Massachusetts Sexuality Education Self-Assessment

User Guide

# **Overview of the**

# **Massachusetts Sexuality Education Self-Assessment**

The Massachusetts Sexuality Education Self-Assessment (MSESA) was designed by Lighthouse Wellness and Health Education Consulting, Inc with company partner Holly Alperin, Ed.M, MCHES serving as lead on this project under the direction of the Massachusetts Department of Elementary and Secondary Education.

This user-friendly tool was created to support schools and districts in a self-assessment of their sexuality education curriculum and programming. Results of the self-assessment are intended to be used to support planning and implementation as it relates to curriculum, policy, and program efforts related to comprehensive sexuality education. While the assessment considers K-12 school settings, the assessment can be used by anyone providing sexuality education to young people.

The document includes self-assessment items for the following areas:

* Program Administration
* Curriculum Considerations
* Instructional Strategies
* Policy Considerations
* Whole School, Whole Community, Whole Child Collaboration
* Community Partnerships
* Equity Considerations
* Adulthood Preparation Subjects (PREP program)

Assessment items included in this document are compiled from a variety of sources and self-assessment tools to provide schools and districts with one comprehensive document to use as they self-assess their program and then use the results for program improvement. Further, in depth analysis can be found for each of the sections presented in this tool by visiting the resources section of this document.

Tools used to create this document include:

* Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting to Outcomes
* Health Education Curriculum Analysis Tool (HECAT)
* HE-CAT Module: Sexual Health
* National Sex Education Standards 2.0
* LGBTQ Inclusivity in Schools: A Self Assessment Tool
* School Health Index
* SHAPE America - Appropriate Practices in School-Based Health Education
* Culturally Responsive Curriculum Scorecards
* Equity Organizational Self-Assessment

This self-assessment is designed to be completed by a team from your school. Consider forming a team who represents a variety of stakeholders in your school and community. This can include teachers, administrators, school nurses, students, parents/caregivers, school counselors, community partners, or any other member who would positively contribute to this process. Members of the self-assessment team can be valuable contributors to both the self-assessment process and the action planning process.

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Instructions

This self assessment tool is intended to be a thoughtful and reflective process for improvement. As a team, and for each question, please check “yes/fully represented”, “partially/in progress”, “no/not represented” , or “I don’t know” to indicate the level to which the statement is true in your school or educational setting. At the end of each section, note the number of items that are in the “yes/fully represented category” versus the other two categories. Use this information as a guide when determining areas of strength and areas of growth.

## Program Overview

|  |  |
| --- | --- |
| **Date:** | **Name of School** |
| **Assessment Team Member Name & Position** | |
| Name(s): | Position(s): |
| **Grade Levels (check all that apply):** ㅁK-5 ㅁ6-8 ㅁ9-12  **Program Location** ㅁClassroomㅁAfter-School Program ㅁCommunity Program | |

## Program Administration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| Comprehensive sexuality education is a part of **broader, school-based efforts** to support student health and well-being. |  |  |  |  |
| A coordinator oversees comprehensive **sexual health education** for the school. |  |  |  |  |
| Educators who teach sexual health education **meet regularly** to discuss curriculum, current trends, etc. |  |  |  |  |
| Educators are **provided professional development related to sexual health education** that is consistent with the availability of professional learning opportunities for other content areas. |  |  |  |  |
| All individuals teaching sexual health education are **trained and comfortable with sexual health-related topics** in order to effectively deliver instruction and facilitate conversation. |  |  |  |  |
| All individuals teaching sexuality education have **received training on applicable district, state, and federal laws and policies pertaining to sex and sex education**. |  |  |  |  |
| Classroom educators have **appropriate state-level license and credentials** to teach. |  |  |  |  |
| Educators are provided with **necessary time and resources** to effectively implement sexual health education and programming. |  |  |  |  |
| Sexual health education curriculum and programming is offered at **times and locations that are easy for youth to access**. |  |  |  |  |
| All individuals teaching sexual health education are **provided instructional support** (guidance, self-assessment, observations etc.) **and feedback** for improvement, professional growth and structures for accountability. |  |  |  |  |
| **Total Score In Each Column Out of 10 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## 

