1. Does the PA department of education or department health make the decisions regarding teaching sex ed in schools? (Or is it a joint effort?).

The decision as to what is to be covered/taught in Health and Physical Education is determined in the academic standards. When standards are written, re-written, reviewed and revised it is done by a committee comprised of individuals from various Departments, teachers, curriculum specialists, administrators, and experts in the field.

The Academic Standards for Health, Safety and Physical Education describe what students should know and be able to do by the end of third, sixth, ninth and twelfth grade. The standards are sequential across the grade levels and reflect the increasing complexity and rigor that students are expected to achieve.

The Standards define the content for planned instruction that will result in measurable gains for all students in knowledge and skill. School entities will use these standards to develop local school curriculum and assessments that will meet the needs of the students.

The Academic Standards for Health, Safety and Physical Education provide students with the knowledge and skills that will enable them to achieve and maintain a physically active and healthful life. The attainment of these standards will favorably impact their lives and the lives of those around them. By becoming and remaining physically, mentally, socially, and emotionally healthy, students will increase their chances of achieving to their highest academic potential.

The Academic Standards for Health, Safety and Physical Education provide parents with specific information about the knowledge and skills students should be developing as they progress through their educational programs. With the standards serving as clearly defined targets, parents, students, teachers, and community members will be able to become partners in helping children achieve educational success.

The Pennsylvania State Board of Education has adopted academic standards in 12 subject areas. The standards are promulgated as state regulations. As such, they must be used as the basis for curriculum and instruction in Pennsylvania's public schools. State requirements for curriculum, instruction and assessment can be found in the Board's Chapter 4 regulations.

1. I know that PA does not require sex education in public schools, but can you tell me a little bit about when and why that decision was made?

Pennsylvania is a local controlled state when it comes to education. It is up to the school districts to determine curriculum that aligns with the academic standards. Although there is not a current mandate on sexual education in PA, there is requirements through the standards that acknowledge sexual education concepts and knowledge for students to learn throughout each benchmark (Grades 3, 6, 9, and 12). Below are examples of standards that relate to human sexuality concepts. Teachers across Pennsylvania intergrade more standards that tie into this specific topic.

10.1.3

10.1.3.A. Identify and describe the stages of growth and development. (infancy/childhood/adolescence/adulthood/ late adulthood)

10.1.3.B. Identify and know the location and function of the major body organs and systems. (circulatory/respiratory/muscular/skeletal/digestive)

10.3.3

10.3.3.A. Recognize safe/unsafe practices in the home, school and community. (general (e.g., fire, electrical, animals)/modes of transportation/(e.g., pedestrian, bicycle, vehicular)/outdoor (e.g., play, weather, water)/safe around people (e.g., safe/unsafe touch, abuse, stranger, bully)

10.1.6

10.1.6. A. Describe growth and development changes that occur between childhood and adolescence and identify factors that can influence these changes. (education/socioeconomic)

10.1.6. B. Identify and describe the structure and function of the major body systems. (nervous/muscular/integumentary/urinary/endocrine/reproductive/immune)

10.1.6.E. Identify health problems that can occur throughout life and describe ways to prevent them. (diseases (e.g., cancer, diabetes, STD/HIV/AIDS, cardiovascular disease/preventions (i.e. do not smoke, maintain proper weight, eat a balanced diet, practice sexual abstinence, be physically active)

10.3.6

10.3.6. A. Explain and apply safe practices in the home, school and community. (emergencies (e.g., fire, natural

disasters)/personal safety (e.g., home alone, latch key, harassment)/communication (e.g., telephone, Internet)/violence prevention (e.g., gangs, weapons)

10.1.9

10.1.9. A. Analyze factors that impact growth and development between adolescence and adulthood. (relationships (e.g.,dating, friendships, peer pressure)/interpersonal communication/risk factors (e.g., physical inactivity, substance abuse, intentional/unintentional injuries, dietary patterns)/abstinence/STD and HIV prevention/community)

10.1.9. B. Analyze the interdependence existing among the body systems.

10.1.9. E. Analyze how personal choice, disease and genetics can impact health maintenance and disease prevention.

10.2.9

10.2.9. A. Identify and describe health care products and services that impact adolescent health practices.

10.2.9. B. Analyze the relationship between health-related information and adolescent consumer choices. (tobacco products/weight control products)

