explain that types of affection are on a spectrum. Some types of affection are public, private, and some depend on the situation.
7. **Discussing Types of Affection that Depend on the Situation (after getting consent).** Explain to students that some types of affection depend on the situation. After getting consent from a partner, it is important to know that some partners might not be comfortable with showing some types of affection in public. Remind students that is important to communicate with a partner and talk about personal space, body boundaries, and the types of affection they are comfortable with.
8. **End the session by asking the class the following questions**
 - Why is it important to get consent?
 - What are body boundaries and personal space?
 - Can you name two public, two private, and two depends on the situation types of affection?
 - Why do some types of affection depend on the situation?

Option 1:

9. **Pass out a Types of Affection Cards found in Appendix G.10 to each student.**
10. **Have students come up to the poster board one at a time to put their card under the appropriate part of the Types of Affection Spectrum.** For students who have difficulty with mobility, bring the board to them and have them place their card on the board.
11. **Review the cards that were placed on the poster board.** For cards that were incorrectly placed on a board, acknowledge why someone might have chosen that board and then explain which board the card belongs on.
 - Public: high five, smile, waving, handshake
 - Private: touching private body parts, being naked with a partner, having sex
 - Depends on the situation (after getting consent): cuddling, kissing, hugging

Option 2:

9. **Pass out the Types of Affection Cards to each student.**
10. **Ask students which card they received.** After students tell you which card they received, ask them if that is a type of affection that is public, private, or if it depends on the situation (after getting consent).
11. **Finish the class with discussion questions from above.**

Activity 10.4: Consent and Sexual Crimes

Objectives: To define the terms of consent, sexual harassment and sexual assault.

1. **Write or project the word “Consent” on the board.** Ask students to pair-share what they know about this word, or what they think it means. Allow a few volunteers to share their thoughts with the class.
2. **Show the definition: Consent is permission for something to happen or agreement to do something.** Have one student read the definition aloud.
3. **Discuss with the class what it means to give permission or agree with a person.**
 - **Example questions:** How can you tell someone wants to agree? What do they say? What does their body language or facial expression look like? What if someone offers you something in exchange? Or if they threaten you into saying “yes”? Is that really agreeing? If someone comes up and hugs you without asking, and you did **not** want to hug...did they have your consent?
4. **Ask the class: What should you do to ensure you have someone’s consent?** Ask for permission and listen to their answer! Verbally saying, “It’s OK if you hug me” or “I would rather just give a high-five” are ways of giving permission and agreeing on an action. Emphasize that every person has different boundaries and that’s OK, as long as everyone is respectful. That is why we learn about consent and talk about personal boundaries.
5. **Optional: Play the “Consent for Kids” video at bit.ly/consent4kids.**
6. **Practice consent!** Instruct the students to move around the room and talk with different classmates. They can ask for a hug, high-five, or fist-bump, but it is important to listen to the other person’s response before acting. Someone may agree, disagree (respectfully), or display signs of being unsure. Only make contact with someone if they agree (e.g. say “yes” or sign “OK”). Allow 3-5 minutes for students to practice this skill. Move around the room to ensure students are being respectful, then bring them back to their seats.
7. **Project the definitions of the sexual crimes.** These definitions are based on definitions provided by the U.S. Department of Education’s Office of Civil Rights.
 - **Sexual Harassment** – doing or saying anything sexual that makes someone else feel uncomfortable. This includes name-calling, starting rumors, or making sexual jokes or gestures. It also includes unwanted communication like sexual comments, texts, or messages on social media.
 - **Sexual Assault** – any unwanted sexual contact. This includes physical contact like sexual touching or kissing without consent. It also includes visual contact like flashing, showing or sending sexual pictures or movies, taking photos or videos of someone naked, or making someone touch themselves in a sexual way.
 - **Rape** – any type of sex without consent. This includes penetration of a vagina, anus, or mouth using a body part or an object.
 - **Human Trafficking** – forcing, tricking, or convincing someone to perform manual labor or sex work (doing sexual things for money, food, shelter, etc.). These crimes often involve threats and manipulation. If a person is doing sex work under age 18, it is considered sex trafficking regardless of other factors.
 - This crime involves 3 different components:
 - **Action:** all facets of the act of selling a person’s labor or body, including recruiting, harboring, transporting, providing, or obtaining an individual. For sex trafficking, this also includes patronizing, soliciting, and advertising an individual.

- **Means:** force, fraud, coercion. Examples of force include abuse, assault, or confinement. Examples of fraud include false promises of work, wages, or relationship. Examples of coercion include threats of harm, psychological manipulation, or confiscating documents.
- **Purpose:** labor or sexual exploitation.
- **Discuss warning signs of sexual exploitation:** being forced to have sex with someone in exchange for having a place to stay; living with an older partner who is providing all their food and clothing, constantly buying things for their partner or their partner taking care of all their needs.
- Sexual exploitation of minors happens in our communities, domestically and internationally.
 - **In 2017, 705 human trafficking cases were reported in California and 544 of those were sex trafficking cases. This is the highest of any U.S. state. Within California, the highest rates are found in the San Francisco Bay Area, Los Angeles, and San Diego.**⁴⁰
- Refer to sex trafficking resources and safe, trusted people on campus that students can meet with if they have more specific questions or concerns about this topic.
- **Stalking** – any repeated behavior that makes someone else feel uncomfortable or scared. This includes standing too close, following, or staring at someone. It also includes unwanted communication and verbal or written threats.
- **Indecent Exposure** – being naked in public. It does not matter whether someone meant for others to see them or not.

Note to Instructor: The provided definitions have been simplified to be age appropriate, however, depending on the maturity of your class or specific incidents that have occurred at your school, you may want to note that “sexting” (sending images of one’s own or another person’s body parts) can be considered child pornography under state law, if the images being sent are of a minor (a child under 18 years old). For more information about sexting, you can go to:
http://mobilemediaguard.com/states/sexting_laws_california.html.

8. Ask one student to read each definition aloud and discuss as a class. Ask students:

- Is there anything here that surprises you?
- Is there anything here that is confusing to you?
- Where could you go for help if you experienced sexual harassment or sexual assault? Who could you talk to?
- What are some ways you could bring this up with that person?
- What could you do if a friend told you that they experienced sexual harassment or sexual assault?

9. Instruct the class to keep these definitions in mind during the next activity. Some of the scenarios you will discuss next may qualify as a sexual crime.

⁴⁰ National Human Trafficking Hotline. (2017). California. <https://humantraffickinghotline.org/state/california>
 Teen Talk Adapted for All Abilities, 2019

Consent is...

permission or a mutual agreement to do something.



Sexual Harassment is...

doing or saying anything sexual that makes someone else feel uncomfortable. This includes name-calling, starting rumors, or making sexual jokes or gestures. It also includes unwanted communication like sexual comments, texts, or messages on social media.



Sexual Assault is...

any unwanted sexual contact. This includes physical contact like sexual touching or kissing without consent. It also includes visual contact like flashing, showing or sending sexual pictures or movies, taking photos or videos of someone naked, or making someone touch themselves in a sexual way.



Rape is...

any type of sex without consent. This includes penetration of a vagina, anus, or mouth using a body part or an object.



Human Trafficking is...

forcing, tricking, or convincing someone to perform manual labor or sex work (doing sexual things for money, food, shelter, etc.). These crimes often involve threats and manipulation. If a person is doing sex work under age 18, it is considered sex trafficking regardless of other factors.



Remember...

If someone is the victim of a sexual crime, it is NEVER their fault.

It is VERY important to talk to a trusted adult and GET HELP.



Stalking is...

any repeated behavior that makes someone else feel uncomfortable or scared. This includes standing too close, following, or staring at someone. It also includes unwanted communication and verbal or written threats.



Indecent Exposure is...

being naked in public. It does not matter whether someone meant for others to see them or not.



Activity 10.5: Sexual Safety

Objectives: Discuss myths associated with rape and sexual assault. Understand people's rights in sexual situations.

Note to Instructor: Some students may have misogynistic (hatred of women) views about rape. Gauge carefully whether each comment/question is genuine or meant to “get a rise” out of the class. Some students may make misogynistic comments without realizing the reaction they will get. Be sure to address their beliefs fairly and take time to explain the reasoning behind current rape laws.

1. **Explain to the class that the discussion will explore the rights a person has when it comes to their own body, especially in sexual situations.** Tell the class that you will pass out a worksheet, Sexual Safety.
2. **Acknowledge to the class that there are various beliefs people have around sexual violence and during Teen Talk, this is a safe place to discuss ideas or misconceptions they have heard, but inappropriate comments will be dealt with appropriately under your discretion.**
3. **Pass out Sexual Safety to each student.** Have students take turns reading each section, then brainstorm and discuss reasons why someone may not report a rape right away or at all.

Note to Instructor: Emphasize the importance of a person knowing what is right for them in their healing process and it's important and never too late to seek help.

4. **After each section, stop and ask the students the following questions:**
 - Was there anything that you heard that was surprising to you? Why?
 - How does hearing this information make you feel?
5. **Some examples of controversial questions and comments are:**
 - *Why are women raped more often than men?* —Talk about gender expectations, power imbalance, and the **misperception** that a rapist is often a random person whom the survivor doesn't know—in reality, date rape is the most common form of rape.
 - *Can a person like to get raped?* No. Television, movies, and pornography often show harmful images of (more commonly) men forcing women to be sexual until the women give in and start to “like” it. In real life, no one enjoys being forced to have sex. The word “rape” means that one person did not want to have sex. Additionally, rough sex or bondage is completely different than rape. People get specific permission from their partners before having those types of sex.
 - *Why are so few rapists convicted?* —Often rapes happen in private places with no other witnesses; often the survivor will shower or bathe afterwards and lose potential evidence; sometimes if the survivors were drinking then they might not remember clearly, etc. Ask the class to brainstorm other reasons.
 - *If you are drinking and you don't remember raping someone, can you still get convicted?* —Yes! Even if someone doesn't remember it's still a crime, just like a drunk driver who hits someone is still held responsible.
 - *If you are drinking and you don't remember being raped, can you still report it?* —Yes! Often a survivor will be able to feel bruising or tenderness in or near their vagina or anus after the rape even if they don't remember it. However, if they don't remember other details like the order of events, it might be harder to prosecute. Either way, reporting is a great tool for stopping rape. Even if you don't prosecute a rapist, it helps to have a police report of the rape to use in future cases if he does it again. Also, if police have a more accurate rape rate, and this gives the government more reason to spend money on rape prevention and rape prosecution.
 - *Why would someone not report a rape?* —The following are the most cited reasons: think nothing will be done about it; consider it a private matter; afraid of how the police would deal with it, especially for survivors who are undocumented immigrants; didn't think it was a big deal or didn't consider it rape.

Sexual Safety

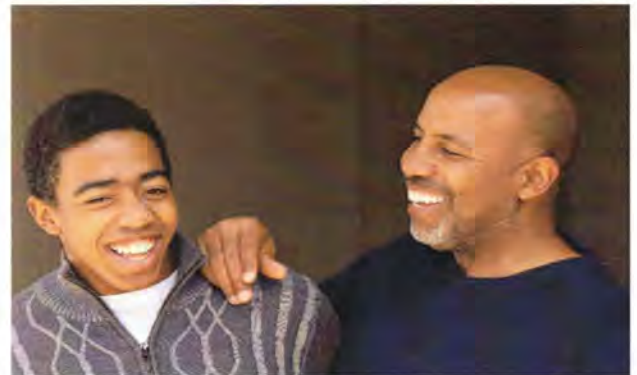
Listen



- NO means NO. Silence means NO.
- Always ask someone if you can touch them.
- Wait for someone to say, "YES."
- If a person says, "YES" to sex after they drink alcohol or take drugs, the "YES" does NOT count.

Remember

- You can tell a trusted adult or the police about rape even if you did not fight back.
- It is NEVER your fault if you are sexually assaulted.



How to Get Help:

- Tell a trusted adult what happened
- Call the police
- Call a rape hotline

National Sexual Assault Hotline

1-800-656-HOPE (4673)

**Rape Trauma Services
(San Mateo County)**

1-650-692-RAPE (7273)



**I can talk to _____
about my sexual safety.**

Seguridad Sexual

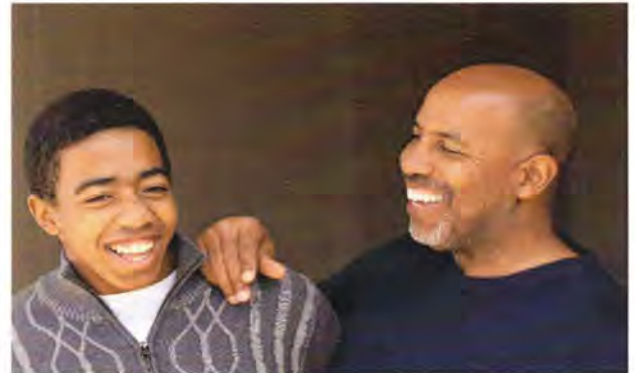
Escucha



- NO significa NO. Silencio significa NO.
- Siempre preguntarle a alguien si los puedes tocar.
- Espera hasta que alguien te diga, "Sí."
- Si una persona dice, "Sí" para tener sexo después de haber tomado alcohol o drogas ese "Sí" no cuenta.

Recuerda

- Puedes contarle a un adulto o a un policía que confías sobre una violación aún cuando no lo denuncias.
- NO es tu culpa si has sido abusado sexualmente.



Cómo obtener ayuda:

- Cuéntale a un adulto de confianza lo que ha ocurrido
- Llama a la policía
- Llama a un teléfono línea directa contra abusos sexuales



National Sexual Assault Hotline

1-800-656-HOPE (4673)

Rape Trauma Services

(San Mateo County)

1-650-692-RAPE (7273)

Puedo hablar con _____ sobre mi seguridad sexual.

Activity 10.6: What Should I Do?

Objective: Build awareness of inappropriate and appropriate social behaviors and sexually violent crimes. To help students understand what sexual harassment or sexual assault might look like in a real-life situation and where to seek help for themselves or someone else who is experiencing sexual violence.

1. **Review the definitions of consent and sexual crimes as a class (see Activity 10.5).** Answer any questions about the difference between concepts.

Instructor Note: Conclude the PowerPoint by reminding students that if you or someone you know has been a victim of sexual violence, it is never their fault and that is important to talk to a trusted adult and get help.

2. **Divide the class into pairs and hand out scenarios 1-12, one to each pair.** Use your discretion when passing out scenarios. Make sure to include at least 2 appropriate, inappropriate, and illegal behaviors.

Instructor Note: You should prescreen and choose scenarios based on the needs of your class, maturity levels, as well as to be compliant with the Education Code.

Level 1 (suggested): scenarios #1-6

Level 2 (suggested): scenarios #1-12

1. Inappropriate - **consent**
2. Inappropriate - **borderline stalking**
3. Illegal - **sexual assault**
4. Inappropriate - **borderline stalking**
5. Illegal - **indecent exposure**
6. Appropriate - **communication, consent, committed relationship**
7. Illegal - **sexual assault**
8. Appropriate - **masturbation**
9. Inappropriate - **reading nonverbal cues, asking clarifying questions**
10. Appropriate - **dating, consent**
11. Illegal - **rape**
12. Illegal - **sex trafficking**

There are two options for What Should I Do? Worksheets:

Option 1:

Pass out a laminated scenario placard to each pair along with the corresponding What Should I Do? worksheet, complete with printed scenario and accompanying picture.

Option 2:

Pass out a laminated scenario placard to each pair along with a blank What should I Do? worksheet

3. **Instruct the students to have one person read their assigned scenario and then discuss possible solutions within the pair.** Give students about 5-10 minutes to consider the scenario and the following questions provided on the Discussion Worksheet:
 - What type of behavior is displayed: appropriate, inappropriate, illegal?
 - What is the problem (in one sentence)?
 - Who are two trusted adults this person could talk to?

- If your friend were in this situation, what could you do or say to help them?

Students can write their personal thoughts on the worksheet or write the group responses on the worksheet.

4. After 5-10 minutes of pair work, bring the class back together and ask a volunteer from the group assigned to scenario #1 to read the scenario to the class and answer the Discussion Worksheet questions:

- What type of social behavior is displayed? Appropriate, inappropriate, illegal
Have the student or the student's assistant match the laminated scenario placard to the correct Velcro strip header (appropriate, inappropriate, illegal)
- What is the problem in one sentence?
- Who are two trusted adults this person could talk to?
 - o Answers may include: parents, older siblings, older cousins, aunts and uncles, teachers, police officers, counselors, religious leaders, coaches, doctors or nurses
 - o Keep an ongoing list on the board of all of the trusted adults the class brainstorms
- If your friend were in this situation, what could you do or say to help them?

5. Proceed through the group report-outs in numerical order by scenario number, as the scenarios move from lighter to more serious topics.

What Should I Do?

Names: _____ Scenario #: _____

1. The behavior discussed in this scenario is (circle one):

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 1



Hi! My name is Juan. Every day at school when I see my friends, I run up to them and give them hugs. When I am introduced to new people I like to hug them too.

1. Juan's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 2



Hello, I am Jeremy. I want to make new friends. When I go to the mall I walk up to strangers and start talking to them. The last few times I went to the mall, the same woman was there. I followed her around from store to store, talking to her about my life. She walks pretty quickly, so sometimes I need to yell to her to get her attention. Is this the right way to make new friends?

1. Jeremy's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do

Scenario #: 3



My name is Samantha. I've been visiting a tutor two afternoons a week to get extra help with my homework. At first, he was just really nice, but then he started touching my shoulders and my hair. The last time I was there, he told me how beautiful I was and started touching my breasts through my shirt. I was so scared I didn't know what to do! I told him I had homework to do, and got out of there fast. Now, I'm so scared that I'll have to see him again. But I didn't fight him off or yell at him or anything, so maybe this was my fault? What should I do?

1. The tutor's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 4



My name is Sergio. I just met this boy in my class that I like a lot. We say hello to one another every morning. I got his number from my friend today. I've sent him nine texts so far, but he hasn't responded. I even tried calling him three times and he never picked up. What should I do?

1. Sergio's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 5



My name is Jay. The other day I was walking home from school and needed to go to the bathroom really badly. I didn't know where the closest public restroom was so I ran into an alley and urinated on a building. When I got home I told my mom about it and she got upset at me. Did I do something wrong?

1. Jay's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 6



Hi, my name is Erin. Sean and I have been dating for about six months now. We've held hands and kissed, but I am interested in doing more. Sean and I have talked about our families, how nice it is to spend time together, and how we are both interested in becoming more intimate. I think I might bring up the conversation of having sex. What do you think?

1. Erin's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 7



My name is Jocelyn. Last week, I took a picture of myself topless and sent it to my boyfriend. At first I was really nervous about it, but I wanted to show him I really like him. We broke up yesterday, and when I got to school this morning everyone was laughing. I found out that he had sent my picture to everyone! I feel so humiliated. I can't face going back to school. What am I going to do?

1. Jocelyn's boyfriend's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 8



My name is Carla. Yesterday, when I got home from school, I began to feel tingly all over. I went into my bedroom and closed the door. Then I started touching myself. It felt really good. Now I feel weird about it. Is something wrong with me?

