

# 4/5/6 F.L.A.S.H.



## a curriculum in **FAMILY LIFE AND SEXUAL HEALTH** for grades 4, 5 and 6

Written by **Elizabeth “Beth” Reis, MS**  
Illustrations by Powers, Stenson, Espinoza  
Copyright © 1985, 1988, and 2005  
The County of King, by and for  
Public Health - Seattle & King County, Family Planning Program

HIV/AIDS lessons written in 1988  
By **Pamela Hillard, MPA**  
HIV/AIDS lessons medically updated in 2005  
By **Andrea Gerber, MEd** and **Beth Reis, MS**  
Copyright © 1988, 2005  
Seattle School District No. 1 and  
The County of King, by and for  
Public Health - Seattle & King County, Family Planning Program

Puberty & Reproductive System Lessons updated in 2007  
By **Beth Reis, MS** and **Heather Maisen** (formerly Hutchins), **MSW, MPH**  
and Puberty Lessons again in 2009  
By **Beth Reis, MS** and **Celia Thomas, BA**

Review & Resources Lesson updated in 2009  
By **Brett Niessen, MPH** and **Beverly Sims, BA**

*F.L.A.S.H.* is the product of many people's efforts. The 2008-2011 updates and revisions, at all grade levels, including all the appendices, reflect the creativity, work and commitment of:

Cathy Aby, BS

Stephanie Ballasiotes, MC

Erin Casey, PhD, MSW

Charissa Fotinos, MD

Andrea Gerber, MEd

Jeff Ing, BA

Kari Kesler, MA

Mo Lewis, BA

Heather Maisen, MSW,  
MPH

Brett Niessen, MPH

Deb Oyer, MD

Lindsay Palmer, BA

Beth Reis, MS

Becky Reitzes, MA

Beverly Sims, BA

Celia Thomas, BA

Bob Wood, MD

---

### ***7/8 F.L.A.S.H.***

Written by Elizabeth "Beth" Reis, MS

Illustrations by Powers, Stenson, Espinoza

Copyright © 1986, 1988, 2002, 2005, 2006

HIV/AIDS lessons written in 2002

By Robyn Achilles, MPH; Andrea Gerber, MEd; Susie McIntyre, MLS; Beth Reis, MS;  
Becky Reitzes, MA; Amy Shumann, MSW; Kathy Silverman, BA; & Beverly Sims, BA

Birth Control lesson revised in 2005 and 2006

By Anya Nartker and Brett Niessen, MPH candidates with illustrations by Molly MacGregor  
Sexual Health & Hygiene lesson revised in 2006

By Elizabeth "Beth" Reis, MS

Sexually Transmitted Disease lessons revised in 2006

By Brett Niessen, MPH candidate

### ***High School FLASH, 2<sup>nd</sup> edition***

Written by Beth Reis, MS; Cathy Aby, BS; Erin Casey, PhD, MSW; Andrea Gerber, MEd; Kari Kesler, MA; Mo Lewis, BA; Rebecca Milliman, MSW; Brett Niessen, MPH; Lindsay Palmer, BA; Becky Reitzes, MA; Beverly Sims, BA; Celia Thomas, BA

Illustrations by Dærick Gröss, Sr.

Copyright © 1988, 1989, 2005, 2006, 2011

### ***Special Education: Secondary F.L.A.S.H.***

Written by Jane Stangle, MEd

(Adapted from 5/6, 7/8 and 9/10 F.L.A.S.H.)

Illustrations by Powers, Stenson, Espinoza

Copyright © 1991, 2005, 2006

Birth Control lesson revised in 2005 & 2006

By Anya Nartker, MPH candidate, Beth Reis, MS, & Brett Niessen, MPH candidate

Sexually Transmitted Disease lessons revised in 2006

By Brett Niessen, MPH candidate

HIV/AIDS lesson revised in 2006

By Maia Piccagli, MPH candidate

Appendix I: Unplanned Pregnancy written in 2007

By Tara Melinkovich, MPH candidate

## Medical Review

---

Many physicians have graciously contributed to the editing of various grade levels and topic areas of the **FLASH** curriculum from the first publishing in 1985 to the present.

**Robert Bidwell, MD**, then a fellow in Adolescent Medicine, University of Washington and Commissioner, Seattle Commission on Children and Youth; currently Director of Adolescent Medicine at Kapiolani Medical Center for Women and Children, Associate Professor of Pediatrics, John A. Burns School of Medicine, University of Hawaii

**Charissa Fotinos, MD**, Medical Director, Community Health Services Division, Public Health – Seattle & King County, Clinical Associate Professor Department of Family Medicine, University of Washington

**Matthew Golden, MD, MPH**, Medical Director, Sexually Transmitted Disease Clinic, Public Health – Seattle & King County, and Assistant Professor of Medicine, Center for AIDS and STD / Allergy and Infectious Diseases, University of Washington, Seattle

**H. Hunter Handsfield, MD**, then Director, STD Control Program, Public Health – Seattle & King County and Professor of Medicine at the Center of AIDS and STD, University of Washington; currently Senior Research Leader at Battelle Research and Clinical Professor at the University of Washington

**Vivien Hanson, MD**, then Medical Director, Family Planning Program, Public Health – Seattle & King County and Clinical Professor, Department of Epidemiology, University of Washington School of Medicine

**Deborah Oyer, MD**, Medical Director, Aurora Medical Services, Assistant Clinical Professor at the University of Washington, and consultant to Public Health - Seattle & King County

**Taraneh Shafii, MD, MPH**, University of Washington School of Medicine, Assistant Professor of Pediatrics; Seattle Children’s Hospital, attending Physician; Public Health -Seattle & King County STD Clinic, Deputy Medical Director.