## Curriculum

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| Curriculum aligns with the [**Massachusetts Comprehensive Health and Physical Education (CHPE) Curriculum Framework**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.doe.mass.edu%2Fframeworks%2Fhealth%2F2023-09.docx&wdOrigin=BROWSELINK) |  |  |  |  |
| **Curriculum** is designed using accurate, valid and reliable resources that build **functional knowledge.** |  |  |  |  |
| Curriculum integrates **medically accurate** and health-promoting sources and resources. |  |  |  |  |
| Curriculum is asset-based, recognizes **protective factors,** and supports positive youth development. |  |  |  |  |
| Curriculum **addresses health issues** that affect youth, families and communities. |  |  |  |  |
| Curriculum **reflects and honors the diversity** of races, cultures, sexes, genders, identities, abilities, perspectives, and beliefs found in families, the school, or the community. |  |  |  |  |
| Curriculum provides **opportunities to engage** families and caregivers. |  |  |  |  |
| Curriculum promotes the development of practices identified in the CHPE Framework through **skills-based instruction** and development through specific instruction of the following skills:  (look specifically at the skills listed below) |  |  |  |  |
| * + Decision Making and Problem Solving |  |  |  |  |
| * + Self-Management and Goal Setting |  |  |  |  |
| * + Social Awareness, Relationship, and Communication Skills |  |  |  |  |
| * + Self Awareness and Analyzing Influences |  |  |  |  |
| * + Information and Resource Seeking |  |  |  |  |
| * + Self-Advocacy and Health Promotion |  |  |  |  |
| Curriculum includes **specific instruction** in the following topics, as identified in both the MA CHPE Framework and the National Sex Education Standards, 2.0: |  |  |  |  |
| * Consent and Healthy Relationships (CHR); |  |  |  |  |
| * Anatomy and Physiology (AP); |  |  |  |  |
| * Puberty and Adolescent Sexual Development (PD); |  |  |  |  |
| * Gender Identity and Expression (GI); |  |  |  |  |
| * Sexual Orientation and Identity (SO); |  |  |  |  |
| * Sexual Health (SH); |  |  |  |  |
| * Interpersonal Violence (IV) |  |  |  |  |
| Curriculum includes instruction that promotes the following **health behavior outcomes**, as noted by CDC and supported by the MA CHPE Framework:   * HBO 1. Recognize developmental changes experienced by self and others during childhood and adolescence. |  |  |  |  |
| * HBO 2. Establish and maintain healthy relationships. |  |  |  |  |
| * HBO 3. Treat all people with dignity and respect with regard to their gender identity and sexual orientation. |  |  |  |  |
| * HBO 4. Give and receive consent in all situations. |  |  |  |  |
| * HBO 5. Be sexually abstinent. |  |  |  |  |
| * HBO 6. Engage in behaviors that prevent or reduce sexually transmitted infections (STIs), including HIV. |  |  |  |  |
| * HBO 7. Engage in behaviors that prevent or reduce unintended pregnancy. |  |  |  |  |
| * HBO 8. Support others to avoid or reduce sexual risk behaviors. |  |  |  |  |
| * HBO 9. Avoid pressuring others to engage in sexual behaviors. |  |  |  |  |
| * HBO 10. Use appropriate health services to promote sexual and reproductive health. |  |  |  |  |
| Curriculum is **reviewed and revised** in a timeframe consistent with all other subject areas. |  |  |  |  |
| Curriculum **encourages collaboration with community partners** in order to support student connections to the community. |  |  |  |  |
| Curriculum **avoids presenting health-related situations and problems as caused exclusively by the individual** and instead acknowledges the societal context. |  |  |  |  |
| Curriculum **avoids stigmatizing and fear-based messaging** related to health behaviors and experiences. |  |  |  |  |
| Curriculum logically progresses and is **developmentally appropriate** as related to mental/cognitive and physical development**.** |  |  |  |  |
| Curriculum **provides differentiation and modification** to ensure each student has an opportunity to participate in the curriculum in ways that are meaningful for their age, cognitive, and physical developmental level. |  |  |  |  |
| **Total Score In Each Column Out of 36 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## 