1. Carla's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 9



Hello, my name is Lucas. The other day I went over to my friend, Dylan's, house to hang out and we watched a scary movie. I started to feel scared and moved closer to my friend, our arms and legs were touching. He kept moving over on the couch, and I kept moving with him. It felt nice to sit really close. Ever since Dylan has been avoiding me at school. What did I do wrong? What should I do?

1. Lucas' behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 10



Hi, my name is Amanda. I just met Charlie and I think she is awesome. She makes me laugh and I think I like her more than just friends. I asked if she wanted to grab coffee with me and she said yes! When we met up for coffee we had a great time, and she even touched my arm. While we were walking out of the coffee shop, I asked if I could hold her hand. She said yes again! It feels so nice to be this intimate.

1. Amanda's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 11



My name is Megan. My boyfriend and I have been going out for over a year now and we have been talking about having sex. Last night we went to a party and I was feeling nervous so I started drinking. I don't remember much, one minute my boyfriend and I were dancing together, the next I woke up naked with him next to me. I guess we must have had sex. I feel really uncomfortable and I want to cry. What should I do?

1. Megan's boyfriend's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do?

Scenario #: 12



My name is Kay. I met this guy online, Dave, and he started sending me all these pictures. He asked me to send him some pictures of me in return. I told him I didn't feel like that was a good idea. He promised to send me \$10 for every photo I sent him. I still feel uneasy about doing it, but that seems like a good deal. What should I do?

1. Dave's behavior is (circle one)

appropriate

inappropriate

illegal

2. If you circled inappropriate or illegal, what is the problem in this scenario?

3. Who could this person go to for help? List **two** trusted adults this person could talk to.

1.

2.

4. If this person was your friend, what could you say or do to help them?

What Should I Do? Scenarios



#1 Hi! My name is Juan. Every day at school when I see my friends, I run up to them and give them hugs. When I am introduced to new people I like to hug them too.



#2 Hello, I am Jeremy. I want to make new friends. When I go to the mall I walk up to strangers and start talking to them. The last few times I went to the mall, the same woman was there. I followed her around from store to store, talking to her about my life. She walks pretty quickly, so sometimes I need to yell to her to get her attention. Is this the right way to go about making new friends?



#3 My name is Samantha. I've been visiting a tutor two afternoons a week to get extra help with my homework. At first, he was just really nice, but then he started touching my shoulders and my hair. The last time I was there, he told me how beautiful I was and started touching my breasts through my shirt. I was so scared I didn't know what to do! I told him I had homework to do, and got out of there fast. Now, I'm so scared that I'll have to see him again. But I didn't fight him off or yell at him or anything, so maybe this was my fault? What should I do?



#4 My name is Sergio. I just met this boy in my class that I like a lot. We say hello to one another every morning. I got his number from my friend today. I've sent him nine texts so far, but he hasn't responded. I even tried calling him three times and he never picked up. What should I do?



#5 My name is Jay. The other day I was walking home from school and needed to go to the bathroom really badly. I didn't know where the closest public restroom was so I ran into an alley and urinated on a building. When I got home I told my mom about it and she got upset at me. Did I do something wrong?



#6 Hi, my name is Erin. Sean and I have been dating for about six months now. We've held hands and kissed, but I am interested in doing more. Sean and I have talked about our families, how nice it is to spend time together, and how we are both interested in becoming more intimate. I think I might bring up the conversation of having sex. What do you think?



#7 My name is Jocelyn. Last week, I took a picture of myself topless and sent it to my boyfriend. At first I was really nervous about it, but I wanted to show him I really like him. We broke up yesterday, and when I got to school this morning everyone was laughing. I found out that he had sent my picture to everyone! I feel so humiliated. I can't face going back to school. What am I going to do?



#8 My name is Carla. Yesterday, when I got home from school, I began to feel tingly all over. I went into my bedroom and closed the door. Then I started touching myself. It felt really good. Now I feel weird about it. Is something wrong with me?



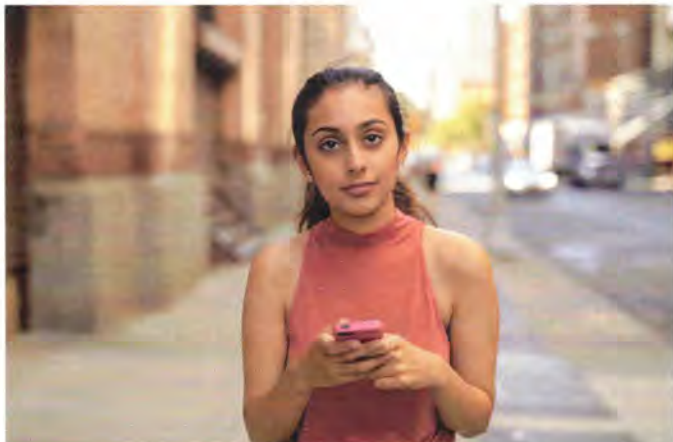
#9 Hello, my name is Lucas. The other day I went over to my friend, Dylan's, house to hang out and we watched a scary movie. I started to feel scared and moved closer to my friend, our arms and legs were touching. He kept moving over on the couch, and I kept moving with him. It felt nice to sit really close. Ever since Dylan has been avoiding me at school. What did I do wrong? What should I do?



#10 Hi, my name is Amanda. I just met Charlie and I think she is awesome. She makes me laugh and I think I like her more than just friends. I asked if she wanted to grab coffee with me and she said yes! When we met up for coffee we had a great time, and she even touched my arm. While we were walking out of the coffee shop, I asked if I could hold her hand. She said yes again! It feels so nice to be this intimate.



#11 My name is Megan. My boyfriend and I have been going out for over a year now and we have been talking about having sex. Last night we went to a party and I was feeling nervous so I started drinking. I don't remember much, one minute my boyfriend and I were dancing together, the next I woke up naked to him next to me. I guess we had sex. I feel really uncomfortable and I want to cry. What should I do?



#12 My name is Kay. I met this guy online and he started sending me all these pictures. He asked me to send him some pictures of me in return. I told him I didn't feel like that was a good idea. He promised to send me \$10 for every photo I sent him. I still feel uneasy about doing it, but that seems like a good deal. What should I do?

¿Qué debo de hacer?

Nombres: _____ Escena #: _____

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona **dos** **adultos de confianza** con quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #1



¡Hola! Mi nombre es Juan. Todos los días cuando veo a mis amigos en la escuela, corro hacia ellos y los abrazo. Cuando me presentan a nuevas personas también me gusta abrazarlas.

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #2



Hola, soy Jeremy. Quiero conocer nuevos amigos. Cuando voy al centro comercial, me acerco a personas extrañas y empiezo a hablar con ellas. Las últimas veces que estuve en el centro comercial, encontré a la misma mujer. La seguí por todas las tiendas y le hablé sobre mi vida. Ella camina bien rápido así que algunas veces tengo que gritarle para llamar su atención. ¿Es esta la manera correcta de hacer amigos?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los que esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #3



Mi nombre es Samantha. Dos veces a la semana visito a un tutor para que me ayude con mis tareas. Al principio, él estaba bien amable, pero luego empezó a tocar mi cabello y mis hombros. La última vez que lo visité, me dijo que era hermosa y empezó a tocar mis senos sobre mi camiseta. ¡Estaba tan asustada que no sabía qué hacer! Le dije que tenía que hacer mi tarea y me salí rápidamente. Ahora, me asusta mucho que lo tenga que volver a ver. Pero no me peleé con él ni le grité y ni hice nada, así que, ¿tal vez es mi culpa? ¿Qué debo de hacer?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #4



Mi nombre es Sergio. Acabo de conocer a un compañero en mi clase que me gusta mucho. Nos saludamos todas las mañanas. Hoy, otro amigo me dio su número de teléfono. Ya le he enviado nueve mensajes, pero aún no me ha respondido. Ya lo he llamado tres veces y no me ha contestado. ¿Qué debo de hacer?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #5



Mi nombre es Jay. El otro día estaba caminando de regreso a casa de la escuela y necesitaba ir al baño con urgencia. No sabía dónde quedaban los baños públicos más cercanos así que corrí hacía una callejuela y oriné en un edificio. Cuando llegué a casa le conté a mi mamá lo que había hecho y se molestó mucho conmigo. ¿Hice algo malo?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #6



Hola, mi nombre es Erin. Sean y yo estamos saliendo juntos desde hace seis meses. Ya nos hemos agarrado de las manos y nos hemos besado pero yo estoy interesada en hacer más. Sean y yo hemos conversado sobre nuestras familias y lo bonito que es pasar el tiempo juntos además sobre nuestro interés de conocernos más íntimamente. Creo que debería empezar la conversación sobre tener sexo. ¿Qué piensan?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #7



Mi nombre es Jocelyn. La semana pasada me tomé una foto con mis pechos desnudos y se la envié a mi novio. Al principio estaba muy nerviosa de mandársela, pero quería demostrarle que realmente me gusta. Ayer terminamos nuestra relación y hoy en la escuela todos se estaban riendo. ¡Descubrí que él había enviado mi foto a todo mundo! Me sentí tan humillada. Ya no me atrevo ni regresar a la escuela. ¿Qué voy a hacer?

1. El comportamiento en esta escena es? (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #8



Mi nombre es Carla. Ayer, cuando regresé a mi casa después de la escuela empecé a sentir unas cosquillas por todo el cuerpo. Me fui a mi cuarto y cerré la puerta. Luego empecé a tocarme. Se siente muy bien. Pero ahora me siento rara. ¿Qué me está pasando?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #9



Hola, mi nombre es Lucas. El otro día fui a visitar a mi amigo Dylan, vimos juntos una película de terror en su casa. Empecé a sentir miedo y me acerqué a mi amigo, nuestros brazos y piernas se tocaban. Él se movía alejándose de mí y yo me movía hacia él. Se sintió bien estar sentados tan juntos. Desde ese día Dylan me ha estado evitando en el colegio. ¿Qué hice de malo? ¿Qué debo de hacer?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los que esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #10



Hola, mi nombre es Amanda. Acabó de conocer a Charlie y pienso que es genial. Ella me hace reír y creo que me gusta más que una amiga. Le pregunté si le gustaría salir a tomar un café conmigo y ¡ella me dijo que sí! Cuando nos juntamos a tomar el café nos divertimos mucho, y ella hasta me tocó el brazo. Mientras hablábamos fuera del café, le pregunté si podía agarrar su mano y me respondió que sí. Se siente muy bien ser tan íntimas.

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo “inapropiado” o “ilegal”, ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #11



Hola, mi nombre es Megan. Mi pareja y yo hemos estado saliendo por más de un año y hemos hablado sobre tener relaciones sexuales. Ayer fuimos a una fiesta y yo me sentía nerviosa, entonces empecé a tomar. No recuerdo mucho, pero un momento mi novio y yo estábamos bailando y luego me desperté junto a él desnuda. Creo que tuvimos sexo. Me siento muy incómoda y creo que quiero llorar. ¿Qué debo de hacer?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer?

Escena #12



Mi nombre es Kay. Conocí a un chico en línea y me empezó a enviar todas estas fotos. Él me ha pedido que le enviara algunas fotos más a cambio. Yo le dije que pensaba que no sería una buena idea. Me prometió enviarme \$10 por cada foto mía que le enviara. Aún me siento incomoda de hacerlo pero creo que es un buen trato. ¿Qué debo de hacer?

1. El comportamiento en esta escena es (marca con un círculo):

apropiado

inapropiado

ilegal

2. Si marcaste con un círculo "inapropiado" o "ilegal", ¿cuál es el problema en esta escena?

3. ¿A quién pediría ayuda esta persona? Menciona dos adultos de confianza con los quien esta persona puede hablar.

1.

2.

4. Si esta persona fuera tu amigo, ¿qué le dirías o harías para ayudarlo?

¿Qué debo de hacer? Escenas



#1 ¡Hola! Mi nombre es Juan. Todos los días cuando veo a mis amigos en la escuela, corro hacia ellos y los abrazo. Cuando me presentan a nuevas personas también me gusta abrazarlas.



#2 Hola, soy Jeremy. Quiero conocer nuevos amigos. Cuando voy al centro comercial, me acerco a personas extrañas y empiezo a hablar con ellas. Las últimas veces que estuve en el centro comercial, encontré a la misma mujer. La seguí por todas las tiendas y le hablé sobre mi vida. Ella camina bien rápido así que algunas veces tengo que gritarle para llamar su atención. ¿Es esta la manera correcta de hacer amigos?



#3 Mi nombre es Samantha. Dos veces a la semana visito a un tutor para que me ayude con mis tareas. Al principio, él estaba bien amable, pero luego empezó a tocar mi cabello y mis hombros. La última vez que lo visité, me dijo que era hermosa y empezó a tocar mis senos sobre mi camiseta. ¡Estaba tan asustada que no sabía qué hacer! Le dije que tenía que hacer mi tarea y me salí rápidamente. Ahora, me asusta mucho que lo tenga que volver a ver. Pero no me peleé con él, ni le grité y ni hice nada, así que, ¿tal vez es mi culpa? ¿Qué debo de hacer?



#4 Mi nombre es Sergio. Acabo de conocer a un compañero en mi clase que me gusta mucho. Nos saludamos todas las mañanas. Hoy, otro amigo me dio su número de teléfono. Ya le he enviado nueve mensajes, pero aún no me ha respondido. Ya lo he llamado tres veces y no me ha contestado. ¿Qué debo de hacer?



#5 Mi nombre es Jay. El otro día estaba caminando de regreso a casa de la escuela y necesitaba ir al baño con urgencia. No sabía dónde quedaban los baños públicos más cercanos así que corrí hacia una callejuela y oriné en un edificio. Cuando llegué a casa le conté a mi mamá lo que había hecho y se molestó mucho conmigo. ¿Hice algo malo?



#6 Hola, mi nombre es Erin. Sean y yo estamos saliendo juntos desde hace seis meses. Ya nos hemos agarrado de las manos y nos hemos besado pero yo estoy interesada en hacer más. Sean y yo hemos conversado sobre nuestras familias y lo bonito que es pasar el tiempo juntos además sobre nuestro interés de conocernos más íntimamente. Creo que debería empezar la conversación sobre tener sexo. ¿Qué piensan?



#7 Mi nombre es Jocelyn. La semana pasada me tomé una foto con mis pechos desnudos y se la envié a mi novio. Al principio estaba muy nerviosa de mandársela, pero quería demostrarle que realmente me gusta. Ayer terminamos nuestra relación y hoy en la escuela todos se estaban riendo. ¡Descubrí que él había enviado mi foto a todo mundo! Me sentí tan humillada. Ya no me atrevo ni regresar a la escuela. ¿Qué voy a hacer?



#8 Mi nombre es Carla. Ayer, cuando regresé a mi casa después de la escuela empecé a sentir cosquillas por todo el cuerpo. Me fui a mi cuarto y cerré la puerta. Luego empecé a tocarme. Se siente muy bien. Pero ahora me siento rara. ¿Qué me está pasando?



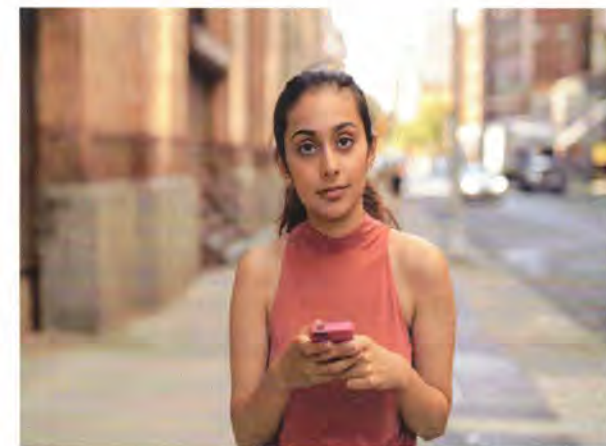
#9 Hola, mi nombre es Lucas. El otro día fui a visitar a mi amigo Dylan, miramos juntos una película de terror en su casa. Empecé a sentir miedo y me acerque a mi amigo, nuestros brazos y piernas se tocaban. El se movía alejándose de mi y yo me movía acercándome hacia él. Se sintió bien estar sentados tan juntos. Desde ese día Dylan me ha estado evitando en el colegio. ¿Qué hice de malo? ¿Qué debo hacer?



#10 Hola, mi nombre es Amanda. Acabó de conocer a Charlie y pienso que es genial. Ella me hace reír y creo que me gusta más que una amiga. Le pregunté si le gustaría salir a tomar un café conmigo y ¡ella me dijo que sí! Cuando nos juntamos a tomar el café nos divertimos mucho, y ella hasta me tocó el brazo. Mientras hablábamos fuera del café, le pregunté si podía agarrar su mano y me respondió que sí. Se siente muy bien ser tan íntimas.



#11 Hola, mi nombre es Megan. Mi pareja y yo hemos estado saliendo por más de un año y hemos hablado sobre tener relaciones sexuales. Ayer fuimos a una fiesta y yo me sentía nerviosa, entonces empecé a tomar. No recuerdo mucho, pero un momento mi novio y yo estábamos bailando y luego me desperté junto a él desnuda. Creo que tuvimos sexo. Me siento muy incómoda y creo que quiero llorar. ¿Qué debo de hacer?



#12 Mi nombre es Kay. Conocí a un chico en línea y me empezó a enviar todas estas fotos. Él me ha pedido que le enviara algunas fotos mías a cambio. Yo le dije que pensaba que no sería una buena idea. Me prometió enviarme \$10 por cada foto mía que le enviara. Aún me siento incomoda de hacerlo pero creo que es un buen trato. ¿Qué debo de hacer?

Session 10 Assessment: Sexual Safety

Category 1: True/False and Open Ended

Sexual Safety Questions:

1. When a person is doing or saying anything sexual that makes someone else feel uncomfortable this can be referred to as what?

Answer: Sexual Harassment

2. Forcing someone to have sex without their consent or permission is called what?

Answer: Rape

3. True/False: When sexual harassment or sexual assault happens, it is never the victims fault.

Answer: True

4. Who can a person talk to about sexual harassment or sexual assault?

Answers: Parents, trusted adult, teacher, counselor, police, etc.

5. True/False: It is OK to pressure someone to have sex.

Answer: False

6. True/False: Before having sex, a person should talk to their partner about what they are comfortable doing or not doing.

Answer: True

Category 2: Tally

Educator or Data Recorder: Begin by reading a question and the three possible answer choices so students can hear all options. Read the question again and as you go through the possible answer choices, have students raise their hand when they hear the option they think is correct and put tally marks in the appropriate boxes.

