

Core Curriculum Content Standards
Frequently Asked Questions: Health and Family Life Education

1. What are the requirements regarding health education in New Jersey schools?

All students are required to participate in health education classes which include a family life education component. The N.J.S.A.18A:35-7 and 8 requires that all students in grades 1-12 take at least 150 minutes of health, safety, and physical education per week each year. In high school, students must complete at least 3¾ credits in health and physical education for each year of attendance in order to receive a state-endorsed diploma. In order for students to meet the New Jersey Core Curriculum Content Standards (NJCCCS), schools must provide instruction in both health education and physical education.

2. Must students take family life education classes?

Content in this area is outlined in Standard 2.4: Human Relationships and Sexuality and must be included in the district's health education curriculum. However, pursuant to N.J.S.A. 18A:35-4.7, any child whose parent or guardian presents to the school a signed statement that any part of instruction in health, family life education, or sex education is in conflict with his or her conscience or sincerely held moral or religious beliefs shall be excused from that portion of the course. Students excused from instruction should be provided alternative instructional content and activities aligned with the New Jersey Comprehensive Health and Physical Education Core Curriculum Content Standards and the local health education curriculum.

3. If a parent wants a child excused from family life education, what process should be used?

Local school districts must have policies in place to notify parents about their right to excuse a child from such instruction without penalty; however no specific procedures are specified in N.J.S.A.18A:35-4.7. All parents/guardians should be notified of the excusal process. State law does not require active consent; however, every effort should be made to notify parents, in advance, of their right to have their child excused. Schools may use formal letters, information in parent-student handbooks, school websites and other means to inform parents of this process.

The law requires the parent/guardian to present a written, signed statement to the principal explaining how instruction in health, safety, family life education, or sex education is in conflict with his or her conscience or sincerely held moral or religious education beliefs. Once the letter has been received by the school administration, a discussion should take place with the parent/guardian to clarify any misconceptions about the school's program. The student can then be excused without penalty from the content of the course found in conflict; however, the student must still complete mutually-agreed upon instructional activities that support achievement of the Comprehensive Health and Physical Education Core Curriculum Content Standards. For example, in lieu of a human sexuality class, a student could be placed in a physical

education class, take a foods and nutrition course, or complete an independent project to fulfill the requirements.

4. Must the school provide a copy of the health education curriculum upon request?

The school must make available a copy of the curriculum for review upon request. Typically, review copies of the curriculum and all related instructional materials are made available by the health/physical education teacher, school nurse, or curriculum office and may also be available at parent's night or a school open house. Many schools hold special events to inform parents of the content and expectations of the health curriculum.

5. Can schools contract with outside organizations to provide health and family life education during school hours?

While schools may contract with outside organizations to provide specialized instruction during school hours, an appropriately certified school employee must be present during the delivery of instruction. The school has a responsibility to ensure that such instruction is medically accurate, unbiased, not promoting a particular religion, and aligned to the NJCCCS in Comprehensive Health and Physical Education and the district's health education curriculum. Local school districts should carefully review the organization and instructors' credentials, check references, and if possible, attend a presentation(s) made for a similar audience before engaging an outside provider.

6. Are schools required to provide professional development to teachers to ensure that they possess current information regarding instruction in health and family life education?

New Jersey teachers are required to complete 100 hours of professional development within a five-year cycle. There is no specific requirement regarding teacher training in health or family life education. A professional development plan (PDP, formerly PIP) should be negotiated and agreed upon between the teacher and his/her supervisor. Professional development must align with the New Jersey Professional Development Standards for Teachers, and have the goal of improving teacher content knowledge and pedagogy in health education. Because health information is constantly changing, it is important that educators take responsibility for staying current in their field.

7. Who provides professional development for family life education?

New Jersey has a database of registered providers of professional development in health education and family life education that may be accessed on the New Jersey Department of Education website at <http://www.nj.gov/education/njpep/>.