**James Stout, MD, MPH**, Odessa Brown Children’s Clinic Physician, Co-founder National Initiative on Child Health Quality, and Associate Professor of Pediatrics, University of Washington, Children’s Hospital & Regional Medical Center

**Bob Wood, MD**, then AIDS Control Program Director, Public Health – Seattle & King County, and Associate Professor of Medicine & Health Services, University of Washington

Affiliations provided for identification only

## Acknowledgements

A number of individuals and organizations kindly gave permission to adapt or quote parts of their work in some grade levels of *F.L.A.S.H.*. These include: Current-Rutledge Audiovisual Production, producer of the video *AIDS Wise, No Lies* and producer of Ann Downer's accompanying teaching guide; Network Publications, the publishers of the now-defunct, seminal journal *Family Life Educator*; Pierce County Rape Relief, publishers of Rosemary Russell's *About the Sexual Assault of Males*; Planned Parenthood of Western Washington and Barbara McGuire, co-author of *The Talk-To-Me Books*; Py Bateman and Bill Mahoney and their publisher, Alternatives to Fear, for *Macho: Is That What I Really Want*.

Editing, piloting, and crucial professional, administrative and clerical support for various levels of *FLASH* has been provided over the years by many talented individuals:

Caren Adams	Miriam Gray	Mike Maryanski	Tony Silvestrin
Sara Ainsworth	Janine Green	Cam McIntyre, MD	Nancy Skinner
Py Bateman	Sandy Griego	Judith McKoy, PhD	Kathleen Smith
Stephanie Ballasiotes	Terry Hahn	Tara Melinkovich	Loren Smith
June Beleford	Vonnis Hamel	Carole Miller	Ben Snowden
Gene Bellan	Rae Hanashiro	Lynne Miller	Donna Spriggs
Jeryn Beringsmith	Margaret Hansen	Karen Monastersky	Kathleen Stine, ARNP
Sherry Bloomer	Vivien Hanson, MD	Geoff Morgan	Laurel Stitzhal
Jean Borth	Bonnie Harding	Lenore Morrey	Sally Silver Stratton
Jeff Boudreau	Karen Hartfield	Sara Moser	Kaden Sullivan
Peter Browning	Judy Hill	Milly Mullarky	Tess Sweeney
Sylvia Bryant	Pamela Hillard	Anya Nartker	Sharon Tambellini
Nancy Bush	Sally Hooper	Bill Neal	Dorothy Teeter
Gladys Button	Kelly Riggle Hower	Dorle Nelson	Becky Thibodeaux
Nadine Byers	Alice Houston, PhD	Ray M. "Bud" Nicola, MD	Sarah Thomas
Anke Capelle	Alice Hurley	Laura Pagel Olin	Jack Thompson
Frank Chaffee	Jeff Ing	Corine Olson	Pam Tollefsen
John Cheh	Ellen Jeffcott	Norman Ose	Dani Wong Tomiyasu
Sandy Ciske	Pat Jewell	Mary Paradise	Bud Turner
Linda Coleman	Nova Jones	Karen Paulson	Jan Waggoner
Bob Collins	Nancy Kain	Mary Pavek	Billie Wallace
Carla Collison	Karli Kaiser	Michelle Pennylegion	Helen Walsh
Maureen Considine, ARNP	Margo Kearney	Rebecca Perbix	Rev. Bob Ward
Elaine Cummins	William Kendrick, PhD	Bruce Perham	Toni Weschler
Doug Danner	Celia Keroff	Irene Peters, PhD	Nancy Welton
Cindy Davis	Jan Kubota, ARNP	Ellen Phillips-Angeles	Lois Werelus
Anne Dennis	Elizabeth "Rae" Larson	Maia Piccagli	Jeri White
Gordon Dickman	Deanne Larsell	Frank Plouf	Kathi Whittaker
Mike Dowd	Nicole Lassiter, ARNP, CNM	Alonzo Plough, PhD	Ed Williams
Ann Downer	John Leonard	Ed Putnam	Kathy Williams
Deeney Dudley	Shari Levine	Janet Ralston	Paul Witt
Carol Dunphy	Cindy Linstad	Bill Rasplia	Maria Wood
Curt Firestone	Carolyn "Libbey" Livingston	Maureen Reid	Melinda Yorita
Denise Fitch	Jan Loreen-Martin	Karlista Rickerson, ARNP	Meredith Zeltner
Rev. Bob "Fitz" Fitzgerald	Linda Lou	Robbie Rigby	Chloe, Elena & Stacy, and other students and staff in these school districts:
Tony Fore	David Lurie	Debbie Robertson	Bellevue, Federal Way,
Mary Lila Gary	Roxanne Hood Lyons	Barbara Roundy	Montesano, Seattle, Tacoma,
Heidi Geise	Molly MacGregor	Pastor Phil Rue	Vashon Island (Washington),
Helen Glad	Heather Maisen	Elaine Ruppert	Portland, Vernonia (Oregon) &
Jim Glick	Robert Marks	Ann Ryder	at Bellarmine Preparatory
Connie Gold	Ronnie Martin	Julie Sarkissian	School of Tacoma
Matthew Golden, MD	Susie Martin	Sara Savage	
Clover Gowling		Lois Schipper	
		Nancy Schub	

# Contact Us

---

To preview the **FLASH** curriculum online:

[www.kingcounty.gov/health/flash/](http://www.kingcounty.gov/health/flash/)

FLASH lessons can be downloaded for free, online.

To order professionally-printed hard copies of **FLASH**:

Go to [www.kingcounty.gov/health/flash](http://www.kingcounty.gov/health/flash) and click on “Download the order form ...”

Hard copies are produced with labeled dividers, in 3-ring binders.