Topic: Sexual Safety	True	False	Not Sure
Question 1: True/False: Sexual harassment is forcing someone to have sexual contact. Answer: False- This refers to sexual assault. Sexual harassment is doing or saying anything sexual that makes someone feel uncomfortable.	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>	<u>Pre-Assessment:</u> <u>Post-Assessment:</u>
Topic: Sexual Safety Question 2: Touching someone in a sexual way without their consent or permission would be	Sexual Harassment <u>Pre-Assessment:</u>	Sexual Assault <u>Pre-Assessment:</u>	Not Sure <u>Pre-Assessment:</u>







considered...	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Answer: Sexual Assault			
Topic: Sexual Safety	True	False	Not Sure
Question 3: True/False: When sexual harassment or sexual assault occurs, it is never the victims fault.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: True	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>
Topic: Sexual Safety	True	False	Not Sure
Question 4: True/False: It is OK to pressure someone to have sex.	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>	<u>Pre-Assessment:</u>
Answer: False	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>	<u>Post-Assessment:</u>

Category 3: Icon Selection

- Option 1: Place the options on the board and label them 1-3. Have the students hold up 1, 2, or 3 fingers to represent the answer they chose.
- Option 2: Print out answer cards before assessment. Place the cards in front of the students and have them point to the correct answer.

Sexual Safety Questions:

1. True/False: Sexual assault is forcing a person to have sexual contact, like forcing someone to kiss you.
Answer: True
2. True/False: When sexual harassment or sexual assault occurs, it is never the victims fault.
Answer: True
3. True/ False: It is OK to pressure someone to have sex with you.
Answer: False
4. Before you do something sexual with someone, you need to get their consent by asking them and waiting for them to say _____.
Answer: Yes

Row 1	True 	False 	Not sure 
Row 2	Yes 	No 	Not sure 

Session 10 Wrap-Up

Objective: To review the topics covered during the eighth session and address any questions that may have come up.

1. **Remind students to write down their questions for the Question Box, if they haven't already.**
2. **Ask the class:**
 - Name 2 adults they can call on if they have questions or feel unsafe.
 - Identify 2 ways they can support their peers if they are experiencing an uncomfortable or unsafe situation.
3. **Explain what you'll be covering during the next session.**
 - In the next session, we will again answer your questions that you put in the Question Box in a few minutes.
 - We will discuss future goals and review what we have learned throughout the past sessions.
4. **Collect the Question Box questions.**

Session 11: Future Goals and Review

Goals

- Emphasize communicating with a trusted adult to improve sexual health decision-making.
- To give students an opportunity to reflect on and discuss their personal values around gender messages and gender norms.
- Empower students to take control of decisions related to sexuality and parenting.

Objectives

At the end of this session, students will be able to:

- Reflect on and discuss their personal values around gender messages and gender norms.
- Reinforce awareness that decisions made now can impact the future.
- Emphasize communicating with a trusted adult to improve sexual health decision-making.

Materials Needed

- Anonymous Question Box
- Scratch paper cut into 2" x 2" pieces, one for each student
- Copies of My Super Future Worksheet, one for each student

Preparation

- Photocopy My Super Future Worksheet, one for each student.

Total Instruction Time

Minimum: 60 min

Maximum: 80 min

Activity and Time Needed

Anonymous Question Box: 10 min.

Session 10 Review: 5

My Super Future: 15 min

Tic-Tac-Toe Review: 20 min

Teen Talk Jeopardy!: 20 min.

Posttest with Evaluation: 15 min.

Course Wrap-Up: 5 min.

Activity 11.1: Anonymous Question Box

Objective: To provide students with an outlet to ask questions about puberty and sexuality if they are not comfortable asking their question during the session.

5. **This is the final day of the course**, so you may need to spend extra time finishing questions from previous class sessions.
6. **Use the following guidelines for answering questions:**
 - **Pre-screen:** Read through all of the questions before you answer them. This allows you to remove personal questions or questions with names in them. You don't want to be caught off guard. Prescreening also gives you an opportunity to rephrase questions, if necessary, and do any research required to answer the question in full. It also allows you to pre-select questions as a way to introduce or supplement a topic and to control when issues get covered.
 - **Rephrase:** If a question uses discriminatory or offensive language, rephrase it to address the issue in a more respectful way. If a question uses slang, try to reword it using scientific terms. If a question gives so many details that it might breach the anonymity agreement, leave out those details.
 - **Redirect:** Address *every* question in some way. Do your best to give a full, unbiased answer. Never miss an opportunity to remind students how diseases are spread, ways to avoid pregnancy, and that people always have to ask permission to touch or do something sexual with someone.
 - **Be Real:** If you don't know the answer to a question, simply say so. You lose credibility if you make up information or only tell half the story. Acknowledge that you cannot completely understand what it's like to be a pre-teen today. Instead of trying to be "cool," ask students for more information about specific slang and issues that they face.

If a question is about a situation that would require reporting to CPS, tell the students that they have the right to report that behavior to you or another trusted adult. Remind them that you are there to help protect them and that no one should have to deal with that situation alone.

- **Be Inclusive:** Use nonjudgmental language. Answer questions as if you know there is at least one student in the room who: never plans to have kids; never plans to get married; is gay, lesbian, bisexual, transgender or intersex; doesn't know their biological parents; is sexually active; is pregnant or parenting, has HIV or another STI, has been raped or sexually assaulted, etc.

Be aware of your verbal and nonverbal reactions to questions like laughing, shaking your head, or saying "You're too young to ask that." You could be communicating powerful judgments and assumptions. Instead of belittling questions, try to affirm and legitimize the questions. You can say, "Many people ask this question," or "This is an important question."

Activity 11.2: My Super Future

Objectives: Develop a plan to avoid STIs and unintended pregnancy. Reinforce awareness that decisions made now can impact the future. Empower students to take control of decisions related to sexuality and parenting. Emphasize communicating with a trusted adult to improve sexual health decision-making.

1. **Explain to the class that the activity they will work on in class will help them identify their personal values and brainstorm ways to stay healthy now and in their future.**
2. **Pass out My Super Future worksheet to each student and instruct them to fill it out.** Tell students to answer based on their personal values. Remind students that teen parents need support and not judgment or shame. Encourage students to look up #NoTeenShame or visit: <http://noteenshame.tumblr.com/>
3. **Encourage students to be creative, but remind them to keep their images classroom appropriate.**
4. **Ask volunteers to share their Super Future and ask them how they came to these conclusions in their comic.**
5. **Use the following questions to facilitate discussion:**
 - How can we stay healthy and protected?
 - How does talking with a trusted adult help you make decisions?
 - What can you do to help achieve your goals?
 - What kind of support could help you reach your goals?
 - How can you support your peers in reaching their goals?

My Super Future

Name: _____

Period: _____

Directions: Complete the following sentences then draw your future!

When I grow up, I want to _____

My trusted adult I can talk to about sex is

I will prevent pregnancy before I want children and
protect myself from STIs by _____

Being a teen parent could be hard because

Remember teen parents deserve respect and support

Mi Super Futuro

Nombre: _____

Instrucciones: ¡ilustre su futuro! Piense en sus metas de trabajo, metas educativas y metas de la familia.

Cuando crezca quiero ser _____

La persona adulta en la que confío y con quien
puedo hablar de sexo es: _____

Evitaré el embarazo antes que decida tener hijos y
me protegeré de STIs haciendo lo siguiente

Puede ser difícil ser padre cuando uno es adolescente
porque _____

*Recuerde, los padres adolescentes merecen respeto y
apoyo*

Activity 11.3: Tic-Tac-Toe Review

Objectives: To review all of the content presented during TTAAA.

1. **Draw a large tic-tac-toe board on the whiteboard or writing surface.**
2. **Set up the game stage.** Move a small desk or stool to the front of the class. Place a call bell or buzzer in the center. If one is not available, you can use any object, like a marker or water bottle.
3. **Divide the class into two equal teams of “X”s and “O”s.** This can be done simply (e.g. by dividing the classroom in half with an imaginary line) or creatively (e.g. by birthday month), but teams should remain mixed gender.
4. **Explain to the class:**
 - To review all the information we have learned this week, we will be playing tic-tac-toe face-off! This is just a friendly competition, so remember to be supportive of all your classmates.
 - Volunteers from each team will take turns facing-off at the game stage. A volunteer from team “X” and a volunteer from team “O” will stand facing each other with their hands by their sides.
 - The educator will read a statement allowed, and the first person to hit the bell (or grab the object from the game stage) will answer True or False.
 - If their answer is correct, they add an “X” or “O” to the game board for their team.
 - If their answer is incorrect, both volunteers return to their seats and new volunteers are called for the next question.
 - The person at the game stage cannot get help from their teammates to answer the question, but can ask for help placing their “X” or “O” on the board.
 - The first team to get 3 “X”s or “O”s in a row wins!

Instructor’s note: It is recommended to play 3 rounds if time permits. Changing teams between rounds is optional.
5. **Following is the list of statements.** Answers are provided in bold.

Puberty Level Questions:

- Females will always start menstruating by the time they are 14. (**False**)
- It is normal for males to get erections, even when they are not thinking sexual thoughts. (**True**)
- Males produce sperm from the time they are babies. (**False**)
- Touching a female’s breasts without her permission is an example of sexual assault. (**True**)
- Puberty involves both physical and emotional changes. (**True**)
- On average, menstrual flow lasts 3 to 7 days. (**True**)
- Menstrual periods always come on a regular schedule. (**False**)
- Menstruation occurs when the lining of the uterus is shed. (**True**)
- Females often start puberty before males, but males catch up later. (**True**)
- Males get erections only when they are awake. (**False**)
- During puberty, males’ voices get deeper because their vocal cords are growing. (**True**)
- Sperm are contained in a liquid called semen. (**True**)
- Sometimes, during puberty, males’ can have tender and swollen breast tissue. (**True**)
- AIDS is caused by the Human Immunodeficiency Virus. (**True**)

- You can get HIV from sharing a cup with someone who has HIV. **(False)**
- You can get HIV from kissing someone who has HIV. **(False)**
- Mothers with HIV can pass it to their babies. **(True)**
- Mosquitos and other bugs can give you HIV. **(False)**
- You can get HIV from having sex with someone who has HIV. **(True)**
- You can look at someone and tell if they have HIV or not. **(False)**
- There are drugs to help a person living with HIV have a normal life expectancy. **(True)**
- When a male ejaculates, there are millions of sperm in the semen. **(True)**
- You can get HIV from hugging someone with HIV. **(False)**
- It is normal for females to have moisture in their vagina and on their underwear. **(True)**
- Everyone goes through puberty at the same rate. **(False)**
- All bodies have a urethra. **(True)**
- Female bodies can get prostate cancer. **(False)**
- If someone is sexually assaulted, it's their own fault. **(False)**
- Kids only get pimples during puberty because they eat a lot of junk food. **(False)**
- Identical twins happen when two eggs are fertilized by two separate sperm. **(False)**
- Erections occur when the penis fills with blood. **(True)**
- Females urinate out of their vaginas. **(False)**
- Sexual thoughts and feelings are common during puberty. **(True)**
- If not treated, HIV can be deadly. **(True)**
- Sending sexual messages or photos to someone without their permission could be considered sexual harassment. **(True)**

Middle School and High School Level Questions:

- A female can get pregnant the first time they have vaginal sex. **T**
- A female can get pregnant if they have vaginal sex during their period. **T**
- The birth control pill protects against sexually transmitted infections. **F**
- Chlamydia can be cured. **T**
- HPV can cause cervical cancer. **T**
- It's OK to pressure someone for sex. **F**
- If there are no cuts in a person's mouth, you can get HIV from saliva. **F**
- If two people have a lot of sex, they can create an STI. **F**
- If you are wearing a condom, it's still possible to get an STI. **T**
- There is an age limit for buying condoms. **F**
- The condom and internal condom both help protect against pregnancy and STIs. **T**
- You need your parent's permission to get birth control. **F**
- Gonorrhea can be cured. **T**
- Herpes can be cured. **F**
- A female can get pregnant from having oral sex. **F**
- Most teenagers have sex before the age of 15. **F**
- Both males and females have a urethra. **T**
- Birth control pills make you fat. **F**
- The ovaries are part of the male reproductive system. **F**

- There is a vaccine for some types of HPV. **T**
- Teenagers are more likely to get STIs than adults. **T**
- Males need to check their testicles once a month for changes. **T**
- Females can get pregnant any time after they start their periods and up to the time they die. **F**
- If you have an abortion you cannot have babies in the future. **F**
- Males make sperm starting the day they are born. **F**
- In a healthy relationship, a couple can talk about their sexual boundaries. **T**
- Females can have one breast that grows faster than the other. **T**
- Females may have about 450 periods in their life. **T**
- You can get an STI from masturbating by yourself. **F**
- The shot is up to 99% effective in preventing pregnancy. **T**
- If a female jumps up and down after sex she can make the sperm come out and then the woman won't get pregnant. **F**
- If you masturbate too much you can have health problems, such as running out of sperm. **F**
- Many high schools have clubs to support LGBT+ teens. **T**
- HPV can be cured. **F**
- Most teenagers who have abortions tell their parents. **T**
- You always have the right to say no to sex or affection. **T**
- You can tell by looking at somebody whether they have had sex or not. **F**
- It is against the law to force someone to have sex. **T**
- Males can ejaculate in their sleep. **T**
- Every year, 25% of sexually active teens in the United States get an STI. **T**
- Gay teens are twice as likely to commit suicide as heterosexual teens. **T**
- Anyone who has an STI will show signs of it. **F**
- Dental dams should be used when performing oral sex on a female. **T**
- Baby oil is a great lubricant to put on condoms. **F**

Spanish Translations:

Middle School and High School Level Questions:

- Una mujer puede quedar embarazada la primera vez que tiene sexo vaginal. **V**
- Una mujer puede quedar embarazada si tiene sexo durante su período menstrual. **V**
- La píldora anticonceptiva protege contra enfermedades de transmisión sexual. **V**
- La clamidia se puede curar. **V**
- VPH puede producir cáncer cervical. **V**
- Está bien presionar a una persona para tener sexo. **F**
- Si una persona no tiene cortes en su boca, te puede contagiar el SIDA de la saliva. **F**
- Si dos personas tienen mucho sexo, pueden crear una ITS. **F**
- Si utilizas un condón, es posible que te contagies de una ITS. **V**
- Hay una edad límite para comprar condones. **F**
- El condón y el condón que se inserta ambos ayudan a proteger contra el embarazo y ITS. **V**
- Necesitas el consentimiento de tus padres para tomar anticonceptivos. **F**
- La gonorrea se puede curar. **V**

- El herpes se puede curar. **F**
- Una mujer puede quedar embarazada al tener sexo oral. **F**
- La mayoría de adolescentes tienen sexo antes de los 15. **F**
- Tanto los hombres como las mujeres tienen una uretra. **V**
- Las píldoras anticonceptivas te vuelven gorda. **F**
- Los ovarios son parte del Sistema reproductivo masculino. **F**
- Hay una vacuna para algunos tipos de VPH. **T**
- Es más probable que los adolescentes se contagien de ITS que los adultos. **V**
- Los hombres necesitan chequear sus testículos una vez al mes para revisar si se han producido cambios. **T**
- Las mujeres pueden quedar embarazadas en cualquier momento luego de haber empezado sus períodos mensuales y hasta que se mueren. **F**
- Si has tenido un aborto, ya no podrás tener bebés en el futuro. **F**
- Los hombres producen esperma desde el día de su nacimiento. **F**
- En una relación saludable, la pareja puede conversar sobre sus límites sexuales. **V**
- Las mujeres pueden tener un busto que crece más rápido que otro. **V**
- Las mujeres pueden tener aproximadamente 450 períodos mensuales durante su vida. **V**
- Puedes contagiarte de una ITS al masturbarte. **F**
- La inyección anticonceptiva es 99% efectiva para prevenir el embarazo. **V**
- Si una mujer salta luego de tener sexo puede producir que el esperma salga de su cuerpo y así evitar no quedar embarazada. **F**
- Si te masturbas mucho puedes tener problemas de salud, como por ejemplo que se te termine el esperma. **F**
- Muchos clubes de secundaria apoyan a los adolescentes LHBTEIA (LGBT). **V**
- El SIDA se puede curar. **F**
- La mayoría de adolescentes que han tenido abortos se lo han contado a sus padres. **V**
- Tu siempre tienes derecho a decir no al sexo o al cariño. **V**
- Al mirar a una persona te puedes dar cuenta si ha tenido sexo o no. **F**
- Es contra la ley obligar o forzar a alguien a tener sexo. **V**
- Los hombres pueden eyacular cuando duermen. **T**
- Cada año, 25% de los adolescentes activos sexualmente en los Estados Unidos se contagian de una ITS. **V**
- Es más probable que los adolescentes homosexuales cometan suicidio que los adolescentes heterosexuales.
- Cualquier persona que tenga una ITS presentará señales de la enfermedad. **F**
- Los diques dentales (dental dams) se deben utilizar cuando se practica sexo oral en las mujeres. **V**
- El aceite de bebe es un gran lubricante para poner en los condones. **F**

Activity 11.4: Teen Talk Jeopardy!

Objectives: To review topics discussed during Teen Talk AAA.

1. Tell students that we will play Teen Talk Jeopardy to review topics that were discussed during the sessions before the post-test. There are two options in playing this game.

Option 1

1. The class will be divided into two teams and each team will select a representative. That representative will discuss with their team the category and number of points they'd like to try for.
2. After the question is read to the team that is up, they will have 30 seconds to state their final answer.
3. If the answering team does not get the correct answer, the other team can try to answer correctly to receive the points. It's important that team discuss quietly among themselves to not give the answer to the other team who may try for it.
4. Divide the class into two teams and write up a chart with team names and number of points earned. Play until all questions are reviewed or until time is up before administering the post-test.

Option 2

1. Explain that the class will be divided into small group of 3-4 students. Each small team will receive a whiteboard and whiteboard marker to write their answers.
2. Each team will get a chance to choose a category and number of points they'd like to try for.
3. The question will be read to the entire class and each small team will have an opportunity to write down their answer. Give everyone 40 seconds to write down their complete answer. After the time is up, everyone will hold their whiteboards up at the same time for me to check correct answers. Let each team know if they receive the points or if they did not get the answer correct.
4. Play until all questions are reviewed or time is up before administering the post-test.