10.2.9. C. Analyze media health and safety messages and describe their impact on personal health and safety.

10.1.12

10.1.12. A. Evaluate factors that impact growth and development during adulthood and late adulthood. (acute and chronic illness/communicable and noncommunicable disease/health status/relationships (e.g., marriage, divorce, loss)/career choice/aging process/retirement)

10.1.12. B. Evaluate factors that impact the body systems and apply protective/preventive strategies. (fitness level/environment (e.g., pollutants available health care)/health status (e.g., physical, mental, social)/nutrition)

10.1.12. E. Identify and analyze factors that influence the prevention and control of health problems. (research/medical advances/technology/government policies/regulations)

10.2.12

10.2.12. A. Evaluate health care products and services that impact adult health practices.

10.2.12. B. Assess factors that impact adult health consumer choices. (access to health information/access to health care/cost/safety)

10.2.12.C. Compare and contrast the positive and negative effects of the media on adult personal health and safety.

10.2.12.D. Examine and apply a decision-making process to the development of short and long-term health goals.

10.3.12

10.3.12.A Assess the personal and legal consequences of unsafe practices in the home, school or community. (loss of personal freedom/personal injury/loss of income/impact on others/loss of motor vehicle operator’s liscense.

1. What does the state qualify as sex ed?

Human Sexuality Courses and Curriculum must be approved by the local education agencies. Typically, these items will be approved by administration and school board personnel. Curriculums approved should include a scope and sequence that shows how the content extends the learners understanding of the subject area. Curriculums must also align with the state academic standards and provide assessments that show academic growth over time within the subject area.

Resources of highly recommended and effective curriculum normally are based upon scientific and evidence-based research. These curriculums come at a cost for schools to purchase. School districts must approve these curriculums before teachers can incorporate them in their classes.

Local education agencies can use curriculum building tools to update their curriculum. One particular tool schools can utilize is the Health Education Curriculum Analysis Tool. This curriculum building resource was developed by the Centers for Disease Control and Prevention (CDC). The purpose of this resource is to provide schools with an assessment tool to conduct a clear, complete, and consistent analysis of health education curricula.

1. If a student asks a question in a health class related to LGBTQ+ topics, is the teacher allowed to answer, or are they supposed to refer them to their parents/out-of-school-research? (Or do they use their own judgement in a given situation?)

School districts should have policies in place around human sexuality education. It is important for health teachers, school nurses, administration, and guidance counselors to all be familiar with these policies at the start of each year. Since human sexuality is continually changing, it is important that discussions are made to stay current with any human sexuality concerns that may impact the lives of the students. It is also important for schools to have external relationships with local health agencies that can support the physical, mental, and social well-being of the students.

* 1. If the teacher is supposed to respond, what are the guidelines from the state on the connotation of the response (i.e. alluding to LGBTQ+ topics in positive/negative light)?

The Pennsylvania Department of Education relies on the local education agency to provide appropriate responses that align with their school policies in place. Guidance from administration and school counselors are imperative for handling specific concerns or questions students may have pertaining to human sexuality education.

**§ 4.29. HIV/AIDS and other life-threatening and communicable diseases.**

 (a)  Instruction regarding prevention of human immunodeficiency virus (HIV) infection/acquired immunodeficiency syndrome (AIDS) and other life-threatening and communicable diseases shall be given for primary, intermediate, middle school and high school education and shall follow the requirements of subsections (b) and (c).

 (b)  Educational materials and instruction shall be determined by the local school district and be appropriate to the age group being taught. The program of instruction must include information about the nature of the diseases, treatments and cures, methods of transmission and how infection can be prevented. The school district may omit instruction in the elementary grades on transmission of disease through sexual activity. Programs discussing transmission through sexual activity must stress that abstinence from sexual activity is the only completely reliable means of preventing sexual transmission. Programs must stress that avoidance of illegal drug use is the only completely reliable means of preventing transmission of disease through shared drug paraphernalia.

 (c)  A school entity shall excuse a pupil from HIV/AIDS instruction when the instruction conflicts with the religious beliefs or principles of the pupil or parent or guardian of the pupil and when excusal is requested in writing. Prior to the commencement of instruction, a school district shall publicize that detailed curriculum outlines and curricular materials used in conjunction with the instruction are available to parents and guardians during normal school hours or at teacher-parent conferences. Curricular materials, if practical, shall be made available by the school entity for home instructional use by a parent or guardian if the student has been excused from the school entity’s HIV/AIDS instruction.