**Questions about ordering:**

206-296-4902

1-800-325-6165 ext 64902

Email: [ron.smart@kingcounty.gov](mailto:ron.smart@kingcounty.gov)

**Questions about the curriculum:**

206-263-8297

1-800-325-6165 ext 38297

Email: [beth.reis@kingcounty.gov](mailto:beth.reis@kingcounty.gov)

206-477-0028

1-800-325-6165 ext 70028

Email: [kari.kesler@kingcounty.gov](mailto:kari.kesler@kingcounty.gov)

**Training information:**

Inside King County, WA: 206-263-8297, [beth.reis@kingcounty.gov](mailto:beth.reis@kingcounty.gov)

Outside King County, WA: 206-447-9538, [roberta@cardeaservices.org](mailto:roberta@cardeaservices.org)

# Updates

---

Keep your **FLASH** binder current by subscribing to be notified of changes.

Go to [www.kingcounty.gov/health/flash](http://www.kingcounty.gov/health/flash) and click on the box that says, “Get FLASH email updates” in the upper right-hand corner of the screen.

# Funding

---

Funding of the curriculum was primarily provided by Public Health – Seattle & King County.

Funding for various aspects of the curriculum has been provided over the years by: Washington State Department of Social and Health Services, Division of Health United States Centers for Disease Control & Prevention Project #U63/CCU 302 804-04 United States Health & Human Services PHS Grant #10 h 900004. **Current funding is provided in part by US Department of Health and Human Services Grant # 2 FPHPA 100029.**

Funding for translation of the **High School FLASH** Family Homework was provided by: Center for Health Training with funding from Mathematica Policy Research, Inc. under contract to the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Family and Youth Services Bureau, with the support of the DHHS ACF Office of Planning, Research, and Evaluation.

## Table of Contents

Overview of 4/5/6 FLASH	_____	p. 3
Introduction	_____	p. 4
Special Preparation	_____	p. 5-7
Knowing state and local guidelines		
Planning a sexuality unit		
Preparing yourself		
Preparing your administrator		
Preparing your students' parents and guardians		
Preparing your materials		
How to Use FLASH	_____	p. 8-9
Using co-ed or single gender groups		
Using worksheets		
Using speakers		
Using anonymous question boxes		
Values Questions & Other		
Difficult Questions	_____	p. 9-17
Lesson Plans		
1 . Unit Introduction	_____	6 pages
2 . Family	_____	6 pages
3 . Self-esteem	_____	7 pages
4 . Gender Roles	_____	8 pages
5 . Friendship	_____	9 pages
6 . Decision-making	_____	7 pages
7 & 8 . Sexual Exploitation (abuse)	_____	14 pages
9 & 10 . Puberty	_____	14 pages
11 & 12 . Reproductive System	_____	28 pages
13 & 14 . Pregnancy	_____	14 pages
15 & 16 . HIV & AIDS lessons for grades 4 or 5	_____	15 pages
17 & 18 . HIV & AIDS lessons for grades 5 or 6	_____	16 pages
19 . Unit Review and Resources	_____	14 pages
Appendices		
A . Letter to Parents & Guardians (see web site for Chinese, Spanish, Russian, Arabic, Vietnamese translations)	_____	1 page
B . Homework Letter & Confirmation Slip	_____	1 page
C . Laws Relevant To a Sexual Health Unit	_____	12 pages
D . Recognizing & Reporting Sexual Abuse & Assault	_____	2 pages
E . Speakers, Panels, Field Trips	_____	2 pages
F . Resources	_____	1 page
G . Teachers' Glossary	_____	2 pages
H . F.L.A.S.H. Curriculum Overview - gr. 4-12	_____	2 pages

## Overview of 4/5/6 FLASH

1	<b>INTRODUCTION</b>	Consideration for others; ground rules; slang vs. medical terms; defines "sexuality", and anonymous question boxes.
2	<b>FAMILY</b>	Defines family; differences and similarities among families; communication in families; the importance of family.
3	<b>SELF-ESTEEM</b>	Keys to feeling good about one's self; "I belong." "I can do things." "People appreciate me. "; and helping others feel the same.
4	<b>SEX ROLES</b>	Defines sex role; development of sex roles; and recognition of historical figures of both genders in various fields.
5	<b>FRIENDSHIP</b>	What makes someone a friend?; making friends; keeping friends and being a good friend.
6	<b>DECISION-MAKING</b>	Active vs. passive decisions; one model: Consider alternatives, consequences, feelings and beliefs.
7 & 8	<b>SEXUAL EXPLOITATION (abuse)</b>	Kinds of touch; defines exploitation; children's rights; recognizing exploitation; preventing it; reporting it; resources; and helping a friend.
9 & 10	<b>PUBERTY</b>	Defines puberty; changes and timing of puberty; bra and athletic supporter; hygiene products; and feelings/fears/ myths about puberty.
11 & 12	<b>REPRODUCTIVE SYSTEM</b>	Correct medical terms for locations and function of each part; ovulation; sperm production; fertilization.
13 & 14	<b>PREGNANCY</b>	Normal pregnancy; basic genetics; fetal development and twinning; the importance of prenatal care, good nutrition, and avoiding alcohol during pregnancy.
15, 16, 17 & 18	<b>HIV/AIDS</b>	Healthy concern vs. unhealthy fear; defines "communicable disease"; transmission: asymptomatic infection vs. symptomatic infection vs. AIDS; attitudes, decision-making, assertiveness.
19	<b>REVIEW &amp; RESOURCES</b>	Review of key vocabulary; how to use the phone book to find community health and information resources.

**Note:**

Other issues may be addressed in response to students' questions. Unless students spontaneously express interest, it is fine to wait until 7th or 8th grade to teach about birth control, testicular self-exam, and other reproductive health concerns.