Birth Control	STIs	Anatomy	Wild Card
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

Birth Control	STIs	Anatomy	Wild Card
Name a birth control method	What does STI stand for?	It is possible to get pregnant/get someone pregnant while on their period? T/F	Name 2 types of sex
Some birth controls are effective for 3+ years T/F	You can tell if a person has HIV just by looking at them T/F	Both males and females urinate through this opening	Teens need permission from their parents to get sexual health services at a clinic or doctor's office T/F
How old do you have to be to purchase condoms	Can HIV be passed through saliva?	The place where the sperm and the egg meet	What does LGBTQ stand for?
The only birth control taken after sex to prevent pregnancy	Name one curable and one treatable STI	When do males begin to produce sperm & when do females get their eggs?	If you are under the age of 18, and are sending sexual photos or videos of yourself this is considered what?
Name 2 birth control methods and how to use each correctly	Name 2 bodily fluids that can transmit HIV	Define "infertility"	Name 2 clinics where a teen can go to access sexual health services

Birth Control	STIs	Anatomy	Wild Card
<p>Name a birth control method</p> <p>Possible answers: Not having sex, Condoms, Pill, Patch, Ring, Shot, Implant, IUD, Emergency Contraception</p>	<p>What does STI stand for?</p> <p>Sexually Transmitted Infection</p>	<p>It is possible to get pregnant/get someone pregnant while on their period?</p> <p>T/F</p> <p>True</p>	<p>Name 2 types of sex</p> <p>Possible answers: Oral, Anal, Vaginal</p>
<p>Some birth control methods are effective for 3+ years</p> <p>T/F</p> <p>True</p>	<p>You can tell if a person has HIV just by looking at them</p> <p>T/F</p> <p>False</p>	<p>Both males and females urinate through this opening</p> <p>Urethra</p>	<p>Teens need permission from their parents to get sexual health services at a clinic or doctor's office</p> <p>T/F</p> <p>False</p>
<p>How old do you have to be to purchase condoms?</p> <p>Any age</p>	<p>Can HIV be passed through saliva?</p> <p>No</p>	<p>The place where the sperm and the egg meet</p> <p>Fallopian Tube</p>	<p>What does LGBTQ stand for?</p> <p>Lesbian, Gay, Bisexual, Transgender, Questioning/Queer</p>
<p>The only birth control taken after sex to prevent pregnancy</p> <p>Emergency Contraception</p>	<p>Name one curable and one treatable STI</p> <p>Curable: Gonorrhea, Chlamydia, Syphilis, Trichomoniasis, Pubic Lice</p> <p>Treatable: HIV, HPV, Herpes, Hepatitis B</p>	<p>When do males begin to produce sperm & when do females get their eggs?</p> <p>Males: During Puberty Females: From birth</p>	<p>If you are under the age of 18, and are sending sexual photos or videos of yourself, what could this be considered?</p> <p>Sexual Assault</p>
<p>Name 2 birth control methods and how to use each correctly</p> <p>Possible answers: Not having sex, Condoms, Pill, Patch, Ring, Shot, Implant, IUD, Emergency Contraception – May Vary</p>	<p>Name 2 bodily fluids that can transmit HIV</p> <p>Possible Answers: Can be passed through blood, semen, vaginal fluid, breastmilk, rectal fluid, pre-ejaculate</p>	<p>Define "Infertility"</p> <p>The inability to get pregnant or get someone pregnant</p>	<p>Name 2 clinics where a teen can go to access sexual health services</p> <p>Possible Answers: Planned Parenthood, Kaiser Teen Clinic, Ravenswood, Fair Oaks, etc.</p>

Anticonce- ptivo	ITS	Anatomía	Tarjeta loca
<p>Nombra un método anticonceptivo</p> <p>Posibles respuestas: No tener sexo, Condones, Píldora, Parche, Anillo, Inyección, Implante, DIU, Píldora de emergencia</p>	<p>¿Qué significa ITS?</p> <p>Infecciones Transmitidas Sexualmente</p>	<p>¿Es imposible quedar embarazada/embarazar a alguien durante su período menstrual?</p> <p>V/F Verdadero</p>	<p>Nombra 2 tipos de sexo</p> <p>Posibles Respuestas: Oral, Anal, Vaginal</p>
<p>Algunos métodos anticonceptivos son efectivos durante 3+ años</p> <p>V/F Verdadero</p>	<p>Puedes darte cuenta si una persona tiene SIDA solo con mirarla</p> <p>V/F Falso</p>	<p>Tanto hombres como mujeres orinan a través de este orificio</p> <p>Uretra</p>	<p>Los adolescentes necesitan el permiso de sus padres para tener servicios de salud sexual en una clínica o consultorio</p> <p>V/F Falso</p>
<p>¿Cuántos años tienes que tener para poder comprar condones?</p> <p>A cualquier edad</p>	<p>¿Se puede contagiarse de SIDA a través de la saliva?</p> <p>No</p>	<p>El lugar donde se encuentran el espermatozoides y el huevo se encuentran</p> <p>Tubos de Falopio</p>	<p>¿Qué significa LGBTCE?</p> <p>Lesbiana, Gay, Bisexual, Transsexual Cuestionado/Extraño</p>
<p>El único método anticonceptivo que se puede tomar después del sexo para prevenir el embarazo</p> <p>Método anticonceptivo</p>	<p>Nombra una ITS curable y una ITS incurable</p> <p>Curable: Gonorrea, Clamidia, Sífilis, Tricomoniasis, Ladicillas púbicas Tratable: SIDA, VPH, Herpes, Hepatitis B</p>	<p>¿Cuándo empieza un hombre a producir espermatozoides y cuando empieza una mujer a producir huevos?</p> <p>Hombres: Durante la pubertad Mujeres: Desde el nacimiento</p>	<p>Si eres menor de 18, y te están enviando fotos y videos, ¿cómo se puede considerar esto?</p> <p>Abuso sexual</p>
<p>Nombra 2 métodos anticonceptivos y cómo usarlos correctamente</p> <p>Posibles respuestas: No tener sexo, Condones, Píldora, Parche, Anillo, Inyección, Implante, IUD, Píldora de emergencia – Puede variar</p>	<p>Nombra 2 fluidos corporales que pueden transmitir SIDA</p> <p>Posibles Respuestas: Se puede transmitir a través de sangre, semen, fluido vaginal, leche materna, fluido rectal, líquido pre eyaculatorio</p>	<p>Define "Infertilidad"</p> <p>La habilidad de quedar embarazada, la habilidad de embarazar a alguien</p>	<p>Nombra 2 clínicas donde puedes obtener servicios de atención de salud sexual</p> <p>Posibles Respuestas: Planned Parenthood, Kaiser Teen Clinic, Ravenswood, etc.</p>

Activity 11.5: Posttest with Evaluation

Objectives: To review basic knowledge of sexual health topics covered in curriculum.

Note to Instructor: For many classes, the assessments at the end of each session will be the best way to measure the knowledge gained by students. For students that have a higher cognitive level and do not have difficulty reading and writing, these written assessments can be used.

1. **Explain to students that you will be passing out a test to see what they have learned during Teen Talk AAA.** If they have questions about what certain words mean, then you can answer them. If they don't know the answer to a question, they should mark "Not Sure."
2. **Pass out either the Puberty Talk AAA test or the Teen Talk AAA test to each student depending on the topics covered during your time with them.** A version of the Teen Talk AAA posttest is available with picture icons for students who are lower functioning. Give students 15-20 minutes to complete the test.
3. **When students are finished with the test, have them also answer the evaluation questions so you can see how they felt about the program.**
4. **If you have time, collect the tests and review the answers together as a class.** Use answer key from session 1.

TTAAA Puberty Talk **Post Test**

Circle the correct answer.

1. The changes that occur during puberty usually happen:

- A.** Overnight **B.** Over 1 year **C.** Over several years **D.** Not Sure

2. During puberty, most females:

- A.** Start their period **B.** Grow hair under their arms **C.** Both of these **D.** Not sure

3. The part of the male body that makes sperm cells is the:

- A.** Ovary **B.** Testicle **C.** Penis **D.** Not sure

4. In order to make a baby, a sperm cell must fertilize (join with) an ovum (egg).

- ☐ True ☐ False ☐ Not sure

5. Females ovulate (release eggs) from their ovaries from the time they are born.

- ☐ True ☐ False ☐ Not sure

6. It is normal for males to get erections, even when they are not thinking sexual thoughts.

- ☐ True ☐ False ☐ Not sure

There is no correct answer to these questions. Answer how you feel.

7. I feel confident that I could tell someone to stop making fun of another person's body or looks.

- ☐ True ☐ False ☐ Not sure

8. I feel confident that I could tell someone to stop touching me in a way that makes me feel uncomfortable.

- ☐ True ☐ False ☐ Not sure

Please give us feedback!

9. The educator made the course interesting.

☐ Yes

☐ No

☐ Not sure

10. The educator created a safe space to ask questions.

☐ Yes

☐ No

☐ Not sure

11. The course helped me feel more comfortable with my body and the changes that may happen during puberty.

☐ Yes

☐ No

☐ Not sure

12. The course helped me feel more comfortable talking with my parent(s) or a trusted adult about puberty and my health.

☐ Yes

☐ No

☐ Not sure

13. What was your favorite part of the course?

14. How can we make the course better?

15. Any other comments for us?

TTAAA Puberty Talk **Post Examen**

Encierra la respuesta correcta.

1. Los cambios que ocurren en la pubertad por lo general suceden:

- A.** A la noche **B.** Durante 1 año **C.** Durante varios años **D.** No estoy seguro

2. Durante la pubertad, la mayoría de las niñas:

- A.** Empiezan a tener su periodo **B.** Empiezan a tener pelo debajo en las axilas **C.** Los dos de estos **D.** No estoy seguro

3. La parte del cuerpo masculino que produce las células del espermatozoides es:

- A.** El ovario **B.** El testículo **C.** El pene **D.** No estoy seguro

4. Para concebir un bebé, una célula de espermatozoides debe fertilizar (unirse con) un óvulo (huevo).

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

5. Los ovarios femeninos ovulan (suelten huevos) desde que las mujeres nacen.

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

6. Es normal que los niños tengan erecciones, aún si no están pensando en cosas sexuales.

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

No hay respuestas correctas para las siguientes preguntas. Responde cómo te sientes.

7. Estoy seguro de que podría decirle a alguien que pare de burlarse de la apariencia o del cuerpo de otra persona.

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

8. Estoy seguro de que podría decirle a alguien que pare de tocarme de un modo que me hace sentir incómodo.

- ☐ Verdadero ☐ Falso ☐ No estoy seguro

Por favor dénos tu opinión!

9. El educador hizo el curso fuera interesante.

- ☐ Sí ☐ No ☐ No estoy seguro

10. El educador creó un lugar seguro para hacer preguntas.

- ☐ Sí ☐ No ☐ No estoy seguro

11. El curso me ayudo sentirme más cómodo con mi cuerpo y los cambios que pueden pasar durante la pubertad.

- ☐ Sí ☐ No ☐ No estoy seguro

12. El curso me ayudo sentirme más cómodo hablando con mis padres o un adulto de confianza sobre mi cuerpo y mi salud.

- ☐ Sí ☐ No ☐ No estoy seguro

13. ¿Cuál fue tú parte favorito del curso?

14. ¿Cómo se puede mejorar el curso?

15. ¿Tienes otros comentarios para nosotros?

TTAAA Teen Talk **Post Test**

Circle the correct answer.

1. Which type of birth control method helps protect against pregnancy and STIs?
 C. Birth control pill B. Condom C. Ring D. Not Sure
2. Choose the fluid that can pass HIV.
 C. Saliva B. Sweat C. Blood D. Not Sure
3. In a healthy relationship, both people feel...
 C. Afraid B. Frustrated C. Respected D. Not Sure
4. Anyone who is having sex should get a regular check-up at a clinic.

TRUE

FALSE

NOT SURE

5. Name ONE local clinic where a teen can go to for FREE and CONFIDENTIAL sexual health services.

-
6. What must someone do before they have sex with someone?
 C. Ask politely and wait for the "YES" B. Hold hands C. Buy them gifts D. Not Sure

7. If someone is sexually assaulted, it is never their fault.

TRUE

FALSE

NOT SURE

8. Who could you talk to if someone touched you sexually and you didn't want them to?

There is no correct answer to these questions. Answer how you feel.

- | | | | |
|--|-----|----|----------|
| 9. I feel comfortable going to a clinic for sexual health services. | YES | NO | NOT SURE |
| 10. I can talk about sexual health with a parent or trusted adult. | YES | NO | NOT SURE |
| 11. I can talk to a current or future partner about what I want to or don't want to do sexually. | YES | NO | NOT SURE |

Please give us feedback!

12. I know how to practice safer sex now or in the future.

YES

NO

NOT SURE

13. The educator made the course interesting.

YES

NO

NOT SURE

14. The educator created a safe space to ask questions.

YES

NO

NOT SURE

15. What was your favorite part of the course?

16. Any other comments or suggestions for us?

TTAAA Teen Talk Post Examen

Dibuja un círculo alrededor de la respuesta correcta.

1. **¿Cuál método anticonceptivo reduce el riesgo del embarazo y las ITS?**
 A. Pastilla anticonceptiva B. Condón C. Anillo D. No estoy seguro
 2. **Dibuja un círculo alrededor del fluido que puede transmitir el VIH.**
 A. Saliva B. Sudor C. Sangre D. No estoy seguro
 3. **En una relación saludable, las dos personas se sienten...**
 A. Miedosos B. Frustrados C. Respetados D. No estoy seguro
 4. **Alguien que está teniendo sexo debe de hacerse un chequeo anual en una a clínica.**
 VERDADERO FALSO NO ESTOY SEGURO
 5. **Nombra UNA clínica local donde un adolescente puede ir para servicios salud sexual GRATUITOS y CONFIDENCIALES.**
-
6. **¿Qué tienes que hacer antes de tener sexo con alguien?**
 A. Pídele de manera cortés y espera hasta que dice Sí B. Tomarse de las manos C. Cómprale regalos D. No estoy seguro
 7. **Si alguien es la víctima de agresión sexual, nunca es su culpa.**
 VERDADERO FALSO NO ESTOY SEGURO
 8. **¿Con quién podrías hablar si alguien te toca sexualmente y no lo querías?**

No hay respuestas correctas a las siguientes preguntas. Contesta cómo te sientes.

9. **Me siento cómodo yendo a una clínica para servicios de salud sexual.** SÍ NO NO ESTOY SEGURO
10. **Puedo hablar con un padre o adulto de confianza sobre la salud sexual.** SÍ NO NO ESTOY SEGURO
11. **Puedo hablar con una pareja actual o futura sobre lo que sí o no quiero hacer sexualmente.** SÍ NO NO ESTOY SEGURO

Por favor dénos tu opinión!

12. Yo sé practicar sexo seguro ahora o en el futuro.

SÍ

NO

NO ESTOY SEGURO

13. El educador hizo el curso fuera interesante.

SÍ

NO

NO ESTOY SEGURO

14. El educador creó un lugar seguro para hacer preguntas.

SÍ

NO

NO ESTOY SEGURO

15. ¿Cuál fue tu parte favorito del curso?

16. ¿Tienes otros comentarios para nosotros?

TTAAA Teen Talk Post Test

Circle the correct answer.

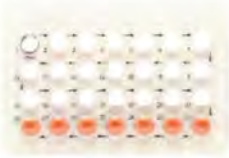
1. Which type of birth control method helps protect against pregnancy and STIs?

D. Birth control pill

B. Condom

C. Ring

D. Not Sure



2. Choose the fluid that can pass HIV.

D. Saliva

B. Sweat

C. Blood

D. Not Sure



3. In a healthy relationship, both people feel...

D. Afraid

B. Frustrated

C. Respected

D. Not Sure



4. Anyone who is having sex should get a regular check-up at a clinic.

TRUE

FALSE

NOT SURE



5. Name ONE local clinic where a teen can go to for FREE and CONFIDENTIAL sexual health services.



6. What must someone do before they have sex with someone?

D. Ask politely and wait for the "YES"



B. Hold hands



C. Buy them gifts



D. Not Sure



7. If someone is sexually assaulted, it is never their fault.

TRUE



FALSE



NOT SURE



8. Who could you talk to if someone touched you sexually and you didn't want them to?



There is no correct answer to these questions. Answer how you feel.

9. I feel comfortable going to a clinic for sexual health services.

YES



NO



NOT SURE



10. I can talk about sexual health with a parent or trusted adult.

YES



NO



NOT SURE



11. I can talk to a current or future partner about what I want to or don't want to do sexually.

YES



NO



NOT SURE



Please give us feedback!

12. I know how to practice safer sex now or in the future.

YES



NO



NOT SURE



13. The educator made the course interesting.

YES



NO



NOT SURE



14. The educator created a safe space to ask questions.

YES



NO



NOT SURE



15. What was your favorite part of the course?

16. Any other comments or suggestions for us?

Teen Talk AAA Post Examen

Dibuja un círculo alrededor de la respuesta correcta.

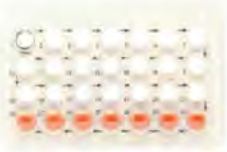
1. ¿Cuál método anticonceptivo reduce el riesgo del embarazo y las ITS?

A. Pastilla anticonceptiva

B. Condón

C. Anillo

D. No estoy seguro



2. Dibuja un círculo alrededor del fluido que puede transmitir el VIH.

A. Saliva

B. Sudor

C. Sangre

D. No estoy seguro



3. En una relación saludable, las dos personas se sienten...

A. Miedosos

B. Frustrados

C. Respetados

D. No estoy seguro



4. Alguien que está teniendo sexo debe de hacerse un chequeo anual en una clínica.

VERDADERO

FALSO

NO ESTOY SEGURO



5. Nombra UNA clínica local donde un adolescente puede ir para servicios salud sexual GRATUITOS y CONFIDENCIALES.



6. ¿Qué tienes que hacer antes de tener sexo con alguien?

A. Pídele de manera cortés y espera hasta que dice Sí



B. Tomarse de las manos



C. Cómprale regalos



D. No estoy seguro



7. Si alguien es la víctima de agresión sexual, nunca es su culpa.

VERDADERO



FALSO



NO ESTOY SEGURO



8. ¿Con quién podrías hablar si alguien te toca sexualmente y no lo querías?



No hay respuestas correctas a las siguientes preguntas. Contesta cómo te sientes.

9. Me siento cómodo yendo a una clínica para servicios de salud sexual.

SÍ

NO

NO ESTOY SEGURO



10. Puedo hablar con un padre o adulto de confianza sobre la salud sexual.

SÍ

NO

NO ESTOY SEGURO



11. Puedo hablar con una pareja actual o futura sobre lo que sí o no quiero hacer sexualmente.

SÍ

NO

NO ESTOY SEGURO



Por favor dénos tu opinión!

12. Yo sé practicar sexo seguro ahora o en el futuro.

SÍ



NO



NO ESTOY SEGURO



13. El educador hizo el curso fuera interesante.

SÍ



NO



NO ESTOY SEGURO



14. El educador creó un lugar seguro para hacer preguntas.

SÍ



NO



NO ESTOY SEGURO



15. ¿Cuál fue tu parte favorita del curso?

16. ¿Tienes otros comentarios para nosotros?

Session 11 and Course Wrap-Up

Objective: To help students reflect on what they learned about puberty during the course and solicit feedback about the course for the future.

