

Comprehensive Sexual Health Education Instructional Materials Review

2021 Joint Report

9/13/2021



Washington Office of Superintendent of
PUBLIC INSTRUCTION



Washington State Department of
Health

This report contains the joint findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Instructional Materials Review Panel's evaluation of selected instructional materials. OSPI contracted with Relevant Strategies, LLC to coordinate the review and develop the report.



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1 Executive Summary

1.1 Introduction

This report contains the findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Curriculum Review Panel’s assessment of selected sexual health curricula in comparison with Washington State Health Education K–12 Academic Learning Standards, the Washington Comprehensive Sexual Health Education Act, and the Washington AIDS Omnibus Act.

OSPI and DOH recruited a review panel consisting of health educators and clinical staff to review selected sexual health curricula to measure the degree to which each program aligned to state requirements and standards. This year, the review team evaluated ten full curricula and eleven supplemental products.

Although instructional materials are a key element of effective sexual health education programs, it is important to note that **comprehensive** sexual health education programs are most successful when other factors are included. Those factors include the quality, scope and sequence of instruction over time, skill development and practice, parent/family involvement, supplemental sexual health materials, district and community resources/partnerships, and professional development for educators.

1.2 Purpose

The purpose of this report is to evaluate curricula to assess consistency with Washington state academic learning standards, legislative requirements for comprehensive sexual health education, the AIDS Omnibus Act, and requirements to eliminate bias in instructional materials; and to provide information to districts about the comprehensiveness and quality of the material reviewed. This report describes the findings of OSPI/DOH review panel and assists local school districts in determining the adequacy of curricula currently being used or under consideration for use.

The [Comprehensive Sexual Health Education Act](#)¹ (CSHE Act) specifies that public schools must provide sexual health education and must assure that it is medically and scientifically accurate, age appropriate, inclusive of all students regardless of protected class status, and includes information about abstinence and other methods of preventing pregnancy and sexually transmitted diseases (STDs). Abstinence may not be taught to the exclusion of instruction on contraceptives and disease prevention. School districts must comply with all provisions of the CSHE Act.

The CSHE Act requires OSPI and DOH to identify sexual health education curricula in use by schools and to develop a list of sexual health education curricula consistent with the [Guidelines for Sexual Health Information and Disease Prevention](#) (PDF), Washington Health Education K-12 Learning Standards, and further provisions of the CSHE Act. Providing such a list does not require OSPI and DOH to approve, rank or select curricula for districts to use. Districts are free to make their own choices involving instructional materials adoption, so long as the materials are consistent with state requirements. This report will help districts understand the content that is covered in each

¹ [RCW 28A.300.475](#)

curriculum being reviewed, and where supplementation may be necessary to ensure consistency with state requirements.

School districts using curricula that were not included in this or previous reviews must use the same set of instruments (see [CSHE Instructional Materials Review Forms](#)) to assist them in conducting their own review of materials.

1.3 Review Instruments

The 2021 review used updated instruments that drew from the Washington state learning standards, updated state law, the National Health Education Curriculum Analysis Tool (HECAT), and OSPI’s Screening for Biased Content in Instructional Materials tool to evaluate curricula. The most notable change to the review instruments involved a major revision to incorporate OSPI’s bias and sensitivity curriculum evaluation tool. In addition, the scale responses were changed to remove a neutral rating and add a not applicable choice.

To determine if a full or supplemental curriculum meets state requirements, reviewers use the instruments to evaluate the degree to which the curriculum is consistent with the 2005 Guidelines and other CSHE Act requirements, the AIDS Omnibus Act, and state law regarding bias-free materials.

The CSHE Act charges OSPI with developing a list of curricula consistent with state requirements, and the Washington Department of Health (DOH) with ensuring the curricula are medically and scientifically accurate. The AIDS Omnibus Act requires that materials address transmission and prevention of HIV/AIDs, starting in grade 5. [Washington Administrative Code 392-190-055](#) requires that the criteria used for instructional materials selection identifies and eliminates bias.

