

6.40.013-P Comprehensive Sexuality Education Policy

Portland Public School District (PPS) is committed to creating safe and healthy learning environments to support the growth and development of every student. Health literacy, *the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others*, is a critical component of education in PPS; one that is necessary to build skills and provide functional knowledge for students to be healthy throughout their lives. PPS also recognizes the role of inclusive and comprehensive sexuality education in promoting health equity, supporting healthy development, and preventing violence.

Oregon's Human Sexuality Law (ORS 336.455, 2009), the Healthy Teen Relationship Act (ORS 339.366, 2013), and Child Sexual Abuse Prevention Law (ORS 336.059, 2015) collectively contribute to the Oregon Department of Education's (ODE) Human Sexuality Administrative Rule (OAR-581-022-2050) and health education content standards and performance indicators. Under these laws, school districts are required to provide "a comprehensive plan of instruction focusing on human sexuality education" which is "complete, balanced, and medically accurate". Aligned to national standards, Oregon's performance indicators are additionally aimed at preventing sexual violence and promoting student safety. For example, the law requires that instruction recognize a diversity of sexual orientations, gender identities, and gender expressions, as well as focus on affirmative consent. The Oregon health education content standards ensure that comprehensive sexuality education teaches students positive attitudes and behaviors related to healthy relationships and sexuality, by using age-appropriate, and culturally inclusive materials, language, and methods.

The Portland Public Schools Comprehensive Sexuality Education Policy and the Portland Public Schools Comprehensive Sexuality Education Plan were developed by teachers, school administrators, local and state health departments, staff and other professionals from the medical community knowledgeable of the latest scientific information and effective education strategies and in accordance with federal, state, and district laws, policies, health education standards, local and district data sources, and current best practices.

Relevant State and District Laws, Mandates, and Policies

- Title IX: Title IX of the Education Amendments Act
- OAR 581-022-2000: Diploma Requirements
- OAR 581-022-2030: District Curriculum
- OAR 581-022-2045: Prevention Education in Drugs and Alcohol
- OAR 581-022-2050: Human Sexuality Education
- OAR 581-022-2060: Comprehensive Guidance and Counseling
- OAR 581-022-2310: Equal Educational Opportunities
- OAR 581-022-2312: All Students Belong
- OAR 581-022-2510 (Adi's Act, SB 52): Suicide Prevention
- OAR 581-029-0001: School Safety and Prevention System
- ORS 174.1: Oregon Equality Act
- ORS 336.035: Required Courses of Study
- ORS 336.059 (Erin's Law, SB 856): Child Sexual Abuse Prevention
- ORS 336.222: Alcohol Tobacco and Other Drugs
- ORS 336.241: Cannabis Abuse Prevention
- ORS 336.455: Human Sexuality Education, K-12
- ORS 336.465: Examination of Instructional Materials
- ORS 339.351-364: Harassment, Bullying, Cyber-bullying, Intimidation
- ORS 339.366 (Healthy Teens Relationship Act, HB 4077, SB 790): Teen Dating Violence and Domestic Violence
- 1.80.020-P: Non-discrimination/Anti-Harassment
- 2.10.010-P: Racial Educational Equity Policy

## DRAFT: Comprehensive Sex Ed Policy Revised

- 3.30.021-PS: Tobacco Possession & Use
- 4.30.050-P: Student Suicide Prevention
- 4.30.060-P: Anti-Harassment
- 4.30.061-AD: Transgender, Nonbinary and Gender Diverse Students
- 4.30.071-AD: Harassment, Sexual Violence, and Teen Dating Violence
- 4.30.072-AD: Title IX Student to Student Sex-Based Discrimination and Harrassment

Health education can contribute to significant improvements in students' lives. Specifically, research shows that effective comprehensive sexuality education leads to a delay in the initiation and frequency of sex, reduces the number of new partners, and increases the correct use of barrier and contraception methods. Highly effective sex education and STI prevention education programs:

- Recognize the harm caused to sexual health by racism, homophobia, transphobia and other forms of oppression;
- Offer developmentally- and culturally appropriate sexual health information in a safe and inclusive environment;
- Are developed in cooperation with members of the community, especially a diverse representation of young people;
- Use language and activities that are inclusive of LGBTQ+ students;
- Respect community values and assist youth to clarify their individual, family, and community values;
- Assist youth in developing skills in identifying healthy boundaries and communicating boundaries, refusal, and negotiation;
- Provide medically accurate information about abstinence and available contraception options including barrier methods (i.e. dental dams, external and internal condoms);
- Include clear goals for preventing STIs and/or unplanned pregnancy;
- Focus on specific health behaviors related to the goals, with clear messages about these behaviors;
- Develop social-emotional learning skills: self awareness, social awareness, self-management, healthy relationships and decision making;
- Engage families and promote family communication around sexual health;
- Rely on participatory teaching methods, are implemented by trained educators and teaches the State and District approved scope and sequence for health education to fidelity.

Beginning the 2018-19 academic year, each school shall provide comprehensive K-12, age and developmentally appropriate, culturally inclusive, medically accurate and evidence-informed comprehensive sexuality education. This curriculum shall be implemented in safe and supportive learning environments where **ALL** students feel valued. All Portland Public Schools shall take a skills-based approach to teach comprehensive sexuality education that addresses a variety of topics, such as healthy and unhealthy relationships, consent, abstinence **and** protection methods, and HIV/STI prevention. Health education curricula will align with the PPS Comprehensive Sexuality Education Plan (CSEP) which integrates the Oregon Health Education Content Standards and all Federal, State, and District laws and policies. It will be implemented by qualified and trained teachers as outlined in the CSEP.

All schools will follow relevant promotion and graduation requirements that include: comprehensive sexuality education (CSE) annually in grades K-5, inclusive of HIV education starting in grade 4; a minimum of three quarters of health education (inclusive of CSE) in total in grades 6 to 8 taught by a qualified health educator; two semesters of health education (inclusive of CSE) in total in grades 9 to 12 taught by a certified health teacher. Additionally, all students in grades K-12 **must** receive at least **4** lessons in child sexual abuse prevention (ORS 336.059/SB 856) **each** year. These are the minimum requirements for health education programming, which **must** include comprehensive sexuality education. In addition, health education (inclusive of CSE) will be integrated into the Common Core curricula where possible.

The District recognizes the critical role families play in education and will encourage family

communication and involvement. Parents shall be notified in advance of any human sexuality or AIDS/HIV instruction. When practicable, any curriculum and/or materials will be made available for parent preview. Any parent may request that his/her child be excused from that portion of the instructional program under the procedures set forth in ORS 336.035 (2).

**Review of Policy and CSEP**

District will utilize relevant district staff, local, state and national data, emerging best practices, new scientific information, and effective education strategies to review and update the comprehensive sexuality education plan (CSEP) of instruction and this policy every two years as prescribed by OAR 581-022-2050.