1. **Congratulate students on the maturity they demonstrated during Teen Talk, Adapted for All Abilities.** Remind them they now have a lot more information about their changing bodies and how to keep themselves and their friends healthy and safe.
2. **Ask the following questions:**
 - What was the most important thing you learned during Teen Talk?
 - What was your favorite part of Teen Talk?
3. **Ask students again to brainstorm verbally who are the trusted adults in their lives that they can continue to talk with about keeping their bodies and relationships healthy and safe.**
4. **Pass along any feedback you or students have to improve the Teen Talk, Adapted for All Abilities experience to info@health-connected.org.**

Appendices

Appendix A: Teen Talk Adapted for All Abilities Logic Model

Appendix B: Teen Talk Adapted for All Abilities Implementation Tool

Appendix C: Teen Talk Adapted for All Abilities Compliance with the California Healthy Youth Act

Appendix D: California Health Content Standards Alignment

- D.1 Grade 5
- D.2 Grades 7-8
- D.3 Grades 9-12

Appendix E: National Sexuality Standards Alignment

- E.1 Grade 5
- E.2 Grades 7-8
- E.3 Grades 9-12

Appendix F: Parent Notification Letter Template in English and Spanish

Appendix G: Picture Cards for Teen Talk Adapted for All Abilities Activities

- G.1 Public/Private Places
- G.2 Public/Private Body Parts
- G.3 Changes Cards
- G.4 Hygiene Products Cards
- G.5 Gender Sorting Activity Cards
- G.6 Relationship Qualities Cards
- G.7 Birth Control Cards
- G.8 Pregnancy Options Cards
- G.9 What A Baby Needs Cards
- G.10 Public/Private Types of Affection Cards

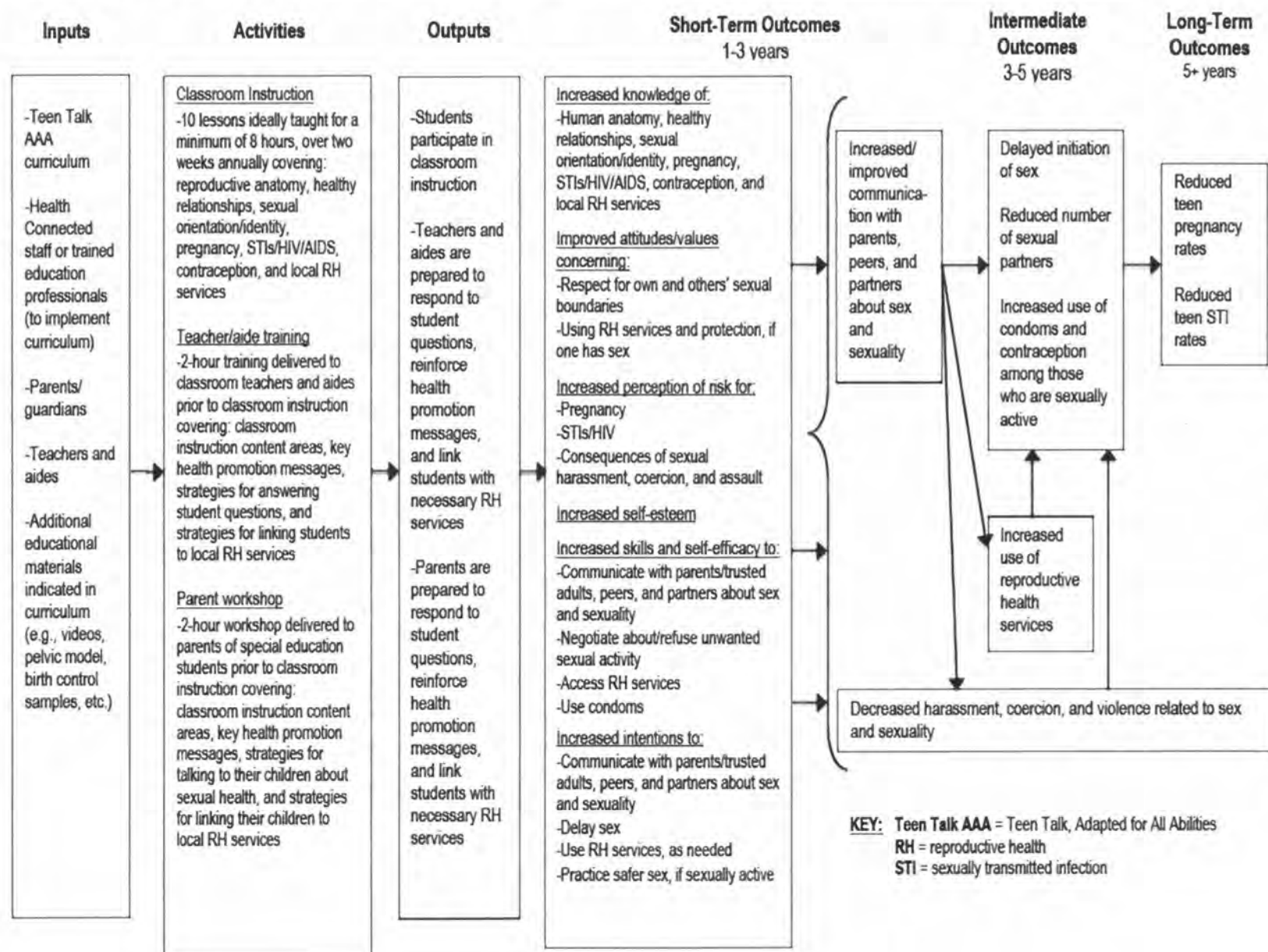
Appendix H: Detailed Illustrations



Teen Talk, Adapted For All Abilities, Sexual Health Curriculum Logic Model

Target Population:

7th – 12th grade students with low cognitive function/developmental disabilities, mixed genders, English- and Spanish-speakers



Appendix B: Teen Talk Adapted for All Abilities Implementation Tool

Directions: Please fill this worksheet out after each class session.

Person Completing Form: _____ School: _____ Host Teacher: _____ Date of Session: _____ Length of Session: _____ # of Students: _____

- For each activity, please indicate the name of the activity and if you made any modifications. If modifications were made, please provide information on how the activity was modified and why modifications were needed. Modifications can include things such as including more content, shortening content, or how the activity was taught.

Session Activity Check List:

Name of Activity: Indicate the name of the activity as listed in the curriculum (e.g. Public vs. Private Body Parts).	Did you complete the activity? Circle one of the following: (e.g. <input checked="" type="radio"/> Yes No WM) *WM (With modifications)	Content Modifications: If the activity was modified, please indicate what modifications were made (e.g. added content or removed content). Teaching Modifications: Indicate any teaching strategies used to complete the activity (e.g. individual activity to a group activity).	
		Modification	Reason for Modification
	Yes No WM		
	Yes No WM		
	Yes No WM		
	Yes No WM		
	Yes No WM		

2. Please circle an option for each question and comment on your ratings.

Circle 1 (Not at all) through 5 (Very).

(Not at all)

(Somewhat)

(Very)

Content was appropriate for students' level of learning:

1

2

3

4

5

Students were interested in activities and stayed on task:

1

2

3

4

5

Teaching aids (e.g. PowerPoint and handouts) were effective:

1

2

3

4

5

3. Which parts of the class session did students like the most?

4. Were there any challenges during the session (e.g. students were having difficulty with content in lesson)?
How did you resolve those challenges?

5. How did students do on the pre/post assessments?

6. Are there ways the lesson or activities could have been more effective? If so, please indicate which activities/lessons should be improved and how they can be changed to be more effective.

Appendix C: Teen Talk Adapted to All Abilities Compliance with the California Healthy Youth Act

Session	Title	Topics	CA Education Code
1	Introduction, Values, and Communication	Clarifying personal values, communication skills, youth sexual health services and resources	51930(b)(5); 51931(a); 51933(a); 51933(d)(1-4); 51933(e); 51934(a)(8)
2	Public and Private Places and Behaviors	Identifying Public and Private places and body parts	51930(b)(2,5);
3	Puberty Changes and Sexual and Reproductive Anatomy	Puberty changes, Sexual and reproductive anatomy, and hygiene	51930(b)(2-3, 5); 51931(a,c,f); 51933(a-b); 51933(d)(2-4); 51933(h)
4	Sexual Decision Making and Conception	Defining "sex," decision making around sex, discussions about abstinence; ovulation, menstruation, conception, pregnancy	51930(b)(2,3,5); 51931(a,f); 51933(a,b); 51933(d)(1-5); 51933(e-i)
5	Gender and Sexual Identities	Gender identity, gender expression, sexual orientation, and gender roles;;	51930(b)(2-3, 5); 51931(a); 51933(a,b,d-i)
6	Relationships	Discussion of healthy, unhealthy, and abusive relationships	51933(e,f,g)
7	Birth Control	Medically accurate information on birth control methods, abstinence, and condoms	51930(b)(1,3); 51931(a-b,f); 51933(a-b); 51933(d)(1-4); 51934(a)(8-9)
8	Pregnancy Options	Discussion of the four safe and legal pregnancy options available in California	51930(b)(2-3,5); 51931(a,b,f); 51933(a-b); 51933(d)(1-4); 51933(e); 51934(a)(8); 51934(a)(9)(A,B,C)
9	Sexually Transmitted Infections	STIs and HIV; how they are and are not transmitted	51930(b)(1,4,5); 51931(a-b,d,f); 51933(a-b); 51933(d)(1-4); 51934(a)(1-8)
10	Sexual Safety	Public vs. private displays of affection; Defining sexual harassment and sexual assault, decision making around sexual safety, communicating with trusted adults	51930(b)(2,5); 51931(a); 51933(a-b); 51933(d)(1-5s); 51933(e,g,h-i)
11	Future Goals and Review	Reflect on and discuss personal values around gender messages and gender norms; decision making skills	51930(b)(1-3); 51931(a); 51933(a); 51933(d)(1-4,6); 51933(e-i)

Appendix D: California Health Content Standards Alignment

Appendix D.1: California Health Content Standards Alignment

Growth, Development and Sexual Health, **Grade 5.**

There are no specified California standards for Health in Grade 6.

Session	Activities	California Health Education Content Standards Covered by Teen Talk, Adapted for All Abilities For more information visit: www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf
Session 1	Introduction, Values, and Communication Agreements Anonymous Question Box Pretest Teen Clinic Lists and Resource List What Are My Values? The Tree of Trust Trusted Adult Interview	<ul style="list-style-type: none"> • 3.1.G Recognize parents, guardians, and other trusted adults as resources for information about puberty. • 3.2.G Differentiate between reliable and unreliable sources of information about puberty • 4.1.G Use effective communication skills to discuss with parents, guardians, and other trusted adults the changes that occur during puberty
Session 2	Public and Private Places and Body Parts Public and Private Places Public and Private Body Parts	<ul style="list-style-type: none"> •
Session 3	Puberty Changes & Sexual and Reproductive Anatomy Puberty: Changes, Changes, Changes Sexual and Reproductive Anatomy and Physiology Taking Care of Me: Hygiene Activity I Am the Only "Me" in the World	<ul style="list-style-type: none"> • 1.2.G Explain the structure, function, and major parts of the human reproductive system. • 1.3.G Identify the physical, social, and emotional changes that occur during puberty. • 1.6.G Recognize that there are individual differences in growth and development, physical appearance, and gender roles. • 1.9.G Explain that puberty and physical development can vary considerably and still be normal. • 1.10.G Identify personal hygiene practices and health and safety issues related to puberty (e.g., showering, use of sanitary products, deodorant, and athletic supporters). • 2.3.G Discuss how changes during puberty affect thoughts, emotions, and behaviors • 6.1.G Identify steps to achieve and maintain a healthy and accurate body image. • 6.2.G Develop plans to maintain personal hygiene during puberty • 7.1.G Engage in behaviors that promote healthy growth and

		development during puberty.
Session 4	Sexual Decision Making and Conception What is Sex? Ovulation, Menstruation, Conception! Prezi	<ul style="list-style-type: none"> • 1.1.G Describe the human cycle of reproduction, birth, growth, aging, and death. • 2.2.G Describe how heredity influences growth and development.
Session 5	Gender and Sexual Identities	
Session 6	Relationships Healthy and Unhealthy Relationships Dating What Would You Say? Relationship Qualities Spectrum	<ul style="list-style-type: none"> • 1.8.G Recognize that friendship, attraction, and affection can be expressed in different ways. • 4.2.G Use healthy and respectful ways to express friendship, attraction, and affection.
Session 7	Birth Control	
Session 8	Pregnancy Options	
Session 9	Sexually Transmitted Infections STI Information Sheet STI Prezi STI Brainstorm STI Posters STI Toss HIV Basics	<ul style="list-style-type: none"> • 1.4.G Define sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). • 1.5.G Describe how HIV is and is not transmitted. • 5.2.G Analyze why it is safe to be a friend to someone who is living with HIV or AIDS. • 7.2.G Describe ways people can protect themselves against serious bloodborne communicable diseases.
Session 10	Sexual Safety Safe Touch vs. Unsafe Touch Public and Private Displays of Affection Sexual Harassment and Sexual Assault Sexual Safety What Should I Do?	<ul style="list-style-type: none"> • 1.7.G Recognize that everyone has the right to establish personal boundaries. • 4.3.G Demonstrate refusal skills to protect personal boundaries. • 5.1.G Describe the importance of identifying personal boundaries.
Session 11	Future Goals and Review My Super Future	

Appendix D.2: California Health Content Standards Alignment

Growth, Development and Sexual Health, Grades 7-8.

Session	Activities	California Health Education Content Standards Covered by Teen Talk, Adapted for All Abilities For more information visit: www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf
Session 1	Introduction, Values, and Communication Agreements Anonymous Question Box Prefest Teen Clinic Lists and Resource List What Are My Values? The Tree of Trust Trusted Adult Interview	<ul style="list-style-type: none"> • 2.1.G Analyze how internal and external influences affect growth and development, relationships, and sexual behavior. • 2.2.G Evaluate how culture, media, and other people influence our perceptions of body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation. • 3.1.G Identify trusted adults in one's family, school, and community for advice and counseling regarding reproductive and sexual health. • 3.2.G Locate medically and scientifically accurate sources of information on reproductive health. • 3.3.G Identify health care providers for reproductive and sexual health services. • 4.1.G Practice effective communication skills with parents, guardians, health care providers, or other trusted adults by discussing issues related to reproductive and sexual health. • 4.4.G Analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.
Session 2	Public and Private Places and Body Parts Public and Private Places Public and Private Body Parts	<ul style="list-style-type: none"> • 7.3.G Describe personal actions that can protect reproductive and sexual health.
Session 3	Puberty Changes & Sexual and Reproductive Anatomy Puberty: Changes, Changes, Changes Sexual and Reproductive Anatomy and Physiology Taking Care of Me: Hygiene Activity I Am the Only "Me" in the World	<ul style="list-style-type: none"> • 1.1.G Explain physical, social, and emotional changes associated with adolescence. • 7.3.G Describe personal actions that can protect reproductive and sexual health.

Session 4	Sexual Decision Making and Conception What is Sex? Ovulation, Menstruation, Conception! Prezi	<ul style="list-style-type: none"> 1.2.G Summarize the human reproduction cycle. 1.3.G Explain the effectiveness of abstinence in preventing HIV, other STDs, and unintended pregnancy. 1.4.G Explain how conception occurs, the stages of pregnancy, and the responsibilities associated with parenting. 5.1.G Analyze why abstinence is the most effective method for the prevention of HIV, STDs, and pregnancy. 5.6.G Explain the immediate physical, social, and emotional risks and consequences associated with sexual activity.
Session 5	Gender and Sexual Identities Gender and Sexual Identities – Genderbread Person Prezi Gender Sorting Activity What I Know About Gender and Sexual Orientation	<ul style="list-style-type: none"> 1.8.G Recognize that there are individual differences in growth and development, physical appearance, gender roles, and sexual orientation. 5.3.G Use a decision-making process to evaluate individual differences in growth and development, physical appearance, gender roles, and sexual orientation.
Session 6	Relationships Healthy and Unhealthy Relationships Dating What Would You Say? Relationship Qualities Spectrum	<ul style="list-style-type: none"> 2.5.G Recognize that there are individual, family, and cultural differences in relationships. 4.2.G Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and unintended pregnancy. 4.3.G Use healthy and respectful ways to express friendship, attraction, and affection. 5.2.G Use a decision-making process to examine the characteristics of healthy relationships. 8.1.G Support and encourage safe, respectful, and responsible relationships.
Session 7	Birth Control All About Birth Control Condom Demonstrations Additional Activities Six Steps that can Save Your Life It Depends on the Situation – Choosing Birth Control	<ul style="list-style-type: none"> 1.5.G Explain the effectiveness of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and unintended pregnancy. 5.7.G Use a decision-making process to evaluate the value of using FDA-approved condoms for pregnancy and STD prevention. 7.3.G Describe personal actions that can protect reproductive and sexual health.
Session 8	Pregnancy Options Pregnancy Options No Easy Decision What Does a Baby Need?	<ul style="list-style-type: none"> 1.12.G Describe responsible prenatal and child care, including California's Safely Surrendered Baby Law. 1.13.G Evaluate the benefits to mother, father, and child when teenagers wait until adulthood to become parents. 5.5.G Identify how good health practices in adolescence affect lifelong health and the health of future children.

Session 9	Sexually Transmitted Infections STI Information Sheet STI Prezi STI Brainstorm STI Posters STI Toss HIV Basics	<ul style="list-style-type: none"> 1.6.G Identify the short- and long-term effects of HIV, AIDS, and other STDs. 1.7.G Identify ways to prevent or reduce the risk of contracting HIV, AIDS, and other STDs. 8.2.G Promote respect for and dignity of persons living with HIV or AIDS.
Session 10	Sexual Safety Safe Touch vs. Unsafe Touch Public and Private Displays of Affection Sexual Harassment and Sexual Assault Sexual Safety What Should I Do?	<ul style="list-style-type: none"> 1.9.G Explain why individuals have the right to refuse sexual contact. 1.10.G Describe the emotional, psychological, and physical consequences of rape and sexual assault. 1.11.G Explain why rape and sexual assault should be reported to authorities and trusted adults. 2.3.G Analyze the influence of alcohol and other drugs on sexual behaviors. 2.4.G Describe situations that could lead to pressure for sexual activity and to the risk of contracting HIV and other STDs. 2.6.G Explain how sexual exploitation can occur through the Internet. 4.5.G Demonstrate how to ask for help from parents, other trusted adults, or friends when pressured to participate in sexual behavior. 7.1.G Describe strategies for refusing unwanted sexual activity. 7.2.G Demonstrate the ability to anticipate and minimize exposure to situations that pose a risk to sexual health.
Session 11	Future Goals and Review My Super Future	<ul style="list-style-type: none"> 5.4.G Analyze the responsibilities and privileges of becoming a young adult. 6.1.G Develop a plan to avoid HIV, AIDS, other STDs, and pregnancy. 6.2.G Describe how HIV, AIDS, other STDs, or pregnancy could impact life goals.

Appendix D.3 California Health Content Standards Alignment

Growth, Development and Sexual Health, **Grades 9-12.**

Session	Activities	California Health Education Content Standards Covered by Teen Talk, Adapted for All Abilities For more information visit: www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf
Session 1	Introduction, Values, and Communication Agreements Anonymous Question Box Pretest Teen Clinic Lists and Resource List What Are My Values? The Tree of Trust Trusted Adult Interview	<ul style="list-style-type: none"> • 1.9.G Explain laws related to sexual behavior and the involvement of minors. • 2.1.G Determine personal, family, school, and community factors that can help reduce the risk of engaging in sexual activity. • 2.2.G Evaluate how growth and development, relationships, and sexual behaviors are affected by internal and external influences. • 2.5.G Evaluate how culture, media, and other people influence perceptions about body image, gender roles, sexuality, attractiveness, relationships, and sexual orientation. • 3.1.G Analyze the validity of health information, products, and services related to reproductive and sexual health. • 3.2.G Identify local resources concerning reproductive and sexual health, including all FDA-approved contraceptives, HIV/STD testing, and medical care. • 3.4.G Evaluate laws related to sexual involvement with minors. • 5.5.G Use a decision-making process to analyze the benefits of respecting individual differences in growth and development, physical appearance, gender roles, and sexual orientation.
Session 2	Public and Private Places and Body Parts Public and Private Places Public and Private Body Parts	<ul style="list-style-type: none"> •
Session 3	Puberty Changes & Sexual and Reproductive Anatomy Puberty: Changes, Changes, Changes Sexual and Reproductive Anatomy and Physiology Taking Care of Me: Hygiene Activity I Am the Only "Me" in the World	<ul style="list-style-type: none"> • 1.1.G Describe physical, social, and emotional changes associated with being a young adult.

