

Dear Parents of Peters Township High School Freshmen,

As part of the high school health education curriculum and required Personal Wellness class for all freshmen, we will be conducting 3 days of material on Sexually Transmitted Infections (STIs), HIV/AIDS and prevention. The Peters Township School District has always considered the parent to be the primary educator in the area of sexuality. We need your support to reach young people with information on the dangers of early sexual involvement. We understand that the information presented in a class on sexuality is sensitive.

The goal is to provide PTHS students this learning opportunity in a respectful and safe environment, where the topics and lessons are delivered by highly-qualified and caring PTSD teachers.

Each of the sessions will emphasize the following general topics throughout:

- Postponing sexual involvement through refusal skills and resistance to peer pressure is the foundation of this program.
- Practicing abstinence will be stressed. Prevention and contraception will also be presented.
- Providing skill building exercises to promote:
 - Increased communication between parent and child
 - Increased self-awareness and self-confidence to empower young people to deal with peer pressures
 - Refusal skills, decision making skills, and problem solving skills

Daily Lesson Breakdown by topic:

| 9th Grade Disease Prevention taught in Personal Wellness (Semester Class) | |
|--|---|
| Day 1 | Sexually Transmitted Infections (STI's): Definitions, methods of transmission, methods of contraception, symptoms, lasting effects, and statistics. |
| Day 2 & 3 | HIV/AIDS facts & statistics, Prevention of STI including contraception, HIV/AIDS transmission. |

As a parent/guardian, you are the first educator in your child's life. If you **DO NOT** want your son/daughter to attend these Disease Prevention classes, you must sign him/her out of these classes. Please complete the bottom of this slip and return it to your child's principal no later than **March 20, 2015** to **"Opt Out" of this program**. The dates for the first semester lessons are March 30, 31, and April 1.

If you have any questions please contact your child's assistant principal or Personal Wellness teacher. A copy of the curriculum and the materials used will be available at the High School. We encourage you to view the complete curriculum materials.

Sincerely,

Karen Corbin, John Vavala, and Betsy Gunther

PTHS Disease Prevention Exclusion Form

Return to Mr. Lesnett in the PTHS main office only if you DO NOT want your son/daughter to attend the disease prevention classes by **March 20th**. You do not need to do anything if you would like your student to participate.

I, _____, DO NOT give permission for my
Parent Name

son/daughter, _____, to attend the
Student Name

following Personal Wellness classes at PTHS .

Check all that apply....

- I am opting my child out of both lessons/days this school year.
- I am opting my child out of Day/Lesson 1
- I am opting my child out of Day/Lessons 2&3

Comments:

Parent's Signature: _____

Daytime Phone Number: _____

Date: _____