8. How can a school ensure that a program is gender sensitive?

The N.J.A.C. 6A:7-1.7(b) requires that schools provide curriculum and instruction that is free of bias and offers the opportunity for positive interaction among students regardless

of race, color, religion, sex, national origin, age, disability, political affiliation or belief. Broad community representation on a curriculum advisory committee can help to ensure that the program reflects community culture and norms.

9. How can schools garner community support for health and family life education?

The N.J.A.C. 6A:8-3.1 requires that school districts encourage community involvement in the development and review of all curricula which includes health education programs. A Curriculum Advisory Committee that represents the community and periodically reviews curriculum in all content areas, is likely to maintain committee member interest and build community support. Committee members may consist of parents, family members, teachers, administrators, community and religious leaders, and students. Members should represent diverse community values and beliefs in order to ensure that information regarding instructional programs is shared across the community. Curriculum Advisory Committees that focus on a single content area or school issue often find it difficult to maintain the support and interest of school staff and the broader community since members are likely to have temporary or personalized agendas.

10. Are New Jersey's schools required to provide abstinence-only programs?

No. New Jersey schools are not required to provide abstinence-only programs. However, N.J.S.A. 18A:35-4.19 et seq., known as the "stress abstinence law," requires schools to stress abstinence as the one completely reliable method of prevention when discussing contraception. It also requires schools to address the failure rates of various contraceptive methods (Adult failure rate data is the only information currently available.). The NJCCCS require instruction regarding multiple methods of contraception; therefore, a school that chooses an abstinence-only curriculum as its only instructional program is not in compliance with the standards that specifically require students to understand abstinence as well as contraception and disease prevention. In addition, the standards require students to carefully compare and contrast risk reduction and risk elimination methods and strategies to resist internal and external pressures to remain abstinent.

11. What does stress abstinence mean?

The N.J.S.A. 18A:35-4.19 et seq., the AIDS Prevention Act of 1999, is commonly referred to as the stress abstinence law. The law requires school-based programs and materials to emphasize that abstinence from sexual activity is the one completely reliable means of eliminating the sexual transmission of HIV/AIDS and other sexually transmitted diseases and of avoiding pregnancy. The law requires local boards of education to include in their curriculum the reasons, skills, and strategies for remaining or becoming abstinent. It also requires that any instruction on methods of contraception, including the use of condoms, contain information on their failure rates in actual use. The law also requires that materials stress the importance of avoiding intravenous (needle injection) drug use as a method of HIV prevention.

12. Where can teachers and curriculum developers find state and local data to support program development?

The New Jersey Department of Education and other state agencies provide data and reports concerning selected student behaviors related to health and health outcomes such as pregnancy, live births, infant mortality, HIV and STD infection, and admissions to addiction treatment. The links to access reports and data are listed below:

New Jersey Student Health Survey

<http://www.nj.gov/njded/students/yrbs/index.html>

New Jersey Middle School Substance Use Survey

http://www.state.nj.us/humanservices/das/das_reports.html

New Jersey County Chartbook

http://www.state.nj.us/humanservices/das/das_reports.html

Pregnancy Risk Assessment Monitoring System

[http://www.state.nj.us/health/fhs/pramsindex.shtml#"prams"](http://www.state.nj.us/health/fhs/pramsindex.shtml#)

Black Infants Better Survival Statistics

<http://www.state.nj.us/health/fhs/bibs/stats.html>

New Jersey Sexually Transmitted Disease Program

<http://www.state.nj.us/health/cd/stdhome.htm>

New Jersey HIV/AIDS Services

<http://www.state.nj.us/health/aids/aidsprv.htm>

New Jersey Center for Health Statistics

<http://www.state.nj.us/health/chs/index.html>

13. What criteria should be used to select a proposed family life education program?

The program must be aligned with the most recent version (2004) of the NJCCCS for Comprehensive Health and Physical Education. The program and related instructional materials should be current, medically accurate and supported by extensive research with similar student populations, if available. The materials should also be developmentally-appropriate, gender and culturally sensitive, and bias-free. This includes bias/proclivity towards a particular religious or political viewpoint. Other questions to consider in choosing a program and instructional materials are: Does the program have accompanying instructional materials or will other materials be necessary to address the standards? Does the program address skills and behavior change or just content? How much training will teachers need to use the program? Does the program address the needs of students in the school community, based on public health data and community norms? Does the program stress abstinence, yet provide a balanced approach to instruction? What is the cost per pupil? Are the materials available in languages other than English?

