



# Utah State Board of Education

## Parent/Guardian Consent Form Sex Education Instruction CTE, Science, and Psychology Courses

*Parents must receive this form no later than two weeks prior to the beginning of instruction*

Date(s) of Planned Instruction: \_\_\_\_\_

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

Course: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dear Parents/Guardian:

As part of your child's education, he/she has enrolled in a course that includes instruction on topics related to sex education. You are receiving this consent form because instruction and/or discussion of sex education topics are controlled by state law and Utah State Board of Education rule. Please read the form carefully, select **one option**, sign, and return to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file. Thank you.

### **Information**

All instruction related to human sexuality or sexual activity will take place within the context of Utah State Law (53G-10-402) and Utah State Board of Education rule (R277-474) as follows:

- The public schools will teach sexual abstinence before marriage and fidelity after marriage.
- There will be prior parental consent before teaching any aspect of contraception or condoms.
- Students will learn about communicable diseases, including those transmitted sexually, and HIV/AIDS.

Program materials and guest speakers supporting instruction on these topics have been reviewed and approved by the local district or charter curriculum materials review committee.

The following are NOT approved by the State Board of Education for instruction and may not be taught:

- The intricacies of intercourse, sexual stimulation, or erotic behavior;
- The advocacy of premarital or extramarital sexual activity;
- The advocacy or encouragement of the use of contraceptive methods or devices.

In accordance with Utah State Board of Education Rule R277-474-7-4, teachers may answer spontaneous student questions to provide accurate data, correct inaccurate or misleading information, or respond to comments made by students in class regarding human sexuality.



Curriculum for this course includes instruction or discussion about the topics checked below.

*(For Teacher Use Only):*

- |   |   |
|---|---|
| <input type="checkbox"/> sexual abstinence    | <input type="checkbox"/> childbirth                                     |
| <input type="checkbox"/> human sexuality      | <input type="checkbox"/> parenthood                                     |
| <input type="checkbox"/> human reproduction   | <input type="checkbox"/> contraception                                  |
| <input type="checkbox"/> reproductive anatomy | <input type="checkbox"/> HIV and AIDS (including modes of transmission) |
| <input type="checkbox"/> physiology           | <input type="checkbox"/> sexually transmitted diseases                  |
| <input type="checkbox"/> pregnancy            | <input type="checkbox"/> refusal skills                                 |
| <input type="checkbox"/> marriage             |   |

Factual, unbiased information about contraception may be presented as part of this course only if the box above is checked. Demonstrations on how to use contraceptive means, methods, or devices are **prohibited**.

**Options: Please read and check only one of the following:**

**Name of Student:** \_\_\_\_\_

**Option 1**

I grant permission for my child to participate in the discussions as described above.

**Option 2**

I grant permission for my child to participate in the discussions as described above, with the exception of \_\_\_\_\_. I understand that my child will receive an alternative assignment of equal value and will not attend the regularly scheduled class on the day of this instruction. I understand my child will be provided a safe, supervised place within the school during this class. It will be his/her responsibility to report to the pre-arranged location, check in with the teacher or supervisor, and submit the completed assignment to the appropriate person.

**Option 3**

Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials

**Option 4**

I DENY permission for my child to participate in any of the discussions as checked in the box above. I understand my child is not involved in the exempted portion of the curriculum, he/she will instead be provided a safe, supervised place within the school during the class, and will receive an alternate assignment related to other elements of the course.

This consent form must be sent to parents not less than two weeks prior to instruction of the identified topics. Under state law, your child cannot participate in the scheduled instructional activity specified above unless and until this signed letter of permission is returned to the teacher identified on this form. Signed forms will be kept on file at the school for a minimum of two years.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

**Parent/Guardian Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_