## Introduction

---

This is a curriculum designed by the Public Health – Seattle & King County, Family Planning Program. It consists of nineteen lesson plans for the intermediate classroom (grades four through six). There are also **F.L.A.S.H.** curricula for use in mainstream and special education classes at the middle school and high school levels.

The **goals** of **F.L.A.S.H.** are to assist in the development of persons:

- who are knowledgeable about human development and reproduction,
- who respect and appreciate themselves, their families and all persons,
- who will neither exploit others nor allow themselves to be exploited.

A word about **philosophy** . . .

No curriculum is neutral and objective. Education itself implies a certain philosophy (i.e., that knowledge is preferable to ignorance). Neutrality is not even the ideal. If education could be stripped of beliefs, the skeleton would not be worth much.

The schools **DO**, however, have an obligation to reflect community beliefs. And they must be honest about the particular premises of the curriculum. Where there is no general agreement on a particular issue in the community, the teacher's place is to point that out, to explain honestly the several conflicting viewpoints, and to encourage the student to discuss the issue at home.

The primary beliefs inherent in this curriculum supplement are these:

1. A person's unique qualities are to be celebrated.
2. Everyone is entitled to talk and be taken seriously.
3. Everyone is entitled to "pass" (not share personal beliefs, feelings, or information in class).
4. No one is entitled to treat another person simply as a means of selfish gratification; coercion and manipulation are wrong.
5. People have a responsibility to learn as much as possible about themselves and the people they care about. In order to meet this responsibility, they must have the opportunity to receive honest answers to honest questions.

## Special Preparation: Before Beginning the Unit

---

### Knowing Your State and Local Guidelines

It is important, morally and legally, that you follow the guidelines established by the State Superintendent of Public Instruction (in Washington) or Department of Education (in other states/countries) and your district's School Board.

Essentially, in Washington, the State Superintendent leaves the decision about WHETHER to teach sexuality up to the local school board. The State does, however, make recommendations for districts that DO teach it, regarding HOW it should be taught. For the complete text of the guidelines, see *Appendix C: Washington State Laws and Guidelines Related to Sexuality Education*.

Unless your district has already approved **4/5/6 F.L.A.S.H.**, contact your curriculum office at least a few weeks before you plan to begin a sexuality unit to find out its policies.

### Planning a Sexuality "Unit"

This curriculum supplement addresses ten (10) topics in its nineteen (19) lesson plans. It is not necessary to confine yourself to fifteen sessions, nor to address the topics in the exact order presented here. It is also by no means essential that you approach them on consecutive days.

Work on students' self-esteem and their skills in decision-making might begin the first week of school. Sexual exploitation (abuse) might fall into a safety unit in October and November, along with first aid and fire prevention. In January, the class might discuss puberty, reproductive system and pregnancy, followed in February, March and April by other body systems. In May, the year might end with sex roles, families and friendship as well as other social/emotional health issues such as drug abuse.

You are welcome to use part or all of this material as you see fit. However, we recommend that fourth through sixth-grade students study all of these topics at some point.

### Preparing Yourself

It is a good idea to read through this curriculum before you launch into teaching any part of it. You may also want to refresh yourself in content by perusing one or more of the following references:

**14 & Younger: The Sexual Behavior of Young Adolescents.** *Bill Albert, Sarah Brown, and Christine M. Flanigan, Editors; 2003; \$15; ISBN 15867104501; The National Campaign to Prevent Teen Pregnancy*

**Boy V. Girl? How Gender Shapes Who We Are, What We Want, and How We Get Along.** *George Abrahams, Ph.D., and Sheila Ahlbrand; 2002; \$14.95; ISBN 1575421046; Free Spirit Publishing*

**Because There Is A Way To Prevent Child Sexual Abuse: Facts About Abuse and Those That Might Commit It.** *Joan Tabachnick, Editor; 1998; \$0.50; The Safer Society Press, P.O. Box 340, Brandon, VT 05733-0340; Phone: 802/247-3132; Fax: 802/247-4233; Web site: <http://www.saferociety.org>*

**Caution: Do Not Open Until Puberty!: An Introduction to Sexuality for Young Adults with Disabilities.** *Rick Enright, B.A., M.S.W.; 1995; \$9.95; ISBN 0968041507; Devinjer House*

**It's Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health.** *Robie H. Harris; 1996; \$10.99; ISBN 1564021599; Penguin Putnam Incorporated*

**What If Someone I Know Is Gay?: Answers to Questions about Gay and Lesbian People .** *Eric Marcus; 2000; \$4.99; ISBN 0843176113; Penguin Putnam Incorporated*

**The What's Happening to My Body? Book For Boys: A Growing Up Guide for Parents and Sons, New, Expanded Third Edition and What's Happening to My Body? Book For Girls: A Growing Up Guide for Parents and Daughters, New, Expanded Third Edition** *Lynda Madaras with Area Madaras; 2000; \$12.95 each; ISBN1557044430 and ISBN1557044449; Newmarket Press*

You may also find that you want coursework to prepare you. We (Public Health – Seattle & King County) offer courses within King County for college credit. To arrange one for your district, or to attend individually, contact the Public Health Educator who serves your geographic area: <http://www.kingcounty.gov/health/flash> and click on “training for teachers”.

You may want to observe other teachers, Public Health Educators, or school nurses teaching sexuality. Sometimes it is more useful to listen to others’ styles than simply to read lesson plans.

## Preparing Your Administrator

Discuss the course content, materials and activities with your building principal. S/he needs to know of outside speakers you plan to invite. S/he should also see the letter you send parents and guardians, offering to excuse their children.

The importance of involving your administrator from the outset cannot be overemphasized. The Principal must be informed about your unit, in order to respond to parents' questions and concerns.