14. How can schools be sensitive to religious and cultural beliefs about family and sexuality?

While the Comprehensive Health and Physical Education Standards provide a framework for local school districts, it is the responsibility of the district to align its

curriculum with the standards while still addressing the diverse needs of its students. New Jersey community demographics are constantly changing and it would be unreasonable to expect a single teacher to be fully aware of the various cultural norms of each represented group. Therefore, the task of building cultural and religious sensitivity must be an ongoing effort, conducted by the local school district, with the assistance of local cultural and religious organizations. The New Jersey Department of Health and Senior Services has established a network to assist in the identification of organizations with specific expertise in this area. The New Jersey Statewide Network for Cultural Competence can be accessed at <http://www.state.nj.us/njsncc/index.shtml>.

15. How can teachers and curriculum developers ensure that materials are developmentally appropriate?

The Comprehensive Health and Physical Education Standards are organized into small grade level bands (K-2, 3-4, 5-6, 7-8, and 9-12) so that teachers can easily identify what should be taught across grade levels. Schools need to provide time for teachers to discuss when and how the cumulative progress indicators will be addressed. Teachers also need to be sensitive to the social, emotional, and physical developmental levels of students in their classrooms and adjust instruction accordingly. Instruction cannot always be individualized to meet every student's immediate needs. There is no doubt, however, that in any classroom, there will be students at various developmental stages who will use the information presented in different timeframes in accordance with their developmental level of readiness.

16. What factors should schools consider when engaging a speaker/presenter for students and/or parents?

Knowledgeable speakers/presenters may benefit a particular course and/or overall instructional program by virtue of their expertise on a given topic(s) that may enhance awareness and learning. Some questions to consider when choosing a guest speaker/presenter for students or parents include:

- Is the speaker's message and delivery method grade level appropriate?
- Is there an opportunity to observe the speaker and review his/her presentational materials to ensure they are aligned with the district curriculum and are developmentally appropriate?
- Is the speaker's information medically accurate?
- Is the presentation (including method and materials) inclusive of all students' needs?
- Does the speaker and the message model positive behavior?
- Is there certainty that the speaker does not use fear-based motivational techniques?
- Is the philosophy of the agency/message aligned with the local curriculum and the NJCCCS?
- Can a set of clear goals and objectives for the presentation that will reinforce the lessons that occur prior to and after the speaker's presentation be negotiated?

17. School policy does not allow teachers to discuss certain topics that continually surface during class. How should teachers handle this situation?

There is the likelihood that if students continually focus on certain topics, they are already discussing them with peers. Teachers need to be sensitive to these issues and raise the awareness of school administrators, parents, and the district curriculum committee to ensure that the curriculum addresses the current and pressing needs of students. Student behavior, classroom conversations, and student interests have changed - teachers need to make sure that school officials and parents are aware of these changes. Teachers should adjust instruction accordingly so that students have accurate information from an informed adult, rather than misinformation from other sources. It is important to note that local school districts must address the content and skills at the designated grade levels found in the standards; staff cannot deviate from designated grade-level instruction because they may be uncomfortable with the content. If staff, parents, students and community members work together in developing a curriculum that meets the needs of all students, this situation is less likely to occur. If a teacher, parent or concerned citizen discovers that a local school district curriculum is not aligned with the standards, he/she should discuss the issue with the teacher responsible for health instruction and with supervisors responsible for the development and implementation of the health curriculum.