## Instructional Practice & Assessment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| Instructional practices integrate learning experiences, instructional methods and behavioral messages **appropriate to the students’ culture, developmental age, and sexual experience**. |  |  |  |  |
| Instructional practices integrate a **variety of learning experiences** that are used to develop a student’s ability to engage in health-promoting behaviors. |  |  |  |  |
| Instruction is delivered in a way that **facilitates students' acquisition of skills and information** leading to proficiency. |  |  |  |  |
| Authentic learning experiences promote **self-reflection and application of learning** in relevant and meaningful ways. |  |  |  |  |
| **Instruction is differentiated** to support the needs of learners in the classroom. |  |  |  |  |
| Instruction **affirms multiple forms of communication** and demonstrations of learning. |  |  |  |  |
| **Formative assessments** are used to support learning and student progress towards proficiency. |  |  |  |  |
| **Authentic, performance-based summative assessments** are used to measure learning and student progress towards proficiency. |  |  |  |  |
| Assessments are designed to allow for practical application of functional knowledge and **health-related skills** as they relate to sexual health. |  |  |  |  |
| Clear criteria (in the form of rubrics, checklists, or other instruments) are provided, to help the teacher **assess and provide feedback** to students on their performance of health skills. |  |  |  |  |
| **Total Score In Each Column Out of 10 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## Whole School, Whole Community, Whole Child Collaboration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| **Students are engaged and involved** in the decision-making process related to sexual health education curriculum and programming. |  |  |  |  |
| **Families and caregivers are engaged and involved** in the decision-making process related to sexual health education curriculum and programming. |  |  |  |  |
| **Health services are available** and able to address student concerns related to sexual health. |  |  |  |  |
| **Meaningful partnerships exist** with youth-friendly, community-based organizations. |  |  |  |  |
| **School counselors are key partners** in sexual health education curriculum and programming. |  |  |  |  |
| Referral’s are made to **community-based partners** for services that are not available at the school. |  |  |  |  |
| There is a **follow-up process for youth given referrals** to community partners to ensure youth and family needs were met. |  |  |  |  |
| **Out-of-School Time programs** that teach sexual health education align teaching with school and district curriculum. |  |  |  |  |
| **Cross-discipline collaboration** exists as an opportunity to strengthen efforts and support youth related to sexual health. |  |  |  |  |
| **Administrative support** is given to efforts that pertain to providing sexual health education and programming. |  |  |  |  |
| **Total Score In Each Column Out of 10 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## Community Partnerships

*Section adapted from* [*NASP Community Schools White Paper, 2016*](https://www.nasponline.org/documents/Research%20and%20Policy/Advocacy%20Resources/Community%20Schools%20White%20Paper_Jan_2016.pdf) and [*The Expanded Learning and After-School Partnership*](https://www.expandinglearning.org/expandingminds/article/school-community-learning-partnerships-essential-expanded-learning-success)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| There is a **shared vision for learning and support** between the school and community based agency or organization |  |  |  |  |
| A fully executed **memorandum of understanding** (MOU) or similar document to promote role clarity and understanding of how the work is relevant to all parties is in place. |  |  |  |  |
| There is a **designated person** at the school to lead the coordination of the partnership |  |  |  |  |
| The partnership is defined by **shared responsibilities and reciprocal processes** whereby the school and community agencies/organizations engage in activities to foster better alignment and integration of education and health. |  |  |  |  |
| The partnership **builds relationships at multiple levels** (e.g. district, school and classroom) among multiple staff (teaching and nonteaching). |  |  |  |  |
| Community partner’s role **expands students’ access to necessary opportunities and supports** and does not duplicate, supplant or replace school staff or services |  |  |  |  |
| **Effective and regular communication** mechanisms are in place that allow school and community partner to share same knowledge and information about students being served |  |  |  |  |
| There is a **collaborative professional development plan** whereby sessions are attended by both school staff and community partners. This enables the continued building of relationships and trust and ensures all stakeholders learn the same content, best practices and understanding of respective roles & responsibilities. |  |  |  |  |
| A plan has been developed to **regularly monitor the effectiveness of the partnership(s)** and whether it should continue. |  |  |  |  |
| There is a detailed plan for **long-term sustainability of the partnership(s)** across multiple school and fiscal years including financial sustainability. |  |  |  |  |
| **Total Score In Each Column Out of 10 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## 