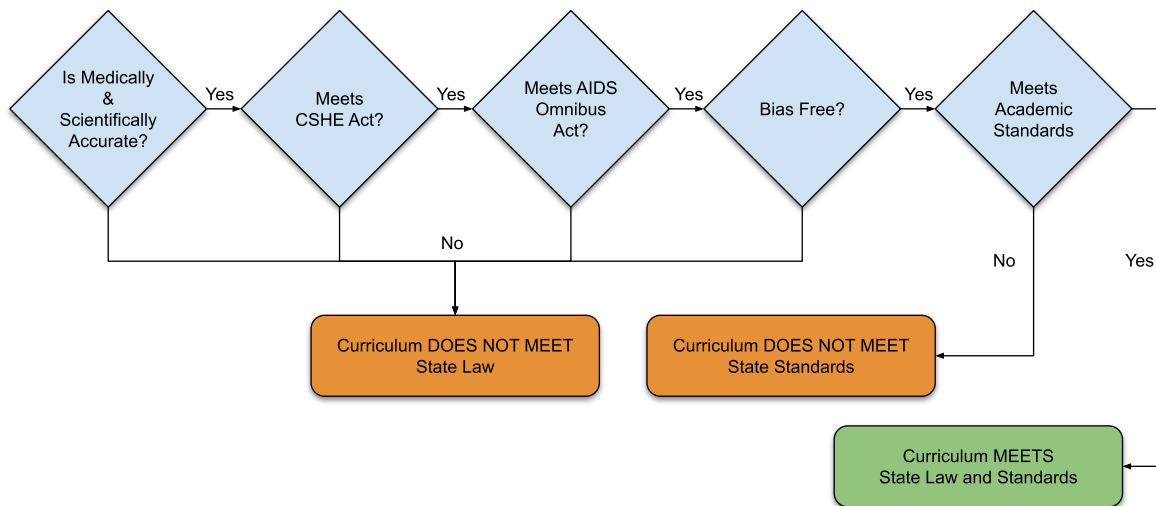


Figure 1. Flowchart showing process used to determine if curriculum meets state requirements and standards.

The full curriculum review consists of four instruments, as shown below. The instruments measure how well the curriculum meets academic learning standards (Standards 1-8), if the curriculum is medically and scientifically accurate (Accuracy), consistency with state requirements and quality of teacher and student supports (Curriculum Design), and overall reviewer rating (Overall Comments).

Standard 1 covers grade-level knowledge expectations, and Standards 2-8 cover grade-level skills and practice.

