



## Health Education and Your Child—Middle School Health

Welcome to Health Education. The approved Health curriculum is aligned to standards in the [MD Comprehensive Health Education Framework](#). During the school year, your student will receive health instruction in the following areas:

### Health Content Areas

Mental and Emotional Health  
Substance Abuse Prevention  
Family Life and Human Sexuality  
Safety and Violence Prevention  
Healthy Eating and Fitness  
Disease Prevention and Control

### Health Skills

Analyzing Influences  
Accessing Valid Information  
Interpersonal Communication  
Decision Making  
Goal Setting  
Health Enhancing Behaviors  
Advocacy

### Viewing the Materials

New instructional materials are required to go through a review and evaluation process. As new materials are secured, they are reviewed and approved by the Family Life and Human Sexuality Advisory Committee for students at each of the three grade levels. A Health course syllabus can be found at [www.aacps.org/health](http://www.aacps.org/health). If you would like to view the instructional materials within the curriculum, please schedule an appointment with your student’s Health Education teacher or with the Office of Health, Physical Education, and Dance located on Riva Road in Annapolis by calling 410-222-5484.

### Opting Out of the Family Life and Human Sexuality Unit

Parents/Guardians may choose to opt their student out of instruction on **Family Life and Human Sexuality** unit. Students whose parents prefer for them **not to** receive instruction in this unit will be provided with an independent alternative assignment to be completed in another location outside the health classroom.

**If you do not want your student to participate in the Family Life and Human Sexuality unit,** please complete the bottom portion of this form and return it to your student’s Health Teacher.

## Request to Opt Out of the Middle School Family Life & Human Sexuality Unit

*Do not complete this form if you grant your student permission to participate in these lessons*

My student **does not** have permission to participate in the *Family Life & Human Sexuality* unit.

Student name (print)	Grade	Health Teacher
Parent/Guardian name (print)		Phone #
Parent/Guardian signature		Date