Session 4	Sexual Decision Making and Conception What is Sex? Ovulation, Menstruation, Conception! Prezi	<ul style="list-style-type: none"> • 1.2.G Explain how conception occurs, the stages of pregnancy, and the responsibilities of parenting. • 1.4.G Identify why abstinence is the most effective method for the prevention of HIV, other STDs, and pregnancy. • 1.5.G Summarize fertilization, fetal development, and childbirth. • 2.3.G Assess the discrepancies between actual and perceived social norms related to sexual activity among teenagers. • 5.1.G Use a decision-making process to evaluate the physical, emotional, and social benefits of abstinence, monogamy, and the avoidance of multiple sexual partners. • 5.4.G Evaluate the risks and consequences associated with sexual activities, including HIV, other STDs, and pregnancy.
Session 5	Gender and Sexual Identities and Public & Private Behaviors Gender and Sexual Identities – Genderbread Person Prezi Gender Sorting Activity What I Know About Gender and Sexual Orientation	<ul style="list-style-type: none"> • 1.10.G Recognize that there are individual differences in growth and development, physical appearance, gender roles, and sexual orientation.
Session 6	Relationships Healthy and Unhealthy Relationships Dating What Would You Say? Relationship Qualities Spectrum	<ul style="list-style-type: none"> • 1.3.G Discuss the characteristics of healthy relationships, dating, committed relationships, and marriage. • 4.1.G Analyze how interpersonal communication affects relationships. • 4.2.G Use effective verbal and nonverbal communication skills to prevent sexual involvement, HIV, other STDs, and pregnancy. • 4.3.G Demonstrate effective communication skills within healthy dating relationships. • 5.2.G Use a decision-making process to examine barriers to making healthy decisions about relationships and sexual health. • 8.1.G Encourage and support safe, respectful, and responsible relationships.

Session 7	Birth Control All About Birth Control Condom Demonstrations Additional Activities Six Steps that can Save Your Life It Depends on the Situation – Choosing Birth Control	<ul style="list-style-type: none"> 1.12.G Evaluate the safety and effectiveness (including success and failure rates) of FDA approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy. 3.3.G Compare the success and failure rates of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy. 5.7.G Use a decision-making process to evaluate the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention.
Session 8	Pregnancy Options Pregnancy Options No Easy Decision What Does a Baby Need?	<ul style="list-style-type: none"> 1.6.G Explain responsible prenatal and perinatal care and parenting, including California's Safely Surrendered Baby Law. 1.11.G Evaluate the benefits to mother, father, and child when teenagers wait until adulthood to become parents. 5.6.G Use a decision-making process to evaluate the social, emotional, physical, and economic effects of teen pregnancy on the child, the teen parent, the family, and society.
Session 9	Sexually Transmitted Infections STI Information Sheet STI Prezi STI Brainstorm STI Posters STI Toss HIV Basics	<ul style="list-style-type: none"> 1.7.G Describe the short- and long-term effects of HIV, AIDS, and other STDs. 1.8.G Analyze STD rates among teens. 8.2.G Advocate the respect for and the dignity of persons living with HIV or AIDS.
Session 10	Sexual Safety Safe Touch vs. Unsafe Touch Public and Private Displays of Affection Sexual Harassment and Sexual Assault Sexual Safety What Should I Do?	<ul style="list-style-type: none"> 2.4.G Assess situations that could lead to pressure for sexual activity and to the risk of HIV, other STDs, and pregnancy. 5.3.G Use a decision-making process to analyze when it is necessary to seek help with or leave an unhealthy situation.
Session 11	Future Goals and Review My Super Future	<ul style="list-style-type: none"> 6.1.G Evaluate how HIV, AIDS, other STDs, or pregnancy could impact life goals. 6.2.G Identify short- and long-term goals related to abstinence and maintaining reproductive and sexual health, including the use of FDA-approved condoms and other contraceptives for pregnancy and STD prevention.

Appendix E: National Sexuality Education Standards Alignment

Appendix E.1: National Sexuality Education Standards Alignment

Growth, Development and Sexual Health, Grades 3-5.

Session	Activities	National Sexuality Education Standards For more information, visit: www.futureofsexed.org/documents/josh-fose-standards-web.pdf By the end of the 5 th grade, students should be able to:
Session 1	Introduction, Values, and Communication Agreements Anonymous Question Box Pretest Teen Clinic Lists and Resource List What Are My Values? The Tree of Trust Trusted Adult Interview	<ul style="list-style-type: none"> • PD.5.INF.1 Describe how friends, family, media, society and culture can influence ideas about body image • PD.5.AI.2 Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues • ID.5.SM.1 Demonstrate ways to treat others with dignity and respect • PD.5.AI.2 Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues • ID.5.AI.1 Identify parents or other trusted adults of whom students can ask questions about sexual orientation • HR.5.AI.1 Identify parents and other trusted adults they can talk to about relationships • ID.5.ADV.1 Demonstrate ways students can work together to promote dignity and respect for all people
Session 2	Public and Private Places and Body Parts Public and Private Places Public and Private Body Parts	<ul style="list-style-type: none"> •
Session 3	Puberty Changes & Sexual and Reproductive Anatomy Puberty: Changes, Changes, Changes Sexual and Reproductive Anatomy and Physiology Taking Care of Me: Hygiene Activity I Am the Only "Me" in the World	<ul style="list-style-type: none"> • AP.5.CC.1 Describe male and female reproductive systems including body parts and their functions • AP.5.AI.1 Identify medically accurate information about female and male reproductive anatomy • PD.5.AI.1 Identify medically accurate information and resources about puberty and personal hygiene • PD.5.CC.1 Explain the physical, social and emotional changes that occur during puberty and adolescence • PD.5.CC.2 Explain how the timing of puberty and adolescent development varies considerably and can still be healthy • PAD.5.CC.3 Describe how puberty prepares human bodies for the potential to reproduce • PD.5.SM.1 Explain ways to manage the physical and emotional changes associated with puberty.
Session 4	Sexual Decision Making and Conception What is Sex? Ovulation, Menstruation, Conception! Prezi	<ul style="list-style-type: none"> • PR.5.CC.1 Describe the process of human reproduction

Session 5	Gender and Sexual Identities	<ul style="list-style-type: none"> • ID.5.CC.1 Define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender • ID.5.AI.1 Identify parents or other trusted adults of whom students can ask questions about sexual orientation • ID.5.ADV.1 Demonstrate ways students can work together to promote dignity and respect for all people
Session 6	Relationships Healthy and Unhealthy Relationships Dating What Would You Say? Relationship Qualities Spectrum	<ul style="list-style-type: none"> • HR.5.CC.1 Describe the characteristics of healthy relationships • HR.5.INF.1 Compare positive and negative ways friends and peers can influence relationships • HR.5.AI.1 Identify parents and other trusted adults they can talk to about relationships • HR.5.IC.1 Demonstrate positive ways to communicate differences of opinion while maintaining relationships • HR.5.SM.1 Demonstrate ways to treat others with dignity and respect • PS.5.IC.1 Demonstrate ways to communicate about how one is being treated
Session 7	Birth Control	
Session 8	Pregnancy Options	
Session 9	Sexually Transmitted Infections STI Information Sheet STI Prezi STI Brainstorm STI Posters STI Toss HIV Basics	<ul style="list-style-type: none"> • SH.5.CC.1 Define HIV and identify some age appropriate methods of transmission, as well as ways to prevent transmission
Session 10	Sexual Safety Safe Touch vs. Unsafe Touch Public and Private Displays of Affection Sexual Harassment and Sexual Assault Sexual Safety What Should I Do?	<ul style="list-style-type: none"> • PS.5.CC.1 Define teasing, harassment and bullying and explain why they are wrong • PS.5.CC.2 Define sexual harassment and sexual abuse • PS.5.INF.1 Explain why people tease, harass or bully others • PS.5.AI.1 Identify parents and other trusted adults they can tell if they are being teased, harassed or bullied • PS.5.AI.2 Identify parents or other trusted adults they can tell if they are being sexually harassed or abused • PS.5.IC.2 Demonstrate refusal skills (e.g. clear "no" statement, walk away, repeat refusal) • PS.5.SM.1 Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied • PS.5.ADV.1 Persuade others to take action someone when someone else is being teased, harassed or bullied • ID.5.SM.1 Demonstrate ways to treat others with dignity and respect •
Session 11	Future Goals and Review	

Appendix E.2: National Sexuality Education Standards Alignment

Growth, Development and Sexual Health, Grades 6-8

Session	Activities	National Sexuality Education Standards
		<p>For more information, visit: www.futureofsexed.org/documents/josh-fose-standards-web.pdf</p> <p>By the end of 8th grade, students should be able to:</p>
Session 1	Introduction, Values, and Communication Agreements Anonymous Question Box Pretest Teen Clinic Lists and Resource List What Are My Values? The Tree of Trust Trusted Adult Interview	<ul style="list-style-type: none"> Identify accurate and credible sources of information about sexual health AP.8.AI.1 Identify medically accurate sources of information about puberty, adolescent development and sexuality PD.8.AI.1 Access accurate information about gender identity, gender expression and sexual orientation ID.8.AI.1 Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations ID.8.IC.1 Develop a plan to promote dignity and respect for all people in the school community ID.8.ADV.1 Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors PR.8.IC.1 Identify local STD and HIV testing treatment resources SH.8.AI.2 Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.8.ADV.1 Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.8.ADV.1
Session 2	Public and Private Places and Body Parts Public and Private Places Public and Private Body Parts	
Session 3	Puberty Changes & Sexual and Reproductive Anatomy Puberty: Changes, Changes, Changes Sexual and Reproductive Anatomy and Physiology Taking Care of Me: Hygiene Activity I Am the Only "Me" in the World	<ul style="list-style-type: none"> Describe male and female sexual and reproductive systems including body parts and their functions AP.8.CC.1 Describe the signs and symptoms of a pregnancy PR.8.CC.5 Describe the physical, social, cognitive and emotional changes of adolescence PD.8.CC.1
Session 4	Sexual Decision Making and Conception What is Sex? Ovulation, Menstruation, Conception! Prezi	<ul style="list-style-type: none"> Define sexual intercourse and its relationship to human reproduction PR.8.CC.1 Define sexual abstinence as it relates to pregnancy prevention PR.8.CC.2 Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each SH.8.CC.2 Describe male and female sexual and reproductive systems including body parts and their functions AP.8.CC.1

Session 5	Gender and Sexual Identities Gender and Sexual Identities – Genderbread Person Prezi Gender Sorting Activity What I Know About Gender and Sexual Orientation	<ul style="list-style-type: none"> • Differentiate between gender identity, gender expression and sexual orientation ID.8.CC.1 • Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity ID.8.INF.1 • Access accurate information about gender identity, gender expression and sexual orientation ID.8.AI.1 • Explain the range of gender roles ID.8.CC.2 • Communicate respectfully with and about people of all gender expressions and sexual orientations ID.8.IC.1
Session 6	Relationships Healthy and Unhealthy Relationships Dating What Would You Say? Relationship Qualities Spectrum	<ul style="list-style-type: none"> • Examine how alcohol and other substances, friends, family, media, society, and culture influence decisions about engaging in sexual behaviors PR.8.INF.1 • Explain the criteria for evaluating the health of a relationship HR.8.SM.1 • Describe the potential impacts of power differences such as age, status or position within relationships HR.8.CC.2 • Analyze the similarities and differences between friendships and romantic relationships HR.8.CC.3 • Demonstrate communication skills that foster healthy relationships HR.8.IC.1 • Describe a range of ways people express affection within various types of relationships HR.8.CC.4 • Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others HR.8.IC.2 • Describe the advantages and disadvantages of communicating using technology and social media HR.8.CC.5 • Analyze the impact of technology and social media on friendships and relationships HR.8.INF.2 • Demonstrate effective skills to negotiate agreements about the use of technology in relationships HR.8.IC.3 • Describe ways to treat others with dignity and respect PS.8.SM.1
Session 7	Birth Control All About Birth Control Condom Demonstrations Six Steps that can Save Your Life It Depends on the Situation – Choosing Birth Control	<ul style="list-style-type: none"> • Describe the steps to using a condom correctly PR.8.SM.1 • Define sexual intercourse and its relationship to human reproduction PR.8.CC.1 • Define sexual abstinence as it relates to pregnancy prevention PR.8.CC.2 • Explain the health benefits, risks, and effectiveness rates of various methods of contraception, including abstinence and condoms PR.8.CC.3 • Identify medically accurate resources about pregnancy prevention and reproductive health care PR.8.AI.1 • Define emergency contraception and its use PR.8.CC.4 • Identify medically accurate information about emergency contraception PR.8.AI.2 • Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms PR.8.IC.2

Session 8	Pregnancy Options Pregnancy Options No Easy Decision What Does a Baby Need?	<ul style="list-style-type: none"> Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care PR.8.AI.3 Identify prenatal practices that can contribute to a healthy pregnancy PR.8.CC.6
Session 9	Sexually Transmitted Infections STI Information Sheet STI Prezi STI Brainstorm STI Posters STI Toss HIV Basics	<ul style="list-style-type: none"> Demonstrate the use of a decision making model and evaluate possible outcomes of decisions adolescents might make PD.8.DM.1 Develop a plan to promote dignity and respect for all people in the school community ID.8.ADV.1 Examine how alcohol and other substances, friends, family, media, society and culture influence decisions about engaging in sexual behaviors PR.8.INF.1 Define STDs, including HIV, and how they are and are not transmitted SH.8.CC.1 Identify medically accurate information about STDs, including HIV SH.8.AI.1 Analyze the impact of alcohol and other drugs on safer sexual decision making and sexual behaviors SH.8.INF.1 Develop a plan to eliminate or reduce risk for STDs, including HIV SH.8.GS.1 Describe the steps to using a condom correctly SH.8.SM.1 Describe the signs, symptoms and potential impacts of STDs, including HIV SH.8.CC.3
Session 10	Sexual Safety Safe Touch vs. Unsafe Touch Public and Private Displays of Affection Sexual Harassment and Sexual Assault Sexual Safety What Should I Do?	<ul style="list-style-type: none"> Describe ways to treat others with dignity and respect PS.8.SM.1 Demonstrate ways they can respond when someone is being bullied or harassed PS.8.SM.2 Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.8.CC.1 Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong PS.8.CC.2 Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched PS.8.CC.3 Explain why a person who has been raped or sexually assaulted is not at fault PS.8.CC.4 Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted PS.8.AI.1 Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault PS.8.IC.1
Session 11	Future Goals and Review My Super Future	

Appendix E.3: National Sexuality Education Standards Alignment

Growth, Development and Sexual Health, Grades 9-12

Session	Activities	National Sexuality Education Standards For more information, visit: www.futureofsexed.org/documents/josh-fose-standards-web.pdf By the end of the 12th grade, students should be able to:
Session 1	Introduction, Values, and Communication Agreements Anonymous Question Box Pretest Teen Clinic Lists and Resource List What Are My Values? The Tree of Trust Trusted Adult Interview	<ul style="list-style-type: none"> Analyze how family, friends, media, society and culture can influence self-concept and body image P.D.12.INF.1 Explain how to access local STD and HIV testing and treatment services SH.PR.12.INF.1 Access medically accurate information about contraceptive methods, include abstinence and condoms PR.21.AI.1 Describe the laws related to sexual health care services, including STD and HIV testing and treatment SH.12.CC.3 Access valid resources for help if they or someone they know are being bullied, or harassed, or have been sexually abused or assaulted PS.12.AI.1 Demonstrate ways to access accurate information and resources for survivors of sexual abuse, rape, incest, sexual harassment, sexual assault, and dating violence PS.12.AI.2 Demonstrate effective ways to communicate with trusted adults without bullying, harassment, abuse or assault PS.12.IC.1 Explain why a person who has been raped or sexually assaulted is not at fault PS.12.CC.4 Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship HR.12.INF.1 Evaluate the potentially positive and negative roles of technology and social media in relationship HR.12.CC.4 Analyze how friends, family, media, society and culture can influence self-concept and body image PD.12.INF.1
Session 2	Public and Private Places and Body Parts Public and Private Places Public and Private Body Parts	
Session 3	Puberty Changes & Sexual and Reproductive Anatomy Puberty: Changes, Changes, Changes Sexual and Reproductive Anatomy and Physiology Taking Care of Me: Hygiene Activity I Am the Only "Me" In the World	<ul style="list-style-type: none"> Describe the human sexual response cycle including the role hormones play AP.13.CC.1 Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood PD.12.CC.1 Describe the signs of pregnancy PR.12.CC.4

Session 4	Sexual Decision Making and Conception What is Sex? Ovulation, Menstruation, Conception! Prezi	<ul style="list-style-type: none"> • Apply a decision making model to choices about safer sex practices, including abstinence and condoms SH.12.DM.1 • Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors PR.12.INF.1
Session 5	Gender and Sexual Identities	<ul style="list-style-type: none"> • Differentiate between gender identity, gender expression and sexual orientation ID.12.CC.1 • Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity ID.12.INF.1 • Explain how to promote safety, respect, awareness and acceptance ID.12.SM.1 • Advocate for school policies and programs that promote dignity and respect for all ID.12.ADV.1 • Access accurate information about gender identity, gender expression and sexual orientation ID.8.AI.1 • Distinguish between sexual orientation, sexual behavior and sexual identity ID.12.CC.2 • Describe ways to treat others with dignity and respect PS.12.SM.1 • Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.12.ADV.1 • Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.INF.2 • Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.1 • Identify ways in which they could respond when someone else is being bullied or harassed PS.12.IC.2
Session 6	Relationships Healthy and Unhealthy Relationships Dating What Would You Say? Relationship Qualities Spectrum	<ul style="list-style-type: none"> • Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors PR.12.IC.1 • Describe ways to treat others with dignity and respect PS.12.SM.1 • Analyze how family, friends, media, society and culture can influence self-concept and body image P.D.12.INF.1 • Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.1 • Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.INF.2 • Demonstrate how to access valid information and resources to help deal with relationships HR.12.AI.1 • Describe characteristics of healthy and unhealthy romantic and/or sexual relationships HR.12.CC.1 • Describe a range of ways to express affection within healthy relationships HR.12.CC.2 • Demonstrate effective strategies to avoid or end an unhealthy relationship HR.12.IC.1