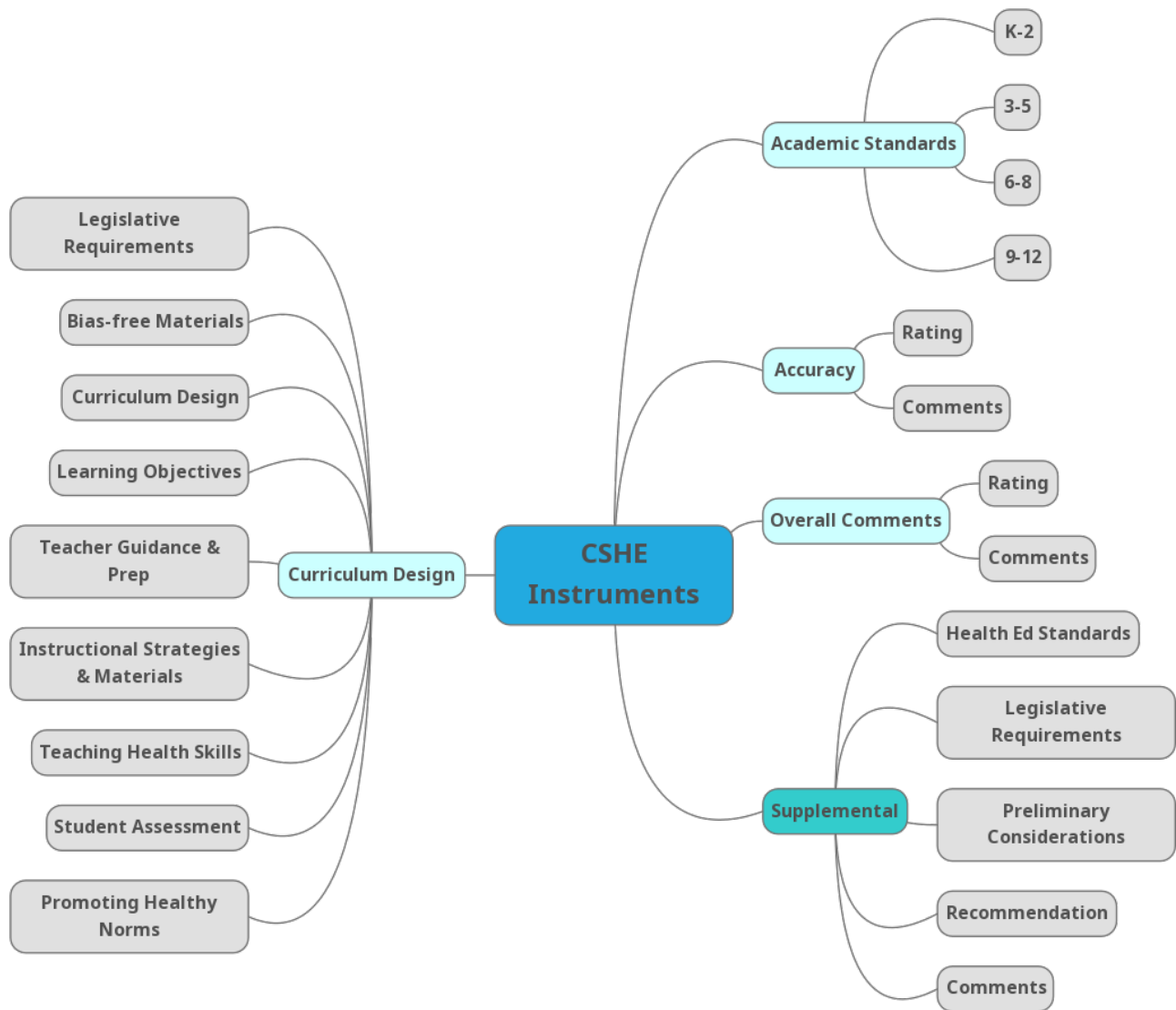


Figure 2. The sexual health education instructional materials review uses four instruments for comprehensive materials, and an abbreviated form for supplemental materials. Each instrument has one or more subscales designed to measure specific aspects of the curriculum.

Supplemental materials enrich core curricula, are typically designed to cover a single topic, and are not intended to be a substantial replacement for a full curriculum. Washington State uses an abbreviated instrument to review supplemental materials.

1.4 Findings

1.4.1 Full Curricula

A wide variety of instructional materials exists for elementary, middle, and high school sexual health education. Ten full curricula were reviewed.

The results are displayed using a stacked bar chart showing the percent of reviewers who selected a particular response: Strongly Disagree, Disagree, Agree, or Strongly Agree. The percent positive value is calculated by adding the percent of people who selected Agree or Strongly Agree for a specific title. The percent negative value is calculated similarly. Responses were coded from 1 to 4 (Strongly Disagree = 1, ... Strongly Agree = 4) and the overall average was calculated for each title and is shown in the circular overlay on the stacked bars.