## Policy Considerations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| **Policies are fact-based on data and sound science** rather than anecdotal information or subjective opinion. |  |  |  |  |
| **Inclusive terminology** is used in policy documents. |  |  |  |  |
| The **anti-bullying and non-discrimination policies explicitly include protection for students who have been historically marginalized** (e.g., LGBTQ+ students; students with histories of trauma, abuse, or neglect; BIPOC students; runaway or homeless students’ criminal justice or foster system-involved students; students with disabilities or special needs; students who are young parents and caregivers). |  |  |  |  |
| Students are allowed to use the **bathroom/locker room which align with their chosen gender**. |  |  |  |  |
| The policy(s) in place **accommodates students who want their paperwork to present their chosen name and pronouns**, rather than their legal name. |  |  |  |  |
| The **dress code and uniform policy** are gender-neutral. |  |  |  |  |
| District **policy explicitly prohibits discrimination** on the basis of pregnancy or parenting status. |  |  |  |  |
| **Total Score In Each Column Out of 7 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## 

## Equity Considerations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| Policies and programs **consistently incorporate diverse identities, cultures, narratives, and beliefs** throughout curriculum lessons, activities, and assessments. |  |  |  |  |
| Policies and programs **affirm all students, including groups of students that historically have been marginalized**, (e.g., LGBTQ+ students; students with histories of trauma, abuse, or neglect; BIPOC students; runaway or homeless students’ criminal justice or foster system-involved students; students with disabilities or special needs; students who are young parents and caregivers), and address their unique experiences, learning, and developmental needs. |  |  |  |  |
| Curriculum and programming **effectively includes all students** regardless of cognitive or physical developmental level. |  |  |  |  |
| **Students are not excluded or removed from sexual health education** programming or curriculum to complete work in other academic subjects. |  |  |  |  |
| Consistent use of **inclusive language** (e.g., using individuals’ chosen names/pronouns, not assuming genders of individuals’ friends, family members, or romantic partners) is evident in conversations with students, peers, and community members. |  |  |  |  |
| Curriculum and programming **acknowledges the social and structural context** through which sexual health and development occurs. |  |  |  |  |
| Curriculum and programming avoids perpetuating **health disparities**,negative stereotypes about individuals, identities, or communities. |  |  |  |  |
| Curriculum and programming considers the **social determinants of individual and community health** from diverse social, cultural, political, and historical contexts across health topic areas. |  |  |  |  |
| Curriculum and programming incorporates strategies to help students and staff **navigate or combat stressors** (e.g., discrimination, harassment, stereotypes) and systems of oppression that negatively impact health. |  |  |  |  |
| Students’ **chosen name(s) are used** in all school environments, including abbreviations and pronouns [e.g., Jim vs. James; Natalie (she, her) vs Nathan (he, him)]. |  |  |  |  |
| **Total Score In Each Column Out of 10 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