## Preparing Parents

The primary sexuality educators of your students are their parents or guardians. Consciously or unconsciously, they have been providing sexuality education since birth. They may or may not be comfortable in their role as teachers. They may or may not be knowledgeable about the facts, but they certainly have beliefs and feelings that they share with their children.

Your role is two-fold. First, legally and morally, you must inform them that you’re about to begin the unit. Your job is to offer them the options of pre-reviewing materials and/or of excusing their son or daughter. (In Washington State, parents are legally entitled to 30 days’ notice before the HIV/AIDS lessons are taught.) Second, for those students who do partake of the unit, and

experience tells us this is about 99 percent of all students, you can use the unit to foster better communication at home. There are several ways to do this:

- Encourage your PTA to sponsor a free workshop for parents, to help them become better sexuality educators ... provided by your local health department. Within King county (WA), contact the Public Health Educator who serves your geographic area: <http://www.kingcounty.gov/health/flash> and click on “training for teachers”.
- Encourage your PTA to sponsor a workshop on puberty and communication for parents and their students TOGETHER...offered by Planned Parenthood (in Seattle, 206-328-7715; otherwise look in the local phone book).
- Provide **homework** assignments that encourage communication; but follow these guidelines:
  - a. Explain that the student can do the assignment with any adult in the family (a parent, grandparent, step parent).
  - b. Always offer an alternative assignment for students who may not be able to talk with an adult in the family.
  - c. Make sure assignments are clear, purposeful and related to the content of your in-class lessons.
  - d. Never ask students to report on the content of these conversations--only that they DID talk. To ask about a student's or family's beliefs or practices as to sex would be a violation of their privacy. We suggest that you use the form in Appendix B to follow up, if you want to give credit for this type of homework.

## Preparing Your Materials

This curriculum is mostly self-contained. Except for the Puberty and HIV & AIDS lessons, you do not have to order A.V. materials, schedule guest speakers or organize field trips to utilize it. And even for those lessons, we haven't found great films to recommend.

Simply select any lesson plans you would like to use. For each lesson you decide to use, just look at the second page to see which transparencies or worksheets you will need to photocopy and/or if there are any other materials to assemble.

## How to Use FLASH

---

### Using Coed or Single-Gender Groups

Probably the ideal is a combination: one lesson, perhaps #9 or 10, single-gender and the rest coed. The advantage of single-gender lessons is that students may be somewhat more comfortable asking questions aloud. One advantage of coed lessons is that mutual respect and understanding develop, instead of an aura of mystery and illicitness...there is less need to tease or "gossip" on the playground, since everyone has heard the same things. Also we model that men and women, parents and children of both genders, can talk together. In any case, consult your principal and your district's guidelines if you are not sure which to do.

### Using Worksheets

Be creative. You can use them in any of a number of ways.

- as individual extra-challenge assignments
- for pairs of students to practice cooperative review
- in groups of up to six students, as a team-building exercise
- as a whole class, aloud, to stimulate visual/aural learning while you do a chalk-talk
- for family-type homework, to encourage parent/child communication in a game format where individuals or teams compete

### Using Speakers

- Talk with them in advance to make sure they understand your expectations and you understand theirs.
- Prepare your students to have paper and pencil ready, be attentive and considerate, and enjoy the change of pace.
- **STAY IN THE CLASSROOM.** State law requires that a certificated person be present at all times. Besides, you cannot do an adequate job of integrating the lesson with the rest of your curriculum and/or following up on concerns that do not get addressed, unless you have heard what the speaker and the students have said.

### Using Anonymous Question Boxes

Lesson 1 will give you specific directions for establishing an anonymous question system in your class.

We recommend, whenever possible, reading the questions on any particular topic the day before you plan to address that topic in class. That will give you time to think through age-appropriate, accurate, simple ways of answering them. The pages that follow this one will also offer strategies for answering them in respectful, useful ways.

## Values Questions & Protocol

---

As we said in the curriculum philosophy section, it is neither possible nor desirable to provide value-free education. Nevertheless, questions which have a value component must be answered with care, where expressing your own personal values might hurt or offend a child and their family. With some values, it's perfectly appropriate for you to express your opinion. These are those we call "relatively universal." Relatively **UNIVERSAL** values are those shared by 95% of families, values which the teacher should feel comfortable, and is in fact, **OBLIGATED** to teach.

Examples of relatively **UNIVERSAL** values:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- It's safest and healthiest for school-age kids not to have sex (this is NOT controversial, what IS controversial is when it's fine to have sex).
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Adultery is wrong.

Values that are **CONTROVERSIAL** are those *without* consensus in the community. These are issues about which the teacher should **NOT** teach or express a **particular belief**. Providing information or facilitating discussion about the issues is fine.

Examples of **CONTROVERSIAL** issues that have a wide range of values in the community:

- Abortion
- Birth control
- Masturbation
- Homosexuality
- Sex outside of marriage
- Cohabitation
- What age/under what circumstances it's acceptable to start having sex

**NOTE:** Parents, unlike teachers, should feel free to ask your child about his or her beliefs and to share yours. In fact, this sort of dialogue within families is very important. Employees of public schools and other public agencies have an ethical obligation **not** to side with one family or one religious perspective or one child over another. But children absolutely need a chance -- at home -- to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school.

However, just because it's inappropriate in a public school setting to teach **particular values** on controversial issues, that does **not** mean one can't teach **about** the issues. It just means that it must be done with respect for the diversity of opinion within your community. For example, you can discuss abortion - what it is, the fact that it is legal in this country, where abortions are performed, etc., but it is not appropriate to share your beliefs about whether or not abortion is a correct choice.