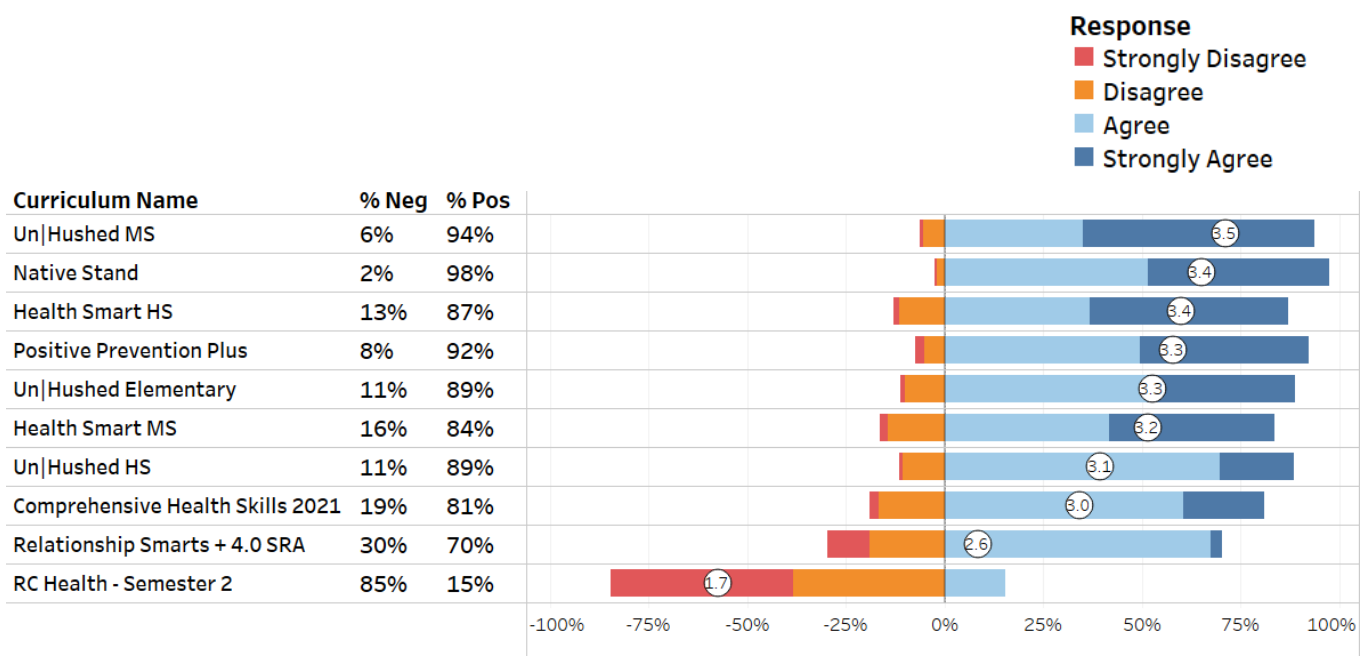


Figure 3. Overall sentiment ratings for all scales for full curricula.

The title *Native Stand* ranked very high among reviewers, with a 98% positive rating for all Likert evaluation ratings. *Un|Hushed MS* also received a very high ranking overall with a 94% positive rating.

Two titles, *Relationship Smarts +4.0 SRA* and *RC Health – Semester 2*, had markedly lower positive ratings, ranging from 70% for *Relationship Smarts* to just 15% positive ratings for *RC Health*. See *Section 4 Comprehensive Review Results* for more detail.

1.4.2 Supplemental Materials

Reviewers evaluated eleven supplemental materials. Most of the materials received an overall positive rating from reviewers. Half of the titles received overall positive ratings at or above 90%, as seen in *Figure 4*.

