

Dear Parents/Guardian,

The City of St. Charles School District believes that a comprehensive health program is a vital aspect of our curriculum. In alignment with State and National Standards and school board policy, our health curriculum has been designed to provide experiences that promote a lifelong interest in an active and healthy lifestyle. Students will learn and develop good health practices so they can reach their full potential. The health curriculum for grade 6th - 12th includes units on human sexuality education. These units are developmentally appropriate for each grade level and are designed to enhance and promote the wellbeing of each student, while learning healthy life skills that contribute to the overall development of that student. Students will gain the necessary skills and knowledge to make responsible health choices, as they transition from adolescence into their adult lives. Children learn best when the significant adults in their lives work together to encourage and support them. In the City of St. Charles School District, we value our strong partnership with parents. We encourage you to also have conversations with your child that reflect your family's personal values. Here are some links for parents with helpful resources and tips on talking to your child about sex and healthy relationships: <http://health.mo.gov/living/families/connectwithme/cards.php>
<http://youth.gov/federal-links/talking-your-teens-about-sex-going-beyond-%E2%80%9C-talk%E2%80%9D>
[9D](#)

Although our classroom teachers cover most of the topics in the sexual education units, we do have guest speakers from Best Choice present supplementary lessons for 2-4 days of the human sexuality unit. Best Choice presents a school-based abstinence curriculum for grades 6th-12th. The program is designed to teach your student about the benefits of healthy relationships, boundaries, behaviors, and establishing life goals. The Best Choice material provides medically accurate, culturally sensitive information and activities to young people at a critical time in their development. Topics include risky behaviors, sexual integrity, brain function, STD's, healthy choices, sexual abstinence, renewed abstinence, and more. Only age-appropriate material will be presented to each grade level at all times.

Below you will find an "I GIVE/I DO NOT GIVE" permission form for your student. Please check if you do or do not give permission for your child to participate in both the City of St. Charles human sexuality curriculum AND the Best Choice program. Then, sign and return the completed form to your student's school. All Best Choice educators are required to administer an optional 5-minute student survey of the program at the beginning and end of the presentations. The information collected is anonymous and will ONLY be used to help improve the program. Please check if you do or do not give permission for your child to participate in these anonymous surveys. A copy of possible survey questions is attached to this packet.

If you would like to review the District's Health curriculum, you can access it on the District website at <https://www.stcharlessd.org/domain/103> In order to access the full Best Choice curriculum on the portal website, you must first register for an account at: <portal.bestchoicestl.org/user-login/st-charles-sd> Once registered, you can access the Best Choice curriculum using the username and password created. If you have any questions or concerns about our health program, please contact your child's health teacher. If you have further questions or concerns about the Best Choice program, you may contact the Best Choice manager, Juvaughn Baker at (314) 991-7990 extension 1751 or jbaker@bestchoicestl.org.

Child's Name: (Please Print)

Child's Health Teacher:

I GIVE permission for my child to participate in all human sexuality curriculum, Best Choice presentations, and associated surveys. YES NO

If you do NOT give permission, please check yes or no to the following health curriculum components:

I GIVE permission for my child to participate in the City of St. Charles School District human sexuality curriculum provided directly by their health teacher. YES NO

I GIVE permission for my child to participate in all human sexuality curriculum provided directly by the Best Choice Program. YES NO

I GIVE permission for my child to participate in the Best Choice surveys. YES NO

In lieu of the human sexuality lessons listed above, I wish for my student to receive alternative assignments from the district's approved health textbook and instructional materials for his/her independent study. YES NO

In lieu of the human sexuality lessons listed above, I wish for my student to be exempted from all human sexuality curriculum and to have additional independent reading and/or study time.

YES NO

Parent Signature: _____

Date: ____/____/____