		<ul style="list-style-type: none"> • Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior HR.12.IC.2 • Demonstrate respect for boundaries of others as they relate to intimacy and sexual behavior HR.12.SM.1
Session 7	Birth Control	<ul style="list-style-type: none"> • Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms PR.12.CC.1 • Apply a decision-making model to choices about contraception, including abstinence and condoms PR.12.DM.1 • Describe the steps to using a condom correctly PR.12.SM.1 • Describe the steps to using a condom correctly SH.12.SM.2 • Explain factors that may influence condom use and other safer sex decision SH.12.INF.1 • Access medically accurate information about contraceptive methods, including abstinence and condoms PR.12.AI.1 • Define emergency contraception and its mechanism of action PR.12.CC.4 • Identify medically-accurate information and resources about emergency contraception PR.12.AI.2
Session 8	Pregnancy Options	<ul style="list-style-type: none"> • Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care) PR.12.CC.3 • Analyze internal and external influences on decision about pregnancy options PR.12.INF.2 • Access medically-accurate information about pregnancy and pregnancy options PR.12.AI.3 • Describe prenatal practices that can contribute to or threaten a healthy pregnancy PR.12.CC.5 • Compare and contrast laws relating to pregnancy, adoption, abortion and parenting PR.12.CC.6 • Analyze factors that influence decisions about whether and when to become a parent PR.12.INF.3 • Access medically accurate information about prenatal care services PR.12.AI.4 • Assess the skills and resources needed to become a parent PR.12.DM.2
Session 9	Sexually Transmitted Infections STI Information Sheet STI Prezi STI Brainstorm STI Posters STI Toss HIV Basics	<ul style="list-style-type: none"> • Describe the common symptoms of and treatment for STDs, including HIV SH.12.CC.1 • Evaluate the effectiveness of abstinence, condoms and other safer sex methods in preventing the spread of STDs including HIV SH.12.CC.2 • Demonstrate skills to communicate with a partner about STD and HIV prevention and treating SH.12.IC.1 • Analyze individual responsibility about testing for and informing partners about STDs and HIV status SH.12.SM.1 • Advocate for sexually active youth to get STD/HIV testing and treatment SH.12.ADV.1 • Explain how to access local STD and HIV testing and treatment services SH.12.AI.1

		<ul style="list-style-type: none"> • Access medically accurate preventing information about STDs, including HIV SH.12.AI.2 • Develop a plan to eliminate or reduce risk for STDs, including HIV SH.12.GS.1 • Describe the steps to using a condom correctly SH12.SM.1
Session 10	Sexual Safety Safe Touch vs. Unsafe Touch Public and Private Displays of Affection Sexual Harassment and Sexual Assault Sexual Safety What Should I Do?	<ul style="list-style-type: none"> • Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior HR.12.IC.2 • Demonstrate respect for boundaries of others as they relate to intimacy and sexual behavior HR.12.SM.1 • Describe strategies to use social media safely, legally and respectfully HR.12.SM.2 • Analyze factors including alcohol and other substances, that can affect the ability to give or perceive the provision of consent for sexual activity HR.12.INF.2 • Define sexual consent and explain its implications for sexual decision making HR.12.CC.3 • Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted PS.12.1.AI.1 • Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault, and dating violence PS.12.AI.2 • Describe potential impacts of power differences (e.g. age, status, or position) within sexual relationships PS.12.INF.1 • Analyze the laws related to bully, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence PS.12.CC.2 • Explain why using tricks, threats, coercion in relationships is wrong PS.12.CC.3 • Explain why a person who has been raped or sexually assaulted is not at fault PS.12.CC.4 • Advocate for safe environments that encourage dignified and respectful treatment of everyone PS.12.ADV.1 • Identify ways in which they could respond when someone else is being bullied or harassed PS.12.IC.2
Session 11	Future Goals and Review	

Appendix F: Parent Notification Letter Template (English)

Note to Instructor: Please adapt letter based on topics that will be covered or your state laws/education code.

[Date]

Dear Parent(s)/Guardian(s):

We are pleased to inform you that your student will have the opportunity to participate in the *Teen Talk Adapted for All Abilities* course in their [_____] class beginning on [Date]. *Teen Talk Adapted for All Abilities* is a comprehensive sexuality education course developed by Health Connected.

Teen Talk Adapted for All Abilities complies with California Education Code sections 51930-51939 and meets the California Health Education Content Standards for “Growth, Development and Sexual Health.” The course covers the following areas:

- Personal values reflection
- Parent/Guardian Communication **BE PREPARED FOR A HOMEWORK ASSIGNMENT WHICH INVOLVES YOUR CHILD DISCUSSING THESE ISSUES WITH YOU.*
- Public and private places and body parts
- Puberty changes and sexual and reproductive anatomy
- Decision-making and conception
- Family communication
- Abstinence/not having sex & refusal skills
- Gender, sexual identity, and sexual orientation
- Healthy and unhealthy relationships
- Birth control, including a condom demonstration
- Pregnancy options
- Sexually transmitted infections, including HIV
- Sexual safety, consent, and the law

Pre/post assessments will be administered throughout the course. The assessments cover sexual health knowledge that will be discussed during the course.

You can examine instructional materials, including assessments, at the school office. If you have questions, please see your student’s teacher or principal. State law allows you to remove your student from any portion of a comprehensive sexual health education course. If you *do not want your student to participate* in this sexual health course, please give a note to your student’s [Health/Safety Education/Science] teacher by [Date].

The goal of a comprehensive sexual health education program is to help students learn the facts and to make good decisions now, and later in life.

Sincerely,

[Superintendent/Principal]

Parent Notification Letter Template (Spanish)

[Fecha]

Estimados Padres/Guardianes de Familia:

Nos alegra informarle que su hijo tendrá la oportunidad de participar en el programa *Teen Talk Adapted for All Abilities* en su clase de **[Ciencias o Salud]** comenzando el **[Fecha]**. El programa *Teen Talk Adapted for All Abilities*, fue desarrollado por la organización, Health Connected.

Teen Talk Adapted for All Abilities se conforma con los códigos de la educación de California 51930-51939 (California Healthy Youth Act de 2015) y también con los estándares del contenido de la educación de salud de California bajo “El Crecimiento, El Desarrollo y La Salud Sexual.”

Las temas de discusión serán los siguientes:

- Reflexión de valores personales
- Comunicación con los padres **ESTÉ PREPARADO PARA UNA TAREA/ENTREVISTA CON SU HIJO/HIJA SOBRE ESTOS TEMAS.*
- Lugares públicos y privados y partes del cuerpo públicos y privados
- La pubertad y anatomía reproductiva y sexual
- Tomando decisiones y concepción
- Comunicación con la familia
- Abstinencia/No tener relaciones sexuales
- Género, identidad sexual, y orientación sexual
- Relaciones Sanas y relaciones insaludables
- Métodos anticonceptivos, incluyendo una demostración de condón
- Opciones de embarazo
- Información sobre infecciones de transmisión sexual, incluyendo el VIH
- Derechos sexuales, consentimiento, y la ley

Una pre y post-evaluación se administrará al principio y al final del curso. La evaluación abarca el conocimiento de la salud sexual que se tratarán durante el curso.

Usted puede examinar materiales de instrucción, incluyendo los exámenes, en la oficina de la escuela. Si tiene preguntas por favor contacte al maestro o director de la escuela. La ley del estado le permite quitar su hijo de cualquier porción de la clase de educación sexual comprensiva. Si usted *no quiere que su hijo participe* en este programa, por favor notifique en escrituras a su maestro de **[Ciencias/Salud]** antes de **[Fecha]**.

La meta de educación sexual comprensiva es para ayudarles a estudiantes hacer buenas decisiones ahora y en el futuro en la vida.

Sinceramente,

[Superintendent/Director]

Appendix G: Visual Cards for Activities

- G.1 Public/Private Places Cards
- G.2 Public/Private Body Parts Cards
- G.3 Changes Cards
- G.4 Hygiene Products Cards
- G.5 Gender Sorting Activity Cards
- G.6 Relationship Qualities Cards
- G.7 Birth Control Cards
- G.8 Condom Steps Visual Guide
- G.9 Pregnancy Options
- G.10 What A Baby Needs Cards
- G.11 Public/Private Displays of Affection Cards

Appendix G.1: Public and Private Places

SCHOOL BATHROOM



CLASSROOM



SCHOOL BUS



PLAYGROUND



SWIMMING POOL



MOVIE THEATER



RESTAURANT



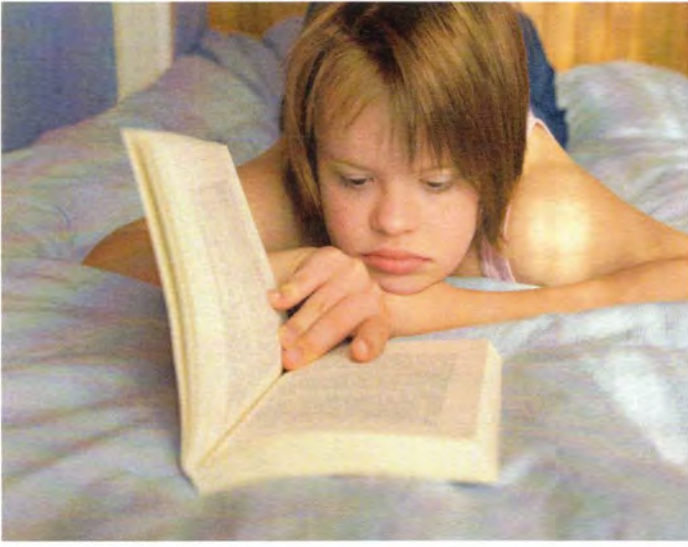
GROCERY STORE



PARK**SCHOOL HALLWAY****CONCERT****SCHOOL BATHROOM**

HOME BATHROOM**HOME BATHROOM****BATHROOM STALL****BATHROOM STALL**

HOUSE**APARTMENT****HOUSE****BEDROOM**

BEDROOM**BEDROOM****DOCTOR'S OFFICE****DOCTOR'S OFFICE**

Appendix G.2: Public and Private Body Parts

EYE



MOUTH

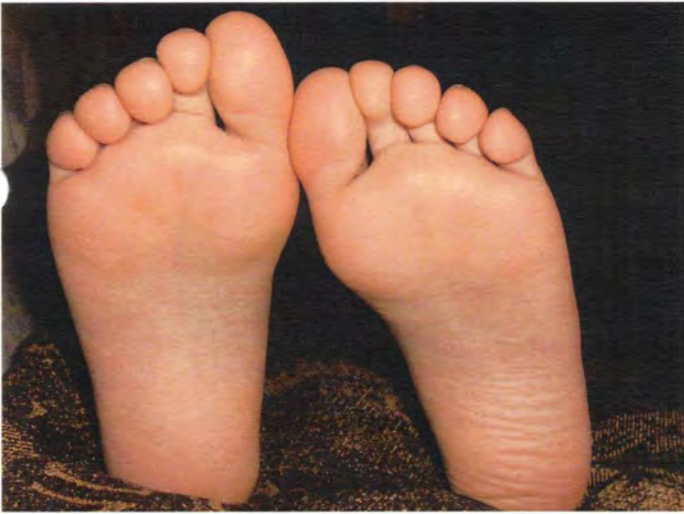


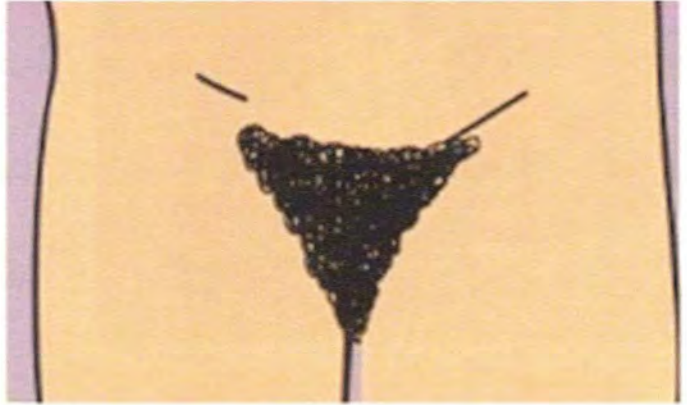
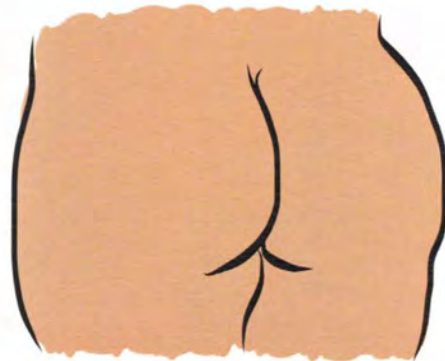
HANDS



EAR



ELBOW**KNEE****FEET**

BREASTS**VULVA****PENIS & SCROTUM****BUTTOCKS**

Appendix G.3: Changes, Changes, Changes Cards

Female Bodies

Male Bodies

All Bodies

Hips get wider and waist gets narrower



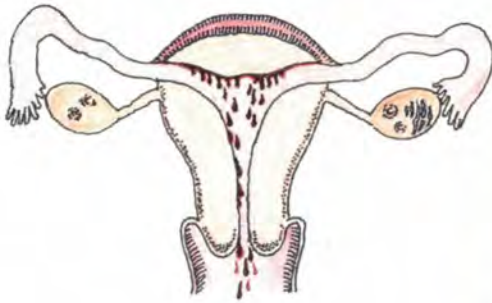
Vagina gets moist and underwear can be sticky



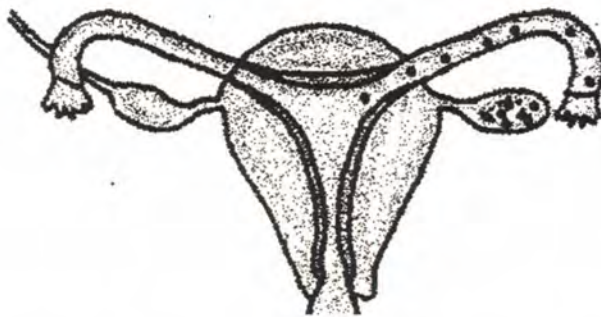
Hair grows around the vulva



Periods start (called menstruation)



Ovaries start to release an egg each month (called ovulation)



Feelings get more intense



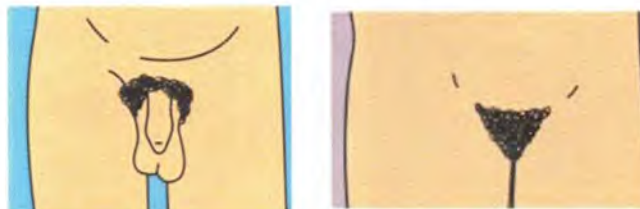
The whole body grows taller and bigger



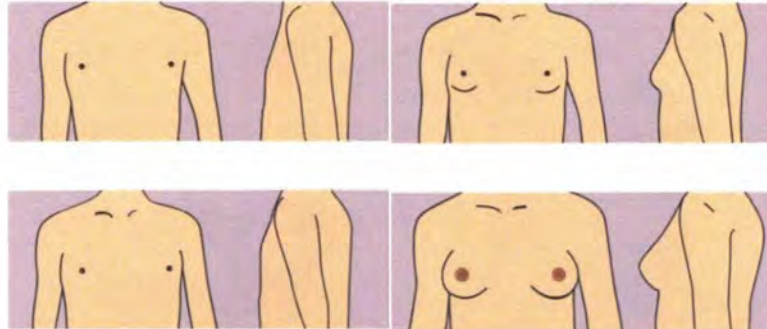
Mood swings – feelings can change quickly



Pubic hair grows between the legs



Breasts grow larger and stay larger



Start sweating more



May start masturbating (touching one's own private body parts)



Hair grows in the armpits



Have sexual thoughts or dreams



**Feel uncomfortable about
body changes**



Feel proud and excited about body changes



Have body odor



Skin gets oily – sometimes get pimples



Muscles and joints ache (called “growing pains”)



Shoulders get wider



Muscles get bigger



Facial hair may start to grow



Chest hair grows



Voice gets much deeper



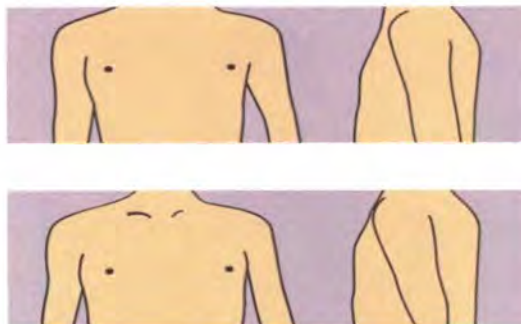
Penis and testicles get bigger



Hair grows around the penis and on the scrotum



Breast tissue gets swollen and tender but returns to normal after a few months or a year



Testicles produce sperm



May release semen during “wet dreams”

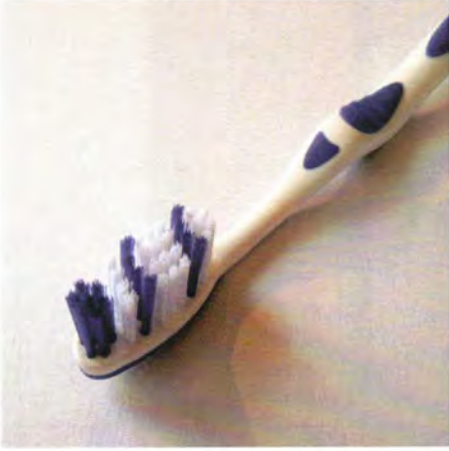


May have “cramps” during menstruation



Appendix G.4: Hygiene Cards

TOOTHBRUSH



TOOTHPASTE



MOUTHWASH



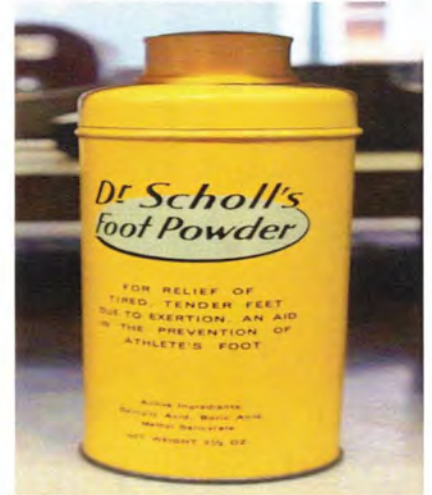
WASH HANDS

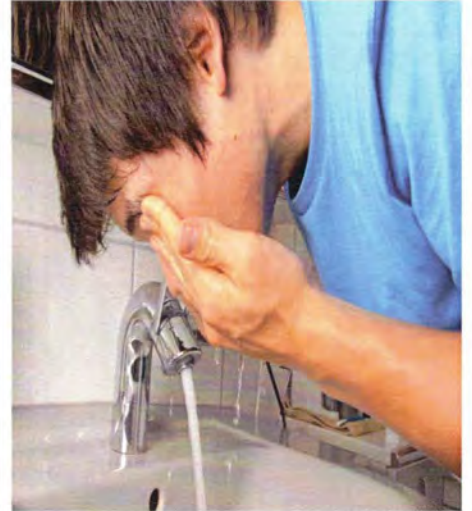


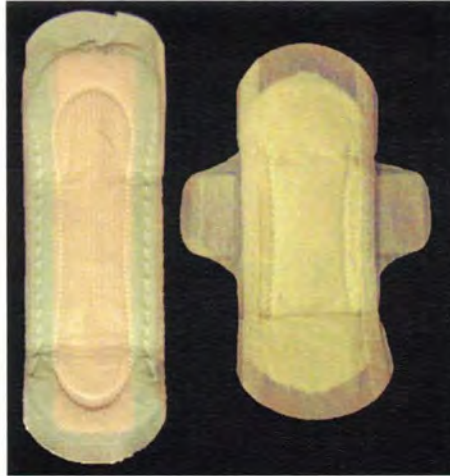
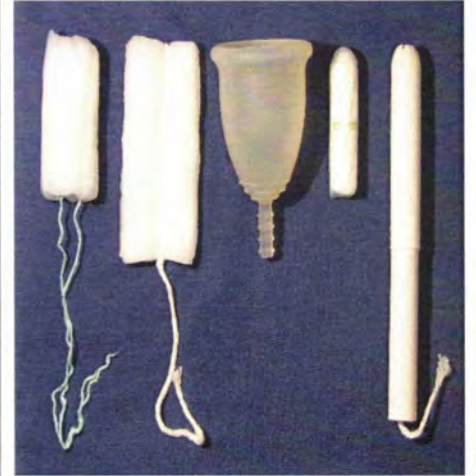
LOTION



