#### NOTIFICATION TO PARENTS/GUARDIANS

Regarding Reproductive Health and HIV Education

November 27th, 2017

The Renaissance Public School Academy HIV/AIDS and Sex Education Advisory Board and Board of Education have established a program of instruction, which includes puberty, HIV/AIDS and other serious communicable disease prevention education and sexuality education.

According to Michigan Law, you have the right to review the materials and curriculum content to be used in HIV and other serious communicable disease prevention education, as well as sex education. The local board of education, in compliance with the statute, has made the materials and curriculum available for your review. If you wish to review the materials or curriculum content there will be a meeting on November 29<sup>th</sup>, 2017 from 8:00-8:30am. If you are unable to attend, but would like to arrange another time to preview the curriculum, please contact the school.

This statute allows you to excuse your child from participation in the classes that include HIV and other serious communicable disease prevention instruction, as well as sex education if you choose. If you wish to exercise your right to excuse your child from instruction without penalty, please send written notice to the principal of your child's school before December 1st, 2017.

Sincerely, Sarah Anderson and Henry Mayer

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Parent Request to Excuse Student From Reproductive Health and HIV Education

I am requesting that my child be excused from the Reproductive Health and HIV Education instruction for the current school year.

Student Name: \_\_\_\_\_

Grade:	

Parent Signature:\_\_\_\_\_ Date: \_\_\_\_\_

### Dear Parents or Family Caregivers,

Botvin *LifeSkills Training* (LST) is an evidence-based substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

Developed by Dr. Gilbert J. Botvin, a leading prevention expert, *LifeSkills Training* is backed by over 30 scientific studies and is recognized as a model or exemplary program by an array of government agencies, including the U.S. Department of Education and the Center for Substance Abuse Prevention. The *LifeSkills* program learning objectives include:

- / Personal Self-Management Skills
  - Students develop skills that help them enhance self-esteem, develop problemsolving abilities, reduce stress and anxiety, and manage anger.
- / General Social Skills
  - Students gain skills to meet personal challenges, such as overcoming shyness, communicating clearly, building relationships, and avoiding violence.
- *J* Drug Resistance Skills
  - Students build effective defenses against pressures to use tobacco, alcohol, and other drugs.

This program is optional for students, and is being offered to Renaissance Academy students in 7<sup>th</sup> grade beginning on December 6<sup>th</sup>. I will be working with the students for 1 and <sup>1</sup>/<sub>2</sub> hours, once a week, for 6 weeks with half of the 7<sup>th</sup> grade students, then I will complete the course again with the other half. Notes will be sent home on a regular basis keeping parents informed of what we discussed that day in *LifeSkills* class.

If you have any questions, please feel free to contact me or Mrs. Bergman.

Sarah Garchow	Lisa Bergman
Prevention Coordinator for Isabella County	Principal
Ten16 Recovery Network	Renaissance Academy
sgarchow@1016.org	lbergman@renaissancepsa.com
989-773-9655 x 1105	989-773-9889

This program is optional. If you do NOT want your child participating in the program, please sign the attached form and return to your child's classroom teacher.

By signing this form, I am saying in do NOT want my child to participate in the *LifeSkills Training* program being offered at Renaissance.

Name of Child:

Name of Parent:

Parent Signature:

#### Michigan Profile for Healthy Youth



#### **Parental Notification Form**

Our school is taking part in the Michigan Profile for Healthy Youth Survey supported by the Michigan Departments of Education and Community Health. The research survey will ask about the health behaviors of 7<sup>th</sup> grade students. The survey will ask about behavior and attitude related to nutrition, physical activity, injuries, tobacco, alcohol, and other drug use. It will also ask about sexual behaviors that cause AIDS, other sexually transmitted diseases, and pregnancy.

Students will be asked to complete an online survey at a private chromebook. Participation in the survey will cause little or no risk to any student. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect each student's privacy. **Students will not be asked to provide their name or any other identifying information**. Also, no school or student will ever be mentioned by name in any reported results. The results of this survey will help students in the future. We would like all selected students to take part in the survey, but **the survey is voluntary.** No action will be taken against the school, you, or the student if the student does not participate. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

The surveys are available at the school for your review. If you have any questions please contact Henry Mayer, Curriculum Director, at (989) 773-9889.

If you object to your child's participation in the survey, please complete the form below. You only need to return this form if you <u>do not</u> give your child permission to take the survey. Please see the other side of this form for more facts about the survey. Thank you.

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Student's Name:	Grade:
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I have read and understand this form concerning the MiPHY Project.

[ ] My child <u>does not</u> have my permission to participate.

Parent's Signature:

Telephone Number: Date:	
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Note: You DO NOT need to return this form if you give your child permission.

## Michigan Profile for Healthy Youth (MiPHY) Survey

# **Fact Sheet for Parents/Guardians**

### Q. Why is the survey being done?

A. The Michigan Departments of Education and Community Health have provided this survey as a means for local school districts to assess student needs and develop education programs and other strategies to help reduce health risk behaviors.

#### Q. What kinds of questions are asked on the survey?

A. The MiPHY includes questions about a range of health risk behaviors and attitudes that can lead to serious health problems.

### Q. Are sensitive questions asked?

A. Some questions may be considered sensitive. The only way to determine the extent to which adolescents are at risk, however, is to ask questions about these behaviors. Questions are presented in a straightforward and respectful manner and those that focus on risk behaviors always begin with an abstinence or non-use answer choice. In addition, students always have the option to skip questions.

### Q. Will student participation be anonymous? Will student privacy be protected?

A. Yes. Survey administration procedures have been designed to protect student privacy and allow for anonymous participation. Students will not enter their names or other identifying information at any point during this survey.

#### Q. Will students be surveyed again to see how their behavior changes?

A. No. It will be impossible to track students who participate because no identifying information will be collected.

#### Q. How was my child selected?

A. Students in grades 7, 9, and 11 are randomly selected and invited to participate in the survey.

#### Q. How long will it take to fill out the survey?

A. It will take approximately one class period to complete the online, multiple-choice survey.

Michigan Profile for Healthy Youth