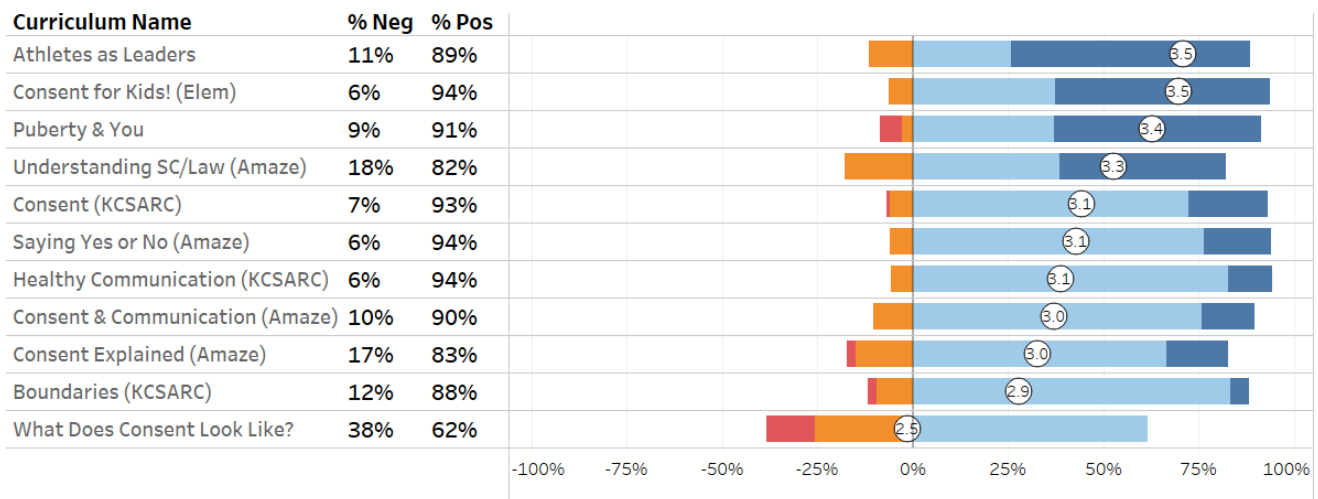


Figure 4. Overall sentiment ratings for supplemental materials.

Most of the supplemental products reviewed can be used effectively within classroom settings. Some may require pre-screening or additional supports to meet the needs of all students. In all cases, educators should preview the content and reflect on the fit for their students and community.

1.5 Other Relevant Considerations

Research on effective sexual health education programs suggests those that focus on skills, attitudes, and beliefs are more likely to affect behavior than those that focus heavily on facts. Use of research-proven programs should be encouraged because they are more likely to result in healthy decisions and healthy outcomes.

According to Douglas Kirby, Ph.D., in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (2007, p. 131) there are several common content elements of effective sexuality education programs.

1. Focused on clear health goals—the prevention of STD/HIV, pregnancy, or both.
2. Focused narrowly on specific types of behavior leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these types of behavior, and addressed situations that might lead to them and how to avoid them.
3. Addressed sexual psychosocial risk and protective factors that affect sexual behavior (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them.
4. Created a safe social environment for young people to participate.
5. Included multiple activities to change each of the targeted risk and protective factors.
6. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors.
7. Employed activities, instructional methods, and behavioral messages that were appropriate to the teens' culture, developmental age, and sexual experience.
8. Covered topics in a logical sequence.

A comprehensive literature review² published in 2020 supports the provision of sexual health education beginning in elementary school that is scaffolded and of longer duration, that is LGBTQ-inclusive and that incorporates a social justice approach to healthy sexuality. Benefits for students who receive comprehensive sexual health education include:

- Appreciation of sexual diversity (lower homophobia; reduced homophobic bullying; expanded understanding of gender/gender norms; recognition of gender equity, rights, social justice)
- Dating and intimate partner violence prevention (improved knowledge and attitudes about, and reporting of, sexual and intimate partner violence; decreased sexual and intimate partner violence perpetration and victimization; increased bystander intentions and behaviors)
- Development of healthy relationships (increased relationship knowledge, attitudes, and skills; improved communication skills and intentions)
- Prevention of child sex abuse (improved knowledge, attitudes, skills, and social–emotional outcomes related to personal safety and touch; improved disclosure skills and behaviors)
- Additional outcomes (improved social/emotional learning, increased media literacy)

² [Three Decades of Research: The Case for Comprehensive Sex Education](#) *Journal of Adolescent Health*, Oct. 12, 2020.

2 Review Process

2.1 Overview

The sexual health education curriculum review process was modeled after other curriculum review projects conducted by OSPI. Educators and clinicians with expertise in health education and sexual health education were recruited to review the submissions through a statewide application process. Twenty-two reviewers participated in the curriculum review, including three representatives from Department of Health who focused on the medical and scientific accuracy assessment.

The review panel received training in the process for rating instructional materials using the Washington state comprehensive sexual health education review instruments. Reviewers spent an average of three to four hours per full curriculum evaluating the material. A minimum of four reviews were completed for each product to allow for a sufficient sample size.

Districts may choose to review material on their own, using the Washington state comprehensive sexual health [review instruments](#). Materials must be reviewed for medical accuracy in accordance with state laws.