FOOT POWDER



SOAP**SHAMPOO****CONDITIONER****WASH HAIR****FACE WASH****FACE WASH****DEODORANT****HAIR BRUSH****COMB**

CLEAN UNDERWEAR**CLEAN SOCKS****BRA****JOCKSTRAP****PADS****TAMPONS**

Appendix G.5: Gender Sorting Activity

SINGING



DANCING



LISTENING TO MUSIC



PLAYING MUSICAL INSTRUMENTS



FOOTBALL



SOCCER



GOLFING**SWIMMING****WEARING MAKE-UP****PAINTING NAILS****LIKING PINK****LIKING BLUE**

PAINTING**DRAWING****BUILDING THINGS****CARS****VIDEO GAMES****LIFTING WEIGHTS**

BAKING**COOKING****GOING TO THE MALL****SKATEBOARDING****PLAYING WITH ANIMALS****CAMPING**

BEING A DOCTOR**BEING A NURSE****BEING A FIREFIGHTER****BEING A POLICE OFFICER****BEING A FASHION DESIGNER****BEING A TEACHER**

Appendix G.6: Relationship Qualities

Trust



Respect



Honesty



Communicates



Respects your body



Make decisions together



Laughter



Support



Friendship



Asks for consent



Encouragement



Jealousy



Buys you gifts



Makes you feel safe



Calls/texts every day



Spend time together



Demands things in return



Yells



Lies



Threatens your safety



Hits or slaps you



Cheats



Controls what you do



Asks you to take sexual pictures



Criticizes you



Talks about you behind your back



Tells you not to see your friends and family



**Threatens to hurt themselves
to get what they want**



**Your partner calls to check
where you are all the time**



**Asks for the passwords to
your social media accounts**



Asks you to do sexual things for money



Makes you feel bad about your body



Appreciates your personal style



Threatens to “out” your sexual orientation or gender identity



Appendix G.7: Birth Control

NOT HAVING SEX



I.U.D.



IMPLANT



SHOT



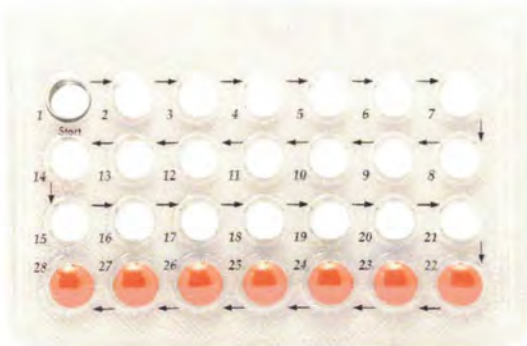
VAGINAL RING



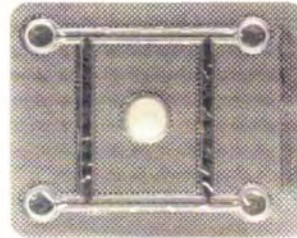
PATCH



BIRTH CONTROL PILLS



EMERGENCY CONTRACEPTION



CONDOM











INTERNAL CONDOM

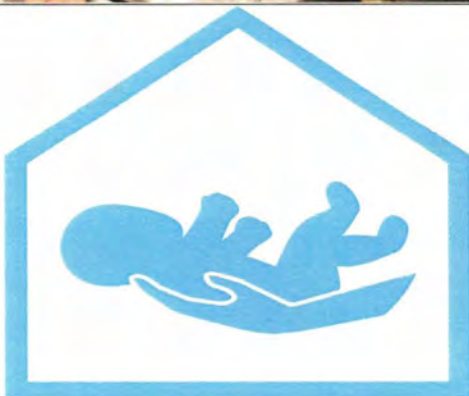


Condom Steps Visual Guide

Appendix G.8: Condom Steps Visual Guide

<p>1. Store condoms in a cool, dry place</p> 	<p>2. Ask for consent!</p> 	<p>3. Check package & expiration date</p> 	<p>4. Open carefully with hands</p> 
<p>5. Check the direction</p> 	<p>6. Pinch tip and roll to base</p> 	<p>7. Remove carefully without spilling</p> 	<p>8. Tie a knot and throw into trash</p> 

Appendix G.9: Pregnancy Options



Appendix G.10: What A Baby Needs

BIB



BLANKET



BOTTLE



FOOD



CLOTHES



BABY MONITOR



BATHS**CAR SEAT****SAFETY****DIAPERS****DIAPER BAG****DIAPER CHANGES**

TOYS**WIPES****BABY-PROOF HOUSE****COMFORT****CRIB****TO BE HELD**

TO BE FED**STROLLER****TEDDY BEAR****VACCINES****BABY SHAMPOO****BABY POWDER**

Appendix G.11: Public vs. Private Types of Affection

High Five



Smile



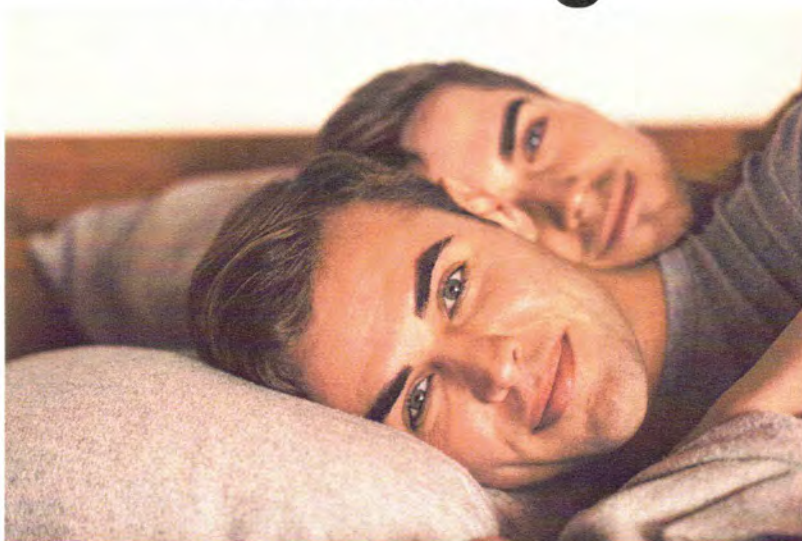
Waving



Handshake



Cuddling



Kissing



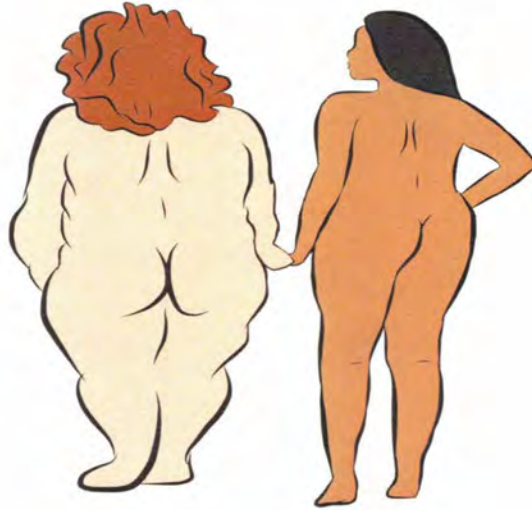
Hugging



Touching private body parts



Being naked with a partner



Having sex



Appendix H: Detailed Illustrations

Figure 1. Erection (erect penis)

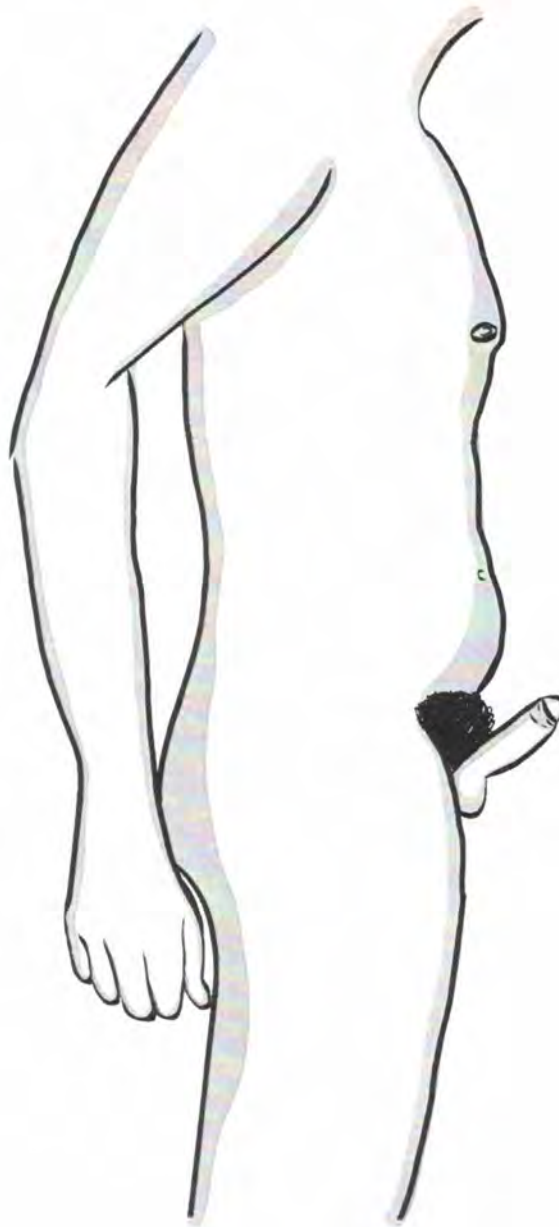


Figure 2. Sexual Intercourse (vaginal sex)

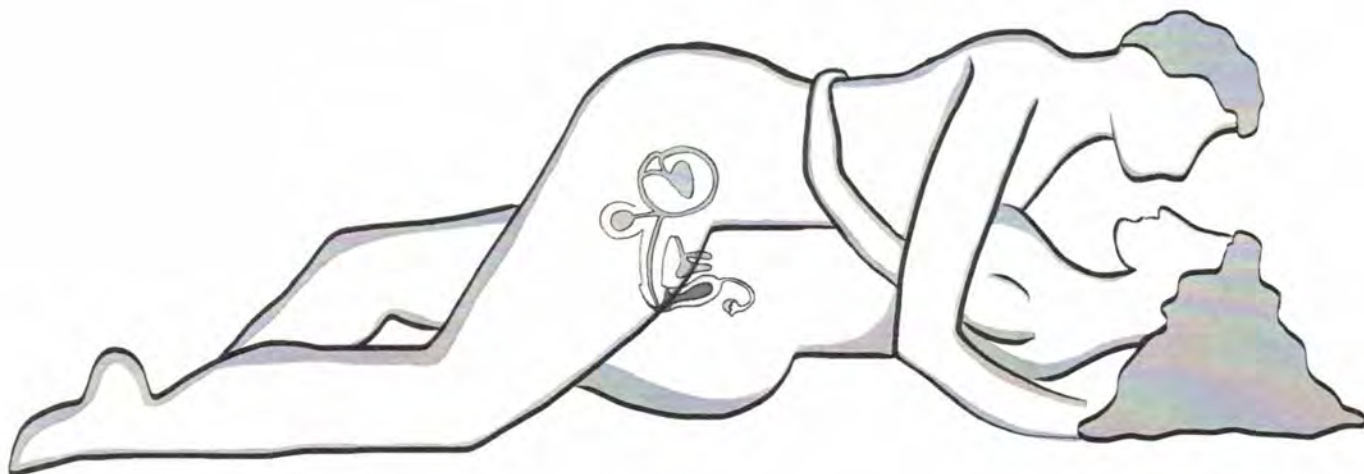
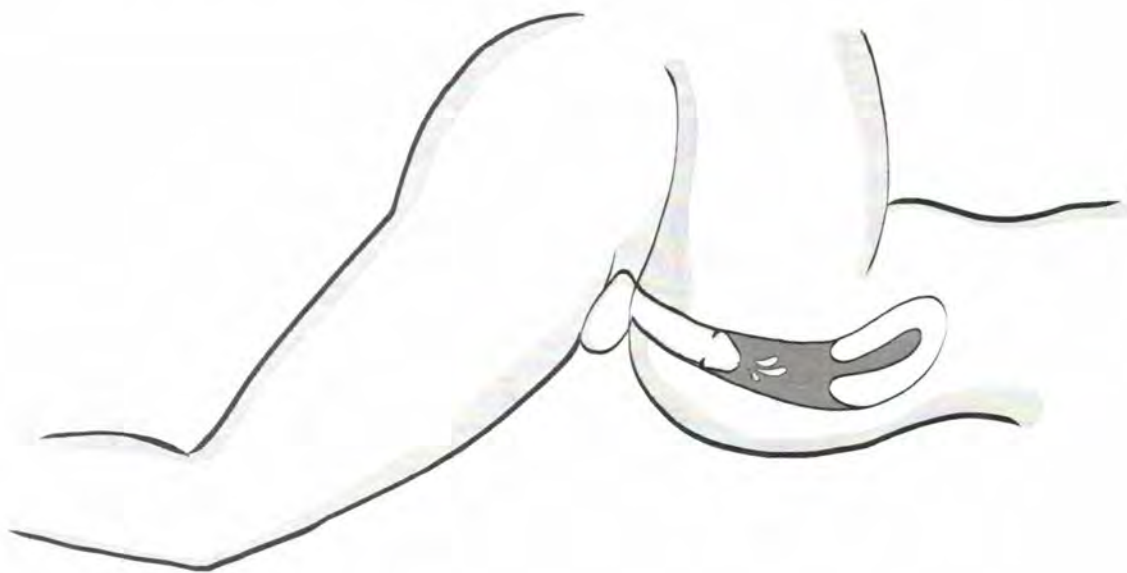


Figure 3. Ejaculation (penis releasing semen during sex)



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About the Authors

Health Connected

Health Connected is the leading provider of sexual health education in San Mateo County. The organization was founded in Redwood City in 1988, at the height of the teen pregnancy epidemic, by a coalition of education, health, and human services providers and incorporated as a nonprofit organization in 1995. Since then, we have evolved to focus broadly on adolescent sexual health needs. For two decades, we've partnered with schools to provide programs for all young people — across cultures, developmental levels, and family backgrounds. This flexibility and inclusivity has established Health Connected as a trusted resource on teen sexual health.

Over the last 20 years, Health Connected has served roughly 75,000 students in over 100 public and private schools, 13,000 students in the last year alone. In addition, since 2004, we have trained over 900 teachers and education professionals across the state of California and as far away as Texas.

Perryn K. Reis

Associate Director

Perryn Reis has worked in sexual and reproductive health education and with young people for 35 years. She is one of the lead authors of all five of Health Connected's proprietary sexual health curricula.

At Health Connected, Perryn oversees all agency programs and program staff, including quality assessment efforts and data analysis. She offers trainings and technical assistance both locally and nationally for educators, youth providers and parents and has presented at community, state and national conferences.

In addition to pursuing her passion for adolescent health education, Perryn has attended hundreds of births as a certified doula and childbirth educator and has worked at Planned Parenthood, Kaiser Permanente and the Palo Alto Medical Foundation. She graduated from Wesleyan University and completed her thesis in Perú.

Kehau Gunderson

Lead Trainer and Senior Health Educator

Kehau graduated from Stanford University in 2012 with a Bachelor's Degree in Human Biology with a concentration in Adolescent Development and Mental Health. She has worked with teens as a counselor for the Stanford Medical Science Youth Science Program and as a math and science tutor in the South Bay Area. Kehau works closely with the Court and Community schools in San Mateo County to bring comprehensive sexual education to students in juvenile detention facilities. She also enjoys traveling throughout the state of California to help train teachers on all of Health Connected's curricula. She plans on going to graduate school in the near future to study Adolescent Psychiatry to continue helping teens.

Deanna Quan

Special Education Coordinator and Health Education Specialist

Deanna graduated from San Jose State University in 2014 with a Bachelor's Degree in Health Science with a minor in Psychology, and from Chabot College with an Associates of Arts Degree in Behavioral Science. She interned for Goodwill of Silicon Valley's GoodHealth program as a health educator and taught students with special needs in San Jose. Deanna's passion for helping this population continued as she became a Behavioral Interventionist for Easter Seals Bay Area working with children diagnosed with autism. She hopes to continue her work with this population through coordinating and implementing Teen Talk, Adapted for All Abilities.

Ordering & Training Information

Ordering Information

For more information about ordering additional copies of Teen Talk Adapted for All Abilities go to www.health-connected.org, email curriculum@health-connected.org, or call 650.367.1937.

Training Information

Health Connected provides interactive trainings on all of the curricula in our sexual health series to increase the knowledge, skills, and comfort level of those using these curricula and teaching sexuality education. Training sessions on this series cover best practices in adolescent sexual health, focusing on California Education Code sections 51930-51939 and the Health Content Standards for California public schools, within the Growth, Development, and Sexual Health content area.

Health Connected offers open enrollment trainings throughout the state. Check our website for dates: www.health-connected.org/training.

We also offer tailored on-site trainings, in which we come to you. To schedule a training tailored to your school's needs, contact training@health-connected.org or 650.367.1937ext 15.

About Health Connected

Organizational Background

Health Connected is a leading provider of adolescent sexual health education in the Bay Area, and throughout California. The organization was founded in 1988, at the height of the teen pregnancy epidemic in the U.S., as a coalition of schools, educators, community members, and health and human service providers to support pregnant and parenting teens. We were incorporated as a nonprofit organization in 1995. Since then, in an effort to have a greater impact on the lives of young people, we have shifted our focus to pregnancy and sexually transmitted infection prevention by providing comprehensive adolescent sexual health education. We have served well over 100,000 students since our incorporation. Over the last several years we have evolved to focus broadly on adolescent sexual health needs, expanding our parent support programs and trainings for teachers. Our 25+ years of experience and our commitment to the diverse needs of young people and their communities has established Health Connected as a trusted resource on adolescent sexual health.

