

<INSERT NAME> School District Personal Responsibility Education Policy

A. Purpose

By adopting this policy statement, the <INSERT NAME> School District seeks to

Affirm our commitment to creating healthy and responsible teens in the <INSERT NAME> School District.

Adopt educational programs designed to help students and parents take action to reduce rates of teen birth and sexually transmitted infections.

Establish principles, guidelines, and strategies for implementing effective personal responsibility education programs.

B. Issue

Teen childbearing and sexually transmitted infections (STIs) are major public health issues in the state of Mississippi. With a statewide average of 65.6 births per thousand among 15-19-year-olds in 2008, Mississippi leads the nation in the teen birth rate. Furthermore, Mississippi's young people lead the nation in rates of Chlamydia and gonorrhea, two sexually transmitted infections.

[For Priority 1 Districts, the last sentence of the preceding paragraph shall state,

"<INSERT NAME> School District is one of 33 school districts in the 18 counties with the highest teen birth rates in the state."

For Priority 2 Districts, the last sentence shall state,

"<INSERT NAME> School District is located in one of the 35 counties with a teen birth rate at or above the state average."

For Priority 3 Districts, the preceding paragraph will remain as is.]

Becoming a teen parent or contracting a sexually transmitted infection has profound consequences for our youth. According to the National Campaign to Prevent Teen and Unplanned Pregnancy, adolescent girls who become mothers are less likely to complete high school. The Campaign also reports that children born to teen mothers are more likely to be poor, have lower academic achievement, and drop out of high school. The consequences of contracting a sexually transmitted infection such as Chlamydia or gonorrhea are equally harmful, as either infection increases a person's likelihood to contract HIV/AIDS and, if left untreated, can lead to infertility in women, according to the Centers for Disease Control.

Students need accurate information about pregnancy prevention and sexually transmitted infections in order to make responsible decisions and to maintain healthy lifestyles. Unfortunately, many of our students lack access to this information and the opportunity to develop decision-making skills. Therefore, it is important that the <INSERT NAME> School District take immediate action to reduce these alarming statistics.

C. Position

The <INSERT NAME> School Board believes that every student has the right to accurate information concerning the prevention of pregnancy and sexually transmitted infections. According to research compiled by the U.S. Department of Health and Human Services, personal responsibility education programs which provide age-appropriate, evidence-based, and medically accurate information can delay the onset of sex, reduce the frequency of sex, and/or reduce the number of sexual partners among teenagers. As a result, the <INSERT NAME> School Board is committed to adopting a personal responsibility education program with evidence of effectiveness for students similar to those in our population. We are also committed to fostering community partnerships that educate both students and parents about this important topic.

D. Desired Outcome

The goal of the <INSERT NAME> School District's Personal Responsibility Education Policy is to reduce rates of teen birth and sexually transmitted infections.

E. Implementation Principles and Guidelines and Strategies

1. Principles and Guidelines: The principles and guidelines detailed below should guide the implementation of this policy.
 - a. Definition of personal responsibility education—First and foremost, personal responsibility education teaches the social, psychological, and health gains to be realized by abstaining from sexual activity. However, although personal responsibility education promotes abstinence, it acknowledges that some teenagers may become sexually active before marriage and that most Americans, whether they abstain until marriage or not, will become sexually active in their adulthood. Therefore, personal responsibility education also provides instruction about effective methods of contraception, including rates of effectiveness and failure for “perfect use” and “typical use.” Finally, personal responsibility education teaches students *how* to behave more responsibly by emphasizing the development of skills such as goal-setting, negotiation, self-esteem, and decision-making.
 - b. State statute—State statute provides school districts with the option to teach abstinence-only-until-marriage concepts as defined by state law or to take a more comprehensive approach to sex education such as with a personal responsibility education program. Mississippi Code Annotated §37-13-171(3) states, “Any course

containing sex education offered in the public schools shall include instruction in abstinence education. However, the local school board may authorize, by affirmative vote of a majority of the number of the members, the teaching of sex education without instruction on abstinence. In such event, the curriculum offered in the schools relating to sex education must be approved by a majority of the school board members.” Through this authority, the <INSERT NAME> School District adopts this personal responsibility education policy.

- c. Grades taught—Personal responsibility education will be offered in each grade required by the selected evidence-based program. Instruction must begin no later than the 7th grade. All students must be given the opportunity to receive instruction in personal responsibility education.
- d. Instructor of record—The curriculum of the personal responsibility education program will be taught by licensed health educators, family and consumer science educators, or educators with a health education and/or science endorsement presently employed by the <INSERT NAME> School District.
- e. Curriculum—The <INSERT NAME> School District, by affirmative vote of a majority of Board members present at a school board meeting, shall adopt an age-appropriate, evidence-based, medically accurate personal responsibility education program curriculum recommended by the Mississippi Department of Health.
- f. Training—All educators assigned to teach personal responsibility education must receive training on the curriculum adopted by the Board. Teachers and other school staff attending training sessions provided by the Mississippi Department of Health’s Office of Community and School Health will receive continuing education (CEU) credits.
- g. Parental consent—In compliance with Mississippi Code Annotated §37-13-173, students are not required to participate in personal responsibility education. Moreover, the district shall provide to parents/guardians no less than one week’s written notice of the personal responsibility education program’s commencement. This written notice must inform the parents/guardians of their right to request the exclusion of their child from the program and the manner by which parents/guardians may exercise this right. The notice must also inform the parents/guardians of the right and the process to review the Board-approved curriculum and materials. A parent/guardian’s refusal to allow their child to participate in the personal responsibility education program shall be without detriment to the student.
 - i) Nothing in this section shall be interpreted to allow parents/guardians to opt students out of instruction in traditional courses in biological science.
- h. Alternative coursework—Students not participating in the district’s personal responsibility education program must complete alternative coursework for the duration of the program. This alternative coursework may include instruction in other health-related topics.

2. Strategies: The following mandatory strategies shall be employed to ensure this policy is implemented with fidelity.
 - a. Personal Responsibility Education Program Coordinator—The Superintendent will direct a currently employed district office staff member to coordinate the implementation of the personal responsibility education program. The Coordinator will also organize the following training activities:
 - i) Training for instructional staff as discussed in the principles and guidelines; and
 - ii) Training for non-instructional staff such as principals, counselors, administrators, and interested community activists designed to assist participants in creating community partnerships, implementing the program within their respective schools, and handling public relations.
 - b. Public awareness—The district shall conduct the following activities to raise the public’s awareness and understanding of the personal responsibility education program:
 - i) Publication and dissemination of the district personal responsibility education policy as well as general information about personal responsibility education and the Board-approved curriculum, including where parents may review the curriculum materials; and
 - ii) Host one or more community-wide town hall meetings to educate community members on the program and its potential long-term effect on reducing the number of students affected by teen birth and sexually transmitted infections.

F. REVIEW AND REPORTING

The Superintendent will provide the <INSERT NAME> School Board with an annual report on the outcomes of the personal responsibility education program. If funding is available, this report shall include quantitative as well as qualitative analysis of the program and shall include the perspective of students, teachers, and parents/guardians.

This policy will be reviewed on an on-going basis in accordance with the Board’s policy review process.

LEGAL REF.: Miss. Ann. Code §37-13-171(3), §37-13-173, §37-13-175

DATE: <Insert date adopted>