## **Adult Preparation Subjects**

## Instructions

The [Adult Preparation Subjects](https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/AdultPrepResourceGuideMay508compliant.pdf_May%202021.pdf) section is specifically modeled after the federal guidance and expectations to support positive youth development and to prevent adolescent pregnancy. These subjects are required for those participating in the Personal Responsibility Education Program (PREP) grant. If you are not a PREP grantee, you may still find this section useful as the items contained are meaningful for the development of all youth and pregnancy prevention efforts. In Massachusetts, specific emphasis is given to the subjects of *Adolescent Development, Healthy Relationships, and Financial Literacy* (listed first) as target priorities for PREP grantees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes/ Completely | Partially/ In progress | No/ Not Represented | Unsure |
| Curriculum includes instruction and activities on **Adolescent Development**  and promotes development of the following competencies:   * A young person can demonstrate how to maintain good emotional health |  |  |  |  |
| * A young person can demonstrate how to manage conflict |  |  |  |  |
| * A young person can apply elements of communication |  |  |  |  |
| * A young person can explain the impact of caring, respectful, responsible, and honest behavior on relationships. |  |  |  |  |
| * A young person is able to discuss their civic role and responsibilities. |  |  |  |  |
| * A young person can demonstrate understanding of physical development. |  |  |  |  |
| * A young person develops critical thinking and reasoning skills to make sound decisions. |  |  |  |  |
| * A young person practices skills that foster emotional development. |  |  |  |  |
| * A young person participates in opportunities to foster positive social connectedness and development. |  |  |  |  |
| Curriculum includes instruction and activities on **Healthy Relationships** and promotes development of the following competencies:   * A young person demonstrates effective communication strategies to be used to communicate with friends and family. |  |  |  |  |
| * A young person is able to talk to others about decisions that affect relationships. |  |  |  |  |
| * A young person recognizes the impact of caring, respectful, responsible, and honest behavior on relationships |  |  |  |  |
| * A young person examines healthy and unhealthy relationship characteristics |  |  |  |  |
| * A young person believes they can create   healthy relationships and avoid unhealthy relationships |  |  |  |  |
| Curriculum includes instruction and activities on **Financial Literacy** and promotes development of the following competencies:   * A young person is able to keep track of a weekly allowance. Youth can budget and save for the future. |  |  |  |  |
| * A young person can explain how and why to apply for a loan. This can include student loans. |  |  |  |  |
| * A young person can explain the pros and cons of using credit |  |  |  |  |
| * A young person has developed skills to make and follow through on financial decisions |  |  |  |  |
| * A young person can explain the purpose of insurance and how insurance can support overall financial well-being. |  |  |  |  |
| Curriculum includes instruction and activities on **Educational and Career Success** and promotes the development of the following competencies:   * A young person can explain different supports available for their post-high school planning (e.g. resume writing, completing an application, interviewing, apprenticeships, internships) |  |  |  |  |
| * A young person explores multiple career options and assesses personal interests. |  |  |  |  |
| * A young person considers life after high school and explores planning to achieve various options. |  |  |  |  |
| * A young person is given opportunities to participate in extracurricular activities in a variety of disciplines (e.g. arts, sciences & engineering, sports & physical activity) |  |  |  |  |
| Curriculum includes instruction and activities on **Healthy Life Skills** and promotes the development of the following competencies:   * A young person can demonstrate empathy for others. |  |  |  |  |
| * A young person can demonstrate coping skills for stressful or difficult situations. |  |  |  |  |
| * A young person can demonstrate cognitive skills to support thoughtful decision making. |  |  |  |  |
| * A young person can use effective refusal and negotiation skills in a variety of situations. |  |  |  |  |
| * A young person develops self-efficacy towards their health and well-being. |  |  |  |  |
| * A young person can set and work towards realistic goals through a well-developed plan. |  |  |  |  |
| Curriculum includes instruction and activities on **Parent-Child Communication** and promotes the development of the following competencies:   * A young person is able to effectively communicate thoughts/feelings/wants/needs with a parent or caregiver. |  |  |  |  |
| * A young person has opportunities to receive accurate information from parents/caregivers about abstinence, pregnancy prevention, and STI prevention. |  |  |  |  |
| * A young person increases their comfort in discussing sexual health topics with a parent or caregiver. |  |  |  |  |
| * A young person is able to identify values and beliefs pertaining to sexual health topics. |  |  |  |  |
| * Parents and caregivers are encouraged to engage in conversations with their young person about sexual health topics. |  |  |  |  |
| * Parents and caregivers are provided with information about curriculum and resources addressed in school. |  |  |  |  |
| **Total Score In Each Column Out of 35 Total Items In This Section** |  |  |  |  |
| **Notes & Observations** | | | | |

# **Glossary**

**Adolescent Development:** The physical, cognitive, social, and emotional maturation that occurs for youth roughly between ages 10 and 19 (the transition to adulthood). Adolescents conceptualize the transition to adulthood as a process that occurs over time rather than a set of predefined events or accomplishments

There has been a significant move toward understanding successful development as a product of preparation and capacity building rather than as simply the absence or management of problems.

