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| |  | | --- | | Dear Parents,  As health educator for Rye Middle School, I have developed a structured eighth grade curriculum on adolescent sexual development.   I am sure we would all agree that the need for proper knowledge is essential, even life preserving.  My lessons encourage abstinence until marriage although different forms of contraception will be discussed. I encourage the students to continue the dialogue/discussions we have in class with their parents, so below is an outline of the topics we will be covering.  Our Human Development curriculum covers the following topics: Awareness of personal values Developing positive communication skills Building relationships The decision making process  Responsibility Sexual Harassment/Abuse Anatomy of the reproductive system Sexually transmitted infections Pregnancy and birth Abstinence and contraception  Toward the end of the year students will also be invited to participate in a very open and frank discussion with Dr. Wendy McLaughlin OB/GYN and Ms. Dee Emerson-Foye, an adolescent counselor, regarding keeping themselves safe and healthy.  We have also been very fortunate to have two police officers visit our classroom and take part in many of our discussions involving safety and the law.  Specific areas covered with the eighth graders are sexting, harassment, dating awareness, on-line safety and risk judgment.  We thank Officer Heather Porciello and Officer Scott Blaisdell for their assistance and concern for our students.  Below please indicate your preference for your child and return the slip as soon as possible.  If you have any questions please feel free to give me a call (964-5591).  Thank you,  Ann Rafferty  Life Skills Teacher ---------------------------------------------------------------------------------------------------------------------  Please indicate your preference the Human Development Program:  \_\_\_ My child may participate in the entire program. \_\_\_ My child may participate in all the classes except for the one on contraceptives.  \_\_\_ My child may not participate in the discussion with the healthcare professionals.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Parent Signature                                                                                   Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             Student Name | |