



## Michigan Model Family Life Curriculum

Dear Parents:

Your child is about to begin, or may have already begun, a period of rapid growth called puberty.

Many children wonder if they are normal as they notice themselves and their friends going through physical and emotional changes that prepare them for adulthood.

By teaching children about the wonderful ways they are maturing, adults can promote a positive attitude toward sexuality that helps children grow into healthy, responsible adults. Children who have talked to their parents and other trusted adults are more likely to understand the changes they are going through and are able to avoid risky behavior. Too many young people get involved in premature sexual activity that can result in serious problems, such as sexually transmitted disease, HIV infection, or pregnancy.

As your partners in education, our District has approved a series of lessons called the Michigan Model Family Life Curriculum as an embedded part of our Health, Physical Education and Lifetime Wellness classes in grades 4-9. The lessons were endorsed by the Tennessee Department of Education and will be taught in your child's Health, Physical Education and Lifetime Wellness classes beginning mid November.

The main focus of these lessons is twofold:

1. Promote appreciation and respect for the amazing changes experienced by self and others.
2. Equip children with the skills they need to postpone sexual activity.

Your child will be encouraged to talk to you about growing up and to ask you questions. Interviews with a parent or another trusted adult will be assigned as homework in order to promote open communication.

Keep in mind that Shelby County Schools values parental choice; therefore, located on the back of this page is a REQUEST form for participation.

Please complete the form if you wish to **opt out** of the Michigan Model curriculum.



## Parent/Guardian Form

If you decide that your child should not participate in the lessons, he/she will be excused without penalty.

### Family Life AIDS/HIV Curriculum Exclusion Request

If you want your child to be excused from part or all of the puberty lessons, please check the box, sign and date the request.

No, I do not want my child to participate

Complete the request form if you want your child to “opt out” and return the form to the office.

Student Name: \_\_\_\_\_ Grade/Class \_\_\_\_\_

School \_\_\_\_\_

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

\* Complete this form and return it to the office.