Because the very teaching of certain topics may be controversial in some communities, we have included sections called "Rationale" after the cover pages of some lessons (4, 7, 8, 17). These sections explain and document the relevance and vital importance of those sections of the curriculum to the lives of juniors and seniors in high school.

Therefore, when answering a value question you should follow the **F.L.A.S.H.** values question protocol.

### Values Question Protocol:

1. Read the question (verbatim, if you can) or listen to it carefully.
2. Legitimize the question.
3. Identify it as a belief question.
4. Answer the factual part, if there is one.
5. Help the class describe the community's range of beliefs.
6. Refer to family, clergy, and other trusted adults.
7. Check to see if you answered the question.
8. Leave the door open.

**SAMPLE Q:** I masturbate. Is that ok?

**SAMPLE A:** That's a great question, a lot of kids wonder about masturbation. Masturbation is when a person strokes or touches their genitals for pleasure. I can't share my own beliefs about whether or not it's ok to masturbate because families have really different beliefs about masturbation. Some families believe it's ok, as long as you're in a private place. Other families believe it's never ok. You need to check with your families, or another trusted adult to find out how they feel about it. If that's not what you meant, feel free to leave another question in the box or you can talk to me after class.

You will eventually tailor your use of the protocol, only using **every** step the first time masturbation, for example, comes up. For now, you should practice the protocol step by step -- until it becomes a natural part of your teaching.

### Values Question Protocol in more detail:

#### 1. Read the question:

Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language -- as long as you do it with a serious tone and facial expression -- conveys your respect for the child who asked the question. It is likely to promote respect in return. If the language is too crude to repeat, even with a red face and an explanation ("*Someone used slang, but let me read it for you as they wrote it before I translate it.*"), then don't read it

directly. But when you paraphrase it, make sure you are clear enough that the author of the question will recognize it as his or hers.

**2. Legitimize the question:**

*"I am glad someone asked this one."*

*"That's an interesting question."*

*"People ask me this one every year."*

*"This one is really thoughtful (compassionate, imaginative, respectful)."*

This will encourage your students to keep asking even as it discourages snide remarks about whoever asked that particular question.

**3. Identify it as a belief question:**

*"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where every person, every family, every religion has a different belief."*

Teaching your students to distinguish facts from opinions (and from feelings) is at least as important as any content you will convey.

**4. Answer the factual part, if there is one:**

Thus, for instance, if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands that -- values notwithstanding -- no physical harm results from masturbating:

*"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."*

Even questions that are fact questions on their face may need a discussion of the underlying values, but always start by answering them:

*"Can you get birth control without your boyfriend or husband's knowing? Yes, legally in our state, you can. Now let's talk about the different beliefs people might have about couple's communicating about birth control."*

**5. Help the class describe the community's range of beliefs, not their own.**

On sensitive issues such as sex and religion, it can be really unfair (and, in Washington State, illegal) to ask individual students their own beliefs. But it is very appropriate to generalize:

*"Tell me some of the things you've heard that people believe about that."*

Prompt the group with a stem sentence:

*"Some people believe \_\_\_?"*

*"Um, hmm, and some people believe \_\_\_?"*

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy ("*Some people believe abortion is wrong.*" and "*Some people believe it is right.*") In any case, your role is two-fold: (1) to make sure that every belief gets expressed -- or paraphrased -- respectfully, hopefully just as the person who

believed it might express it and (2) to make sure that a complete range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

*"That's right, some people believe that it is wrong under any circumstances. And some believe it is right under any circumstances, as long as the woman and her doctor think it's best. Some believe it is OK to have an abortion if you have been raped or if your life is in danger, but not otherwise. Some believe, it is OK to have an abortion if there's something seriously wrong with the fetus, and it is doomed to a life of pain. Some think it is best for teens to have abortions, rather than to raise babies when they are still growing up themselves. Others disagree. Some feel it is better to have an abortion if you already have as many children as you can afford or take proper care of. Again, others disagree. They may feel that abortion is the same as murder. Whereas, some people think it is not really a separate human being with rights until it is developed enough to have feelings or until it is actually born."*

#### **6. Refer to family, clergy and other trusted adults.**

*"Because people have such different beliefs about this, I really want to encourage you to talk with your families -- your parent or guardian, grandparent, auntie, uncle, stepparent, mom's or dad's partner -- or with somebody at your community of worship, if you attend a church or synagogue or temple or mosque -- or with some other adult you love and whose opinions matter to you. That could be your babysitter, your best friend's parent, a counselor, or whoever will listen to your opinions and honestly share theirs. Have a conversation within the next week if you can."*

Notice that this encouragement didn't assume that every child has a parent they can talk with. Some may have only been newly in a new foster home and don't yet have that kind of relationship with their new "parents." Also, notice that we shouldn't assume that every child attends a community of worship.

What if the family is likely to convey values that the child will feel hurt by (a teen who has come out to you as gay, for instance, but whose family is strongly opposed to homosexuality)? Still, knowing one's family's beliefs is developmentally important for young people. But help them think of other trusted adults, as well.

#### **7. Check to see if you answered the question.**

*"Is that what you were asking?"*

*"Do you all think that was what the person who wrote this question was asking?"*

#### **8. Leave the door open.**

*"If that isn't what you really wanted to know, you can drop another question in the box. Or come talk with me in private. You can also get a friend to ask it aloud for you or to explain to me what you meant. Just keep asking until I understand and tell you what you need to know."*

Finally, if you can do it sincerely, thank the class -- or in a one-on-one situation, the student -- for their maturity or curiosity or compassion or whatever positive qualities the Q & A session has helped them to demonstrate. That will not only increase their retention, it will improve the odds of their repeating the positive behavior on the next occasion.