**Community Partnership -** Collaborative partnerships between schools and outside organizations that support the needs of children and families based on a shared vision for learning and developmental outcomes for students.

**Comprehensive sexuality education** - A planned, sequential K-12 curriculum that is part of a comprehensive school health education approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality. The curriculum should be designed to motivate and assist students to maintain and improve their sexual health, prevent disease and reduce sexual health-related risk behaviors. It should allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills, and practices. The comprehensive sexuality education curriculum should include a variety of topics including anatomy, physiology, families, personal safety, healthy relationships, pregnancy and birth, sexually transmitted diseases including HIV, contraceptives, sexual orientation, pregnancy options, media literacy and more. It should be medically accurate. Qualified, trained teachers should provide sexuality education. [(Advocates for Youth)](https://www.advocatesforyouth.org/issues/sex-education-definitions-and-select-programs/)

**Curriculum:** An educational plan incorporating a structured, developmentally appropriate series of intended student learning outcomes and associated learning experiences; generally organized as a detailed set of text, graphics/images, instructional strategies, and materials. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Developmentally Appropriate**: Curriculum materials that are consistent with an individual’s cognitive, mental, emotional, physical, moral, and social development. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Financial Literacy:** having the knowledge and skills needed to understand the financial terminology and concepts that enable adolescents to acquire and manage financial resources successfully. The term implies a level of basic knowledge or competence about financial concepts such as the ability to balance a checkbook, manage a credit card, prepare a budget, take out a loan, and buy insurance

**Formative** **assessment** refers to a wide variety of methods that teachers use to conduct in-process evaluations of student comprehension, learning needs, and academic progress during a lesson, unit, or course. Formative assessments help teachers identify concepts that students are struggling to understand, skills they are having difficulty acquiring, or [**learning standards**](https://www.edglossary.org/learning-standards/) they have not yet achieved so that adjustments can be made to lessons, instructional techniques, and [**academic support**](https://www.edglossary.org/academic-support/). ([Glossary of Education Reform](https://www.edglossary.org/formative-assessment/))

**Functional Knowledge**: Important concepts and information necessary to improve health-enhancing decisions, beliefs, skills, and behaviors as opposed to information that does not help to improve health decisions, beliefs, skills and behaviors. Examples of functional information include accurate information about risks of health-related behaviors, internal and external influences on health-risk behaviors, and socially normative behaviors. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Healthy Behavior Outcomes:** The anticipated or expected health-related behaviors that should guide the development and delivery of pre-K–12 health education. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Health Disparities:** Differences in health outcomes and their causes among segments of the population as defined by social, demographic, economic, environmental, or geographic category. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Health-Related Skills**: Abilities to translate knowledge and readiness into the performance of actions that enable students to deal with social pressures, avoid or reduce risk-taking behaviors, enhance and maintain personal health, and promote the health of others. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Healthy Relationship:** interactions between people that are ongoing, voluntary, and mutually acknowledged that are based on trust, honesty, listening, and respect. Healthy relationships allow adolescents to feel supported, connected, and independent

**Medically Accurate Information:** Content verified or supported by the weight of scientific evidence, consistent with generally recognized scientific theory, conducted under accepted scientific methods, published in peer reviewed journals, and recognized as accurate, objective, and complete by mainstream professional organizations (e.g., American Medical Association; American Public Health Association), government agencies, and scientific advisory groups (e.g., the Institute of Medicine). ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Protective Factors**: Assets (internal to individuals) and resources (external to individuals) that counteract, reduce, or eliminate the adverse effects of risk factors ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Sexual Health Education**: A comprehensive and sequential combination of learning experiences that provide the opportunity to acquire information and skills needed to promote human sexual development and avoid or reduce HIV, other STIs, and unintended or mistimed pregnancy. Sexual health education uses medically accurate, developmentally appropriate, and culturally responsive information and evidence-based strategies across pre-kindergarten through 12th grade. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf))

**Summative** **assessments** are used to evaluate student learning, skill acquisition, and academic achievement at the conclusion of a defined instructional period—typically at the end of a project, unit, course, semester, program, or school year. ([Glossary of Education Reform](https://www.edglossary.org/formative-assessment/))

**Skill-Based Instruction:** A form of teaching that fosters classroom environments where critical thinking, collaboration, and active learning are developed at the same time as knowledge is acquired. A large portion of time is dedicated to practicing, assessing, and reflecting on skill development, and this instruction moves students toward independence and learning how to think critically and solve problems. ([CDC HECAT](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_glossary.pdf)).