2.2 Identification of Programs

The review included curricula currently used in Washington schools as reported in the 2018 School Health Profiles Survey and several brought to OSPI's attention by Washington educators. OSPI staff sought materials that would address new legislative requirements such as materials addressing affirmative consent and bystander intervention. Publishers were asked to provide online access to curriculum materials to the Sexual Health Education program for inclusion in the review. In some cases, the curriculum was acquired or accessed directly.

One product submitted for review, *Native: It's Your Game*, was withdrawn because of problems accessing a new technology platform. *Glencoe Teen Health 2021* and *Glencoe Health 2022* were withdrawn because the publisher needed more time to update their materials to meet new state requirements. They will be reviewed in the next cycle. Two lessons from *FLASH Elementary* were revised during the review process. The product was withdrawn and will be reviewed in the next review cycle. Curricula included in the last three reviews that have not been updated substantially or are not in wide use were not included in this review.

Programs selected for review included only those intended for use in a school setting for grades K-12 and available from publishers for school districts. Many programs exist that are intended for use only in community-based settings and which often contain values-based instruction. Because the CSHE Act applies to instructional programs in Washington public schools, the review was limited to materials intended for K-12 settings. With the resources available, and the timeline to complete the review, not every program that is available could be included. For locally developed programs and others that were not included in the review, districts will be able to use the Washington state comprehensive sexual health education review instruments to assist them in determining consistency with state academic learning standards and laws.

2.3 Reviewer Training

All reviewers participated in a half-day training before reviewing and rating any of the curricula. The training covered the following topics.

- Understand the purpose of the review and the OSPI/DOH collaboration
- Review state regulations regarding sexual health education
- Review the rubrics used to evaluate instructional materials
- Establish common norms for scoring the rubrics

Reviewers completed reviews of two supplemental products during the training and discussed the results. The discussion helped clarify expectations and answered common questions from the reviewers. Staff were available to provide assistance and answer questions throughout the review.

3 Data Analysis Approach

The purpose of this section is to describe the survey design, data collection, and analysis approach for the curriculum review.

3.1 Instrument and Data Description

The Washington state sexual health review instruments are described below:

- **Accuracy Analysis** identifies any medical or scientific errors, including errors of omission, which were found in the text. It identifies the degree of difficulty to correct the error, what needs to be done to correct the error (from the perspective of the teacher and school, not the publisher), and identifies whether the error is deemed costly to correct. This instrument has been used for the last three sexual health instructional materials reviews and is from the Centers for Disease Control’s Health Education Curriculum Analysis Tool (HECAT). Staff from Washington Department of Health completed the accuracy analysis rubric for each title.
- **Curriculum Design** contains several scales, and measures consistency with state requirements (CSHE Act, AOA, bias-free materials) and the instructional supports provided to help the teacher successfully teach using the materials.
- **Academic Learning Standards** evaluates overall alignment with Washington health education academic learning standards using grade-level outcomes. Each grade range has different outcomes to ensure age-appropriateness.
- The **Overall Comments** measures the reviewer’s recommendation about the quality of the curriculum. This instrument also has a place for the reviewer to express their overall comments about the curriculum.
- The **Supplemental Evaluation Form** is a short version of the full set of instruments and is used with supplemental materials only. It measures consistency with state requirements, subject areas that are covered, and reviewer recommendations.

3.1.1 Accuracy Analysis

The Accuracy Analysis score definitions are shown below. This instrument is used to measure medical and scientific accuracy.

- 4 = No corrections are necessary.
- 3 = A few minor errors or problems are evident, but they are easy to correct.
- 2 = Many minor errors or problems are evident, but they are easy to correct.
- 1 = Major errors and problems are evident, and one would be difficult or costly to correct.
- 0 = Major errors and problems are evident, and more than one would be difficult or costly to correct.

To determine a score for accuracy, the reviewers evaluated errors of fact, omission or bias, and determined if each error would be very difficult, difficult, easy or very easy for an educator to correct. For example, many curricula do not contain up-to-date information on recent medical

treatment options for some sexually transmitted infections. This is an example of an error of omission that is easy or very easy to fix.

In contrast, material that is consistently inaccurate, overstates risks, uses outdated research or data, does not use anatomically correct names, potentially causes harm, or misrepresents other aspects of sexual health would be difficult or costly to correct.