## Other Difficult Questions

---

Besides value-laden questions, teachers may find a number of other questions challenging, including those which contain **slang**, those which are **hurtful**, those which are **personal** (about the teacher or about a member of the class), those for which the **teacher doesn't know** the answer and, especially with written anonymous questions, those where the **teacher simply can't decipher** what the student meant by the question. Let's address these one at a time, with strategies for your "toolbox" rather than a single protocol. However, don't let these questions intimidate you. The vast majority will be straightforward fact questions, most of which you will know the answer to.

### Slang Question Strategies

1. **Trust your professional judgment** and personal comfort as guides for which of these strategies to utilize in any given situation.
2. **Assume good intentions ... or act as if you do.** We've found that students work hard to live up to your expectations if you work to convey (even when you may be frankly, skeptical) a faith in their best intentions for asking a question. Use your tone to convey respect for the person who asked the question, even as you address the slang in it.
3. **Acknowledge that it may not have been written as a serious question.** When a question is just too off-the-wall to have been asked for any other reason than to have gotten a laugh or put you on the spot, it's okay to preface your reading it aloud with *"Maybe the person who wrote this wasn't serious about it, but I'm going to answer it anyway, in case they really did need an answer or in case someone else in the class does."*
4. **Read the question verbatim** if you can. The advantages of reading the question verbatim, if at all possible (given boundaries of one's own discretion and comfort) include:
  - a. Not confusing the author of the question
  - b. Communicating your respect for the students; your trust in their sincerity and maturity
  - c. Communicating that you are relatively unflappable and accepting
  - d. Diffusing the need to test
5. **Own your discomfort with the language and paraphrase it.** Rather than taking a punitive, or annoyed, or rule-based stance, try saying something like, *"I'm not comfortable reading this one the way it was written, but it may be an important question, so let me paraphrase it for you. The person used slang, but what I think they were asking was ..."*
6. **Identify the slang** as such (e.g., *"Cherry is a slang word."*).
7. **Distinguish between neutral and demeaning slang.** Not all slang is hurtful. *Period*, for example, is slang for menstruation, but it's just as respectful as its medical counterpart. In contrast, *faggot* is hurtful and the person asking the question probably knows it. Refer to the "Hurtful question strategies" below for ideas for managing slang when it is derogatory.
8. **Translate into medical/standard language.** Write the medical/standard or respectful/sensitive term on the board, to reinforce it.

9. **Answer the question.** If it's also a value question (for example, "Is it ok to *jack off*?"), use the value question protocol.
10. **Leave the door open.** Because slang and euphemisms can be ambiguous or can mean different things to one generation or culture than they mean to another, you may have misinterpreted what the student was asking. Acknowledge that and invite the author to drop another question in the box or to talk with you in private if you haven't answered what they meant to ask.

### Example of a slang question:

**Q:** How does a dick get big?

**A:** A lot of people wonder that. *Dick* is a slang term for *penis* (write "penis" on the board). The penis is full of blood vessels and veins. When the blood vessels and veins fill with blood, the penis gets harder and larger. That's called an erection. Another way a penis gets bigger is by slowly growing bigger as a boy's body grows to the size of a man's body. I hope I answered the question -- if I didn't, please let me know or put another question in the box.

### Example of a slang question that's also about a controversial value:

**Q:** What if you're a boy and you really like boys, does that make you a faggot?

**A:** That's a really interesting question. First, "*faggot*" is a put-down word for a gay man. It's sometimes used to insult a man – whether he's gay or straight -- who isn't as masculine as someone thinks a guy should be. Anyway, in more respectful language, the question was: "*Does it mean you're gay if you really like other boys?*" Not necessarily. A guy can have close guy friends without being gay. If he finds that most of his serious crushes are on other guys – the kind where your stomach flips when the person walks into the room and you totally want them to notice you – then, yes, maybe he is gay. But it takes time to know that about yourself; *one* crush doesn't predict one way or another whether he's gay. Different families, cultures, and religious traditions have widely varying beliefs about homosexuality. Some people believe that it doesn't matter whether you're gay or straight – that whether you're a good person has nothing to do with who you like. Other people believe that it matters a lot. They may think that, no matter who he's attracted to, a guy should only have relationships with women. Because people have such different beliefs about it, it would be great if you would try to discuss it with your families. Nevertheless, whatever you believe, it's never acceptable to hurt or tease people. From now on, I'd appreciate in our class if people would use the word *gay*, rather than insults like *faggot*.

## Hurtful Question Strategies

1. **If the underlying assumptions or premises of the question are derogatory or hurtful, say so.** Identify stereotypes. Help students recognize (and name) sexism, racism, etc. When students use the term "*Siamese twins*" I explain that blaming a birth anomaly on one country is racist. Siam is the country we now call "*Thailand*." And just because the most famous *conjoined* twins were Thai, it doesn't make it OK to name the problem after the country where they were born.
2. **Let the author off the hook** with "*The person may not have meant this as hurtful, but ...*" Not all hurt is intentional. It's always a good idea, when in doubt, to be generous in your assumptions. When students use the term "*Siamese twins*" I always note that that's probably what the person who wrote the question has **always** heard them called, but ..."

3. When demeaning slang is part of the question, **translate into "more respectful/sensitive"** language. Write the respectful/sensitive term on the board, to reinforce it. Tell them, not in an angry way but in a teaching sense, which language you want them to use from now on.
4. **Skip written questions altogether if a classmate is identified by name.** Naming a classmate in a question in order to humiliate them is not OK. Those are the only questions I will refuse to read aloud. See "Personal Question Strategies," below for more ideas about that.
5. **Answer the question.** I was once asked in a middle school whether African-American men are hornier than Caucasian men. First, I identified that as a stereotype. But then I made sure to answer the question in as straightforward a way as possible so there would be no mistaking my answer: *"No, African-American men are as diverse in their sexual desire as men of other racial identities. Some like a lot of sex; some don't want as much. And it changes at different times in each guy's life. For that matter, the same is true for women."*

## Personal Question Strategies

Whether to self-disclose is a decision that must be based on both professional judgment and personal comfort. You might feel comfortable disclosing that, for example, you have never had an abortion. But if the next day you decline to disclose, for example, whether or not you have ever masturbated, your students may interpret your refusal to answer as a "yes." It's usually most appropriate **NOT** to self-disclose information about your sexual or medical history. On the other hand, questions about your family, your identity, and your own sexuality education may be fine to answer. It makes you human and story-telling – about yourself and people you know -- can be a useful and appropriate teaching strategy, as long as it doesn't step over a line.