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# **Action Planning**

Now that you have a better sense of curriculum and program strengths and areas for growth or support related to sexual health education,use that information to create an action plan.

In the space below, identify strengths and areas of growth and consider how strengths can be leveraged to address areas of growth and propel action. This information will be used to create an action plan for areas of growth.

|  |  |
| --- | --- |
| **Program Administration** | |
| **Strengths:** | **Area of Growth:** |
| **Curriculum** | |
| **Strengths:** | **Area of Growth:** |
| **Instructional Strategies & Assessment** | |
| **Strengths:** | **Area of Growth:** |
| **Policy Considerations** | |
| **Strengths:** | **Area of Growth:** |
| **Whole School, Whole Community, Whole Child** | |
| **Strengths:** | **Area of Growth:** |
| **Equity Considerations** | |
| **Strengths:** | **Area of Growth:** |
| **Adulthood Preparation Subjects (Required for PREP program)** | |
| **Strengths:** | **Area of Growth:** |
| **Community Partnerships (Required for PREP program)** | |
| **Strengths:** | **Area of Growth:** |

## **Sexuality Education Curriculum and Programming Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area:**  □ Program Administration □ Curriculum Considerations  □ Instructional strategies □ Policy Considerations  □ WSCC Collaboration □ Equity Considerations  □ Adulthood Preparation Subjects □ Community Partnerships | | **School & District:** | |
| **Date:** | |
| **Strengths/Propellers:** | | **Area of Growth:** | |
| **Objective** (clear, measurable, realistic, and relevant): | | | |
| **Period of Performance Outcomes:** | | | |
| **Short – Term (within next 3 months):** | **Intermediate (3 months – 1 year):** | | **Long-Term (1-3 years):** |

|  |  |  |
| --- | --- | --- |
| **Actions** | **Steps** | **By When and Whom** |
| 1. | a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |
| g. |  |
| 2. | a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |
| g. |  |
| 3. | a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |
| g. |  |
| 4. | a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |
| g. |  |

**Additional Partners/Stakeholders/Collaborators Needed:**

# **Resources**

[Culturally Responsive Curriculum Scorecards](https://steinhardt.nyu.edu/metrocenter/ejroc/services/culturally-responsive-curriculum-scorecards)

[Equity Organizational Self-Assessment](http://systemexchange.org/application/files/2315/4327/2119/ABLe_EquityOrganizationalSelf-Assessment_F.pdf)

[LGBTQ Inclusivity in Schools: A Self Assessment Tool](https://www.cdc.gov/healthyyouth/disparities/mai/pdf/LGBTQ_Inclusivity-508.pdf)

[Health Education Curriculum Analysis Tool (HECAT)](https://www.cdc.gov/healthyyouth/hecat/index.htm)

* [HE-CAT Module: Sexual Health](https://www.cdc.gov/healthyyouth/hecat/pdf/2021/hecat_module_sh.pdf)

[NASP Community Schools White Paper, 2016](https://www.nasponline.org/documents/Research%20and%20Policy/Advocacy%20Resources/Community%20Schools%20White%20Paper_Jan_2016.pdf)

[National Sex Education Standards 2.0](https://siecus.org/resources/national-sex-ed-standards-second-edition/)

[Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting to Outcomes](https://www.cdc.gov/teenpregnancy/practitioner-tools-resources/psba-gto-guide/index.html)

[School Health Index (CDC)](https://www.cdc.gov/healthyschools/shi/index.htm)

[SHAPE America - Appropriate Practices in School-Based Health Education](https://www.shapeamerica.org/publications/products/appropriatepractice_schoolhealth.aspx)

[The Expanded Learning and After-School Partnership](https://www.expandinglearning.org/expandingminds/article/school-community-learning-partnerships-essential-expanded-learning-success)

Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, Healthy Teen Network & ETR Associates, February 2007