3.1.2 Curriculum Design

The nine scales used in the Curriculum Design instrument measure aspects of the overall design and the tools available for successful delivery of the materials in the classroom. This instrument is adapted from the CDC's HECAT. The scales include:

- Washington Sexual Health Education Legislative Requirements
- Bias-free Materials Requirements
- Curriculum Design
- Learning Objectives
- Teacher Guidance and Preparation
- Instructional Strategies and Materials
- Teaching Health Skills
- Student Assessment
- Promoting Healthy Norms

The HECAT provides another scale, Continuity and Uniformity of Comprehensive Health Education Curriculum. OSPI did not use this scale, because the scope of the review related to sexual health education only.

Each scale in the Curriculum Design instrument contains 3 to 5 individual items. All items use a Likert response scale.

4 = Strongly Agree

3 = Agree

2 = Disagree

1 = Strongly Disagree

Respondents were able to select *Not Applicable* if the individual item did not apply to the materials being reviewed. This mostly applied to the supplemental products which generally have a narrow focus.

3.1.3 Sexual Health Education Module

The Sexual Health Education Module measures eight content-related standards.

Standard 1: Core Concepts	Students will comprehend concepts related to health promotion and disease prevention.
Standard 2: Analyzing Influences	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
Standard 3: Accessing Information	Students will demonstrate the ability to access valid information and products and services to enhance health.
Standard 4: Interpersonal Communication	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Standard 5: Decision-Making	Students will demonstrate the ability to use decision-making skills to enhance health.
Standard 6: Goal-Setting	Students will demonstrate the ability to use goal-setting skills to enhance health.
Standard 7: Self-Management	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Standard 8: Advocacy	Students will demonstrate the ability to advocate for personal, family, and community health.

Reviewers rate each standard using the same Likert scale used in the Curriculum Design rubric.

3.1.4 Overall Comments

The Overall Comments instrument measures the opinion of the reviewer regarding the quality of the materials. The three questions evaluate the program and instructional design, curriculum content and learning activities, and an overall evaluation. This scale uses the standard Likert scale described earlier.

No analysis was done on the narrative comments provided by the reviewers. Aside from formatting and minor grammatical editing, the comments can be seen along with the individual program results in Appendix C of this report and on the OSPI website, [CSHE Instructional Materials, Review Reports, and Tools](#).

4 Comprehensive Review Results

The following section shows overall results for the comprehensive products reviewed in 2021. Additional individual detail for specific products can be seen on the OSPI website.

Ten comprehensive (full) curricula were reviewed in this cycle. The products are shown below.

Table 1. Comprehensive curricula reviewed during the 2021 review.

Publisher	Curriculum Title	Year Published	Grade Range
Goodheart-Wilcox	Comprehensive Health Skills	2021	HS
ETR	Health Smart HS	2020	HS
ETR	Health Smart MS	2020	MS
Healthy Native Youth	Native Stand	2021	HS
Positive Prevention Plus	Positive Prevention Plus	2020	Elem
Red Comet	RC Health – Semester 2	2018	HS
The Dibble Institute	Relationship Smarts + 4 SRA	2020	MS
Un Hushed	Un Hushed Elem	2021	Elem
Un Hushed	Un Hushed HS	2021	HS
Un Hushed	Un Hushed MS	2021	MS

4.1 Academic Standards

The chart in *Figure 5* shows how each of the products were rated overall on coverage of the academic learning standards. Additional detail is shown in *Figure 6*.