In contrast, when a question is a personal one about some *other* specific individual (another student in the class, another staff member, or a student's friend or family member), it is your job not to violate that person's confidentiality.

Thus, options include:

1. **Decline to self-disclose and explain why.** But do it in a way that doesn't imply ill-will on the part of the student who asked the question. Simply model good boundaries: *"I'm not comfortable answering this one. It's a personal question."* Or *"I really like y'all, but you're my students, not my close friends. This question feels too personal for me to get into with you."*
2. **Paraphrase the question so that it isn't about you or anyone specific** in the class or elsewhere. So instead of reading verbatim a question that is clearly intended to embarrass a classmate, like, *"Is Johnny Jones [a classmate] going through puberty?"* you could say, *"This person wants to know how you could tell if someone is going through puberty."*
3. **Generalize.** Speak of what *people* do, instead of what *you* have done. Often a student asking personal question about you is simply looking for validation. It can be even more validating to say, *"This person asked whether I personally have had an abortion. I don't want to talk about my own personal history with you. You are my class. You're a great class, but I don't talk about this kind of thing with anyone but my closest friends. What I can say is that about 3 in 10 people who get pregnant as teens have abortions; the other 7 carry the pregnancy to term."*

**Example of a personal question (that's also a value question):****Q: How old were you when you first had sex?**

**A:** I know a lot of kids wonder about decisions adults have made, but I'm not comfortable answering a personal question like this one except with my closest friends. Remember our ground rule about protecting privacy? I'm going to protect mine on this issue. But maybe this person is asking when people generally start having sex ... kind of 'What's normal?'. The answer is: it varies, of course, from one culture and one generation to the next. One recent national survey found that 46.8% -- less than half -- of high school students in the U.S. had ever had sexual intercourse. But the truth is, I hope you won't base **your** decisions on what other people have done. The decision about when to have sex for the first time is too important to base it on other people's choices. *[Then use the value question protocol ...]* Each person, each family and religious tradition and culture have really different beliefs about when it should happen. Some people believe a person shouldn't have sex until they are married. Others believe that if you're an adult and are done with school that it's OK. Some believe there are certain qualities in a relationship or certain kinds of maturity that ought to happen first, no matter how old you are. Because people have such different beliefs about this one, I hope you'll talk with your families and other trusted adults *[and with high school students add: and your closest friends and people you go out with]* to see what they believe.

**Strategies for the Question You Don't Know the Answer To**

It's important to acknowledge your limits. The "admission" you don't know is not a failure but a vital opportunity to model that even expert adults (teachers, doctors, journalists, etc.) don't know all there is to know about human sexuality. It gives students permission not to know everything either. Even those whose social stature rests on knowing all about sex. Again, there are several ways you can answer this type of question. You can:

1. **Be honest.** Don't just guess at the answer. Or if you can make an *educated* guess, do ... but be very clear that that's what you're doing.
2. **Ask if anyone in the class knows the answer.** Often someone will. And utilizing their knowledge is empowering to them as learners.
3. **Look it up in front of them.** The skill of accessing reliable health information is even more crucial than the answer itself.
4. **Promise to find out** and get back to them. If you do make this kind of promise, be sure to follow through. And when you do, **make sure to tell them how/where you found out.**
5. **Get a volunteer to research it and report back.** Provide some guidance about where the volunteer might go for a trustworthy answer, and consider offering extra credit.

**An example of a question you might not know the answer to:****Q: What causes PMS?**

**A:** That's a great question, but I'm not sure I know the answer. PMS stands for premenstrual syndrome. It's the word for the symptoms some women feel before they get their periods - like being moody or sad. But I'm not sure what causes it. Does anyone in class know the answer? Would someone be willing to do some research on PMS for extra credit? I can give you some ideas about where to go to find out.

## Strategies for the Question You Don't Understand

You have several options for these types of questions.

1. **Take responsibility for not understanding** (as opposed to blaming the author of the question). So say something like, "*This may be a very important question, but I'm not sure what the person is asking.*" instead of, "*Well, there are a lot of misspellings and mangled grammar here.*"
2. If it is asked verbally, **probe a little**. "*Can you say more about what you're asking?*"
3. Read it verbatim or write a word you don't recognize on the board. And **ask if anyone in the class knows what the person might have meant**.
4. If it's asked in writing, **guess at the author's intended question** and answer it. You may need to answer more than one possible question.
5. **Invite the author to drop another question in the question box**, rephrasing what the question meant.

**Example of a question you don't understand** (from a middle school ESL class):

**Q: If you got zix do you fell sick?**

**A:** I'm not sure I understand this student's question -- I'm not always up-to-date on words students like to use! Does anyone know what this student might have meant? No? OK, I'll guess at what they might have meant. There are some illnesses that people can get where they don't feel sick. Some sexually transmitted diseases are that way -- you might have one and not feel sick at all. If a person is having sex, they should get checked for sexually transmitted diseases at a clinic, even if they don't feel sick. I hope I answered this question -- if I didn't, I hope whoever wrote it will try to reword it and put it in the box again.