



## SCHOOL DISTRICT OF MANATEE COUNTY

Dear Parents,

The FLDOE State Board of Education has mandated instruction related to health education of district students across all grade levels. Florida Statute 1003.42(o) outlines required instruction related to family life, personal health, dating violence, and reproductive health education including a focus on abstinence and pregnancy prevention that must be taught across grade levels. This mandate will be satisfied through instruction to students in grades K-12 and will address age-appropriate elements of effective and evidence-based programs. Each student will receive age-appropriate skill-building instruction. Instructional materials can be found on the School District of Manatee County’s webpage.

These instructional topics will include the following:

5 <sup>th</sup> Grade	6 <sup>th</sup> Grade	7 <sup>th</sup> /8 <sup>th</sup> Grade Science	High School Biology or HOPE
Personal health and puberty	Healthy communication for risk reduction, cyberbullying, puberty, & the benefits of abstinence.	Healthy communication for risk reduction, impact of social media on relationships, puberty, reproductive systems, & the benefits of abstinence, teen dating violence	Healthy/unhealthy relationships, pregnancy prevention, abstinence, relationship abuse, how to identify and respond, & resources for teens.

**It is understood that permission has been granted for your child to participate in the program with the following understandings (unless you decide to OPT-OUT your child by signing and returning the slip below):**

- I understand that my child will be participating in a thorough comprehensive curriculum that teaches them about human development, reproduction, and healthy relationships.
- I understand that my child will develop skills of respect and appreciation for themselves, their families, and all people.

If you **DO NOT** want your son/daughter to participate in this program, please sign the form below and return it to your child’s science teacher.

### OPT-OUT SLIP

Please return this form to your child’s science teacher **ONLY** if you do NOT want your child to participate in the health education lessons.

**I have read the above letter, and I do NOT want my child to participate in this program.**

NOTE: (There is no penalty to your child for not attending this health lesson. Provisions will be made for your child to attend another class during these lessons.)

Student’s Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_\_