18. How can schools ensure that a program is medically accurate?

Assuring that content is medically accurate is of critical importance and is the reason all instructors should be provided with content-specific professional development. To assist in reviewing content for medical accuracy, school medical inspectors (school physicians) and school nurses may be involved in the curriculum review process along with substance awareness coordinators, school counselors, social workers, and health education instructors and supervisors. Community medical experts and healthcare providers may also be of assistance. If the instructional program was developed by school district staff, the curriculum committee should provide a list of reputable resources to assist in reviewing program materials. If the program was developed by a major publisher, the material may have already been reviewed for accuracy by a national agency. Specific facts cited in instructional materials can be compared with facts published by the Centers for Disease Control and Prevention (www.cdc.gov) and the New Jersey Department of Health and Senior Services (<http://www.state.nj.us/health/>).

19. How can schools obtain greater parent involvement in health and family life education?

Some local districts offer a workshop for parents to review curriculum materials prior to beginning the family life education program. Such a workshop is an excellent opportunity to make parents aware of normal sexual development in children, to address their concerns and offer advice when answering common questions children of various ages might ask regarding sexuality.

Alternatively, teachers can assign adult-child homework assignments that provide an opportunity for parents/caregivers and children to discuss issues related to sex education such as values, family beliefs, culture, history and need for good communication. Interviews and discussion questions are a common technique used in creating these assignments that may be a formal part or a supplement to the curriculum.

The New Jersey Parent Teacher Association encourages its members to become involved in supporting health education and a coordinated approach to school health programs through committees that address HIV/AIDS, character education, student health and welfare, and nutrition.

A number of high school peer education groups have successfully conducted workshops that provide parents with an opportunity to talk to students, other than their own child, about sexuality-related issues and concerns. The Teen Prevention Education Program (Teen PEP) is an example of such a workshop program. Teen PEP is the result of collaboration with the Princeton Center for Leadership Training, HiTops Inc., and the New Jersey Department of Health and Senior Services and is supported by the Prudential Foundation and the New Jersey Department of Human Services (<http://www.princetonleadership.org/highschool.html>).

20. Does the New Jersey Department of Education approve health and family life education materials (e.g., textbooks, videos, software) or require schools to use specific materials?

No. The department does not approve instructional materials such as textbooks, software, or videos in any content area. Material adoption is a local district decision, based on the local curriculum development and review process. All locally adopted instructional materials should be aligned to the district curriculum and the NJCCCS and be current, medically accurate, and developmentally appropriate.

The department does provide supplemental resources, such as curriculum frameworks, scope and sequence models, and frequently asked questions to assist with the development, alignment, and implementation of district health curricula. These resources can be accessed online at <http://www.nj.gov/njded/aps/cccs/chpe/>.

21. Does the department require schools to teach about same-sex families?

Most New Jersey classrooms have a myriad of family support systems and structures that reflect the social, cultural, economic, ethnic, and religious diversity of our state. Schools must be sensitive to the many family structures represented in classrooms and in society today, including, but not limited to: traditional or two-parent families, blended families, single parent families, multiracial and multi-generational families, and same-sex families.

The NJCCCS for Comprehensive Health and Physical Education require all students to understand the role of life-long relationships and the contributions that healthy relationships make to wellness. In grades K-4, students learn that: there are different

kinds of families; family members have different roles and responsibilities; and families share love, values, and traditions, provide emotional support for each other, and set boundaries and limits. In the middle grades, students learn about healthy relationships, the role of families in meeting human needs, and the historical role of marriage and family in community and society. In high school, students investigate how different family structures, values, rituals, and traditions meet human needs and begin to understand how young adulthood will impact their role as a family member. High school students address factors to consider when choosing a life partner and learn how to enhance and maintain mature, loving, and respectful relationships.

22. Does the department require schools to teach about sexual orientation?

Yes. The standards require that by the end of grade eight, students discuss topics about sexual orientation. Issues might include tolerance and sensitivity, harassment and name-calling, stereotyping, and the development of gender identity and its relationship to puberty and adolescence. Similar topics might be addressed in more depth at the secondary level.