Health Ed Standards

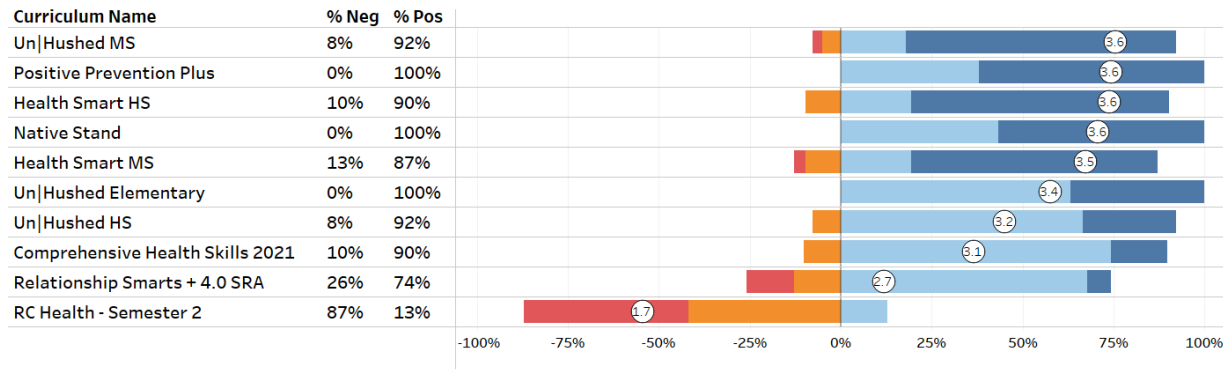


Figure 5. Product comparison for academic learning standards (Standards 1-8).

The following heat map shows the degree of alignment with each of the Washington state academic learning standards. Some standards do not have explicit grade-level outcomes for certain grades. If reviewers found evidence that a standard was addressed, they provided a rating.

Health Ed Standards - Full

Curriculum Name	Concepts	Analyze Influences	Access Valid Information	Interpersonal Communication	Decision-making Skills	Goal-setting Skills	Avoid Risk	Advocate for Self and Others
Un Hushed MS	4.0	3.8	3.4	3.8	3.8	3.0	3.6	3.8
Positive Prevention Plus	3.8	3.5	3.8	3.5	3.7	3.7	3.7	3.5
Health Smart HS	3.5	3.8	3.3	3.8	3.8	4.0	3.8	3.3
Native Stand	3.8	3.5	3.3	3.8	3.8	3.5	3.5	3.5
Health Smart MS	3.5	3.8	3.8	3.8	3.8	2.8	3.3	3.7
Un Hushed HS	3.0	3.2	3.2	3.2	3.2	3.3	3.4	3.0
Comprehensive Health Skills 2021	3.4	3.2	3.0	3.0	3.0	3.0	2.8	3.0
Un Hushed Elementary	3.2	3.0		3.5	3.5	3.5	3.5	3.5
Relationship Smarts + 4.0 SRA	2.8	2.8	2.0	3.3	3.0	3.3	2.5	2.0
RC Health - Semester 2	2.0	1.5	2.3	1.5	1.8	1.3	1.5	1.5

Figure 6. Heat map showing how well reviewers felt the materials addressed Washington state health education academic learning standards.

This heat map can help teachers understand where supplementation may be needed to address a particular standard. The numbers in the heat map show the average rating from all reviewers for a title/standard combination. Strongly disagree is coded as 1, Disagree as 2, Agree as 3, and Strongly

Agree is 4. For example, all *Un/Hushed MS* reviewers strongly agreed that the material addressed Standard 1: Concepts. Most reviewers strongly disagreed that *RC Health – Semester 2* covered Goal Setting.

Un/Hushed Elementary reviewers as a whole selected Not Applicable for Standard 3: Access Valid Information, which is why there is no data in that cell.

4.2 Curriculum Design

The Curriculum Design rubric has multiple scales. Detailed results are shown below.

4.2.1 Legislative Requirements

The scale items for Legislative Requirements include:

1. Materials are medically and scientifically accurate.
2. Materials are age- and developmentally appropriate.
3. Materials include information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases, neither to the exclusion of the other. *(Not applicable for K-4)*
4. Materials are inclusive of all students, using language and strategies that recognize all members of protected classes.
For materials used for HIV Prevention Education: (Not required in grades K-4)
5. Materials address HIV/AIDS, its transmission, and its prevention.
6. Materials include behaviors that place a person at risk of contracting HIV and methods to avoid such risk.

Reviewers selected Strongly Disagree, Disagree, Agree, or Strongly Agree for each item. In some instances, reviewers selected Not Applicable depending upon the context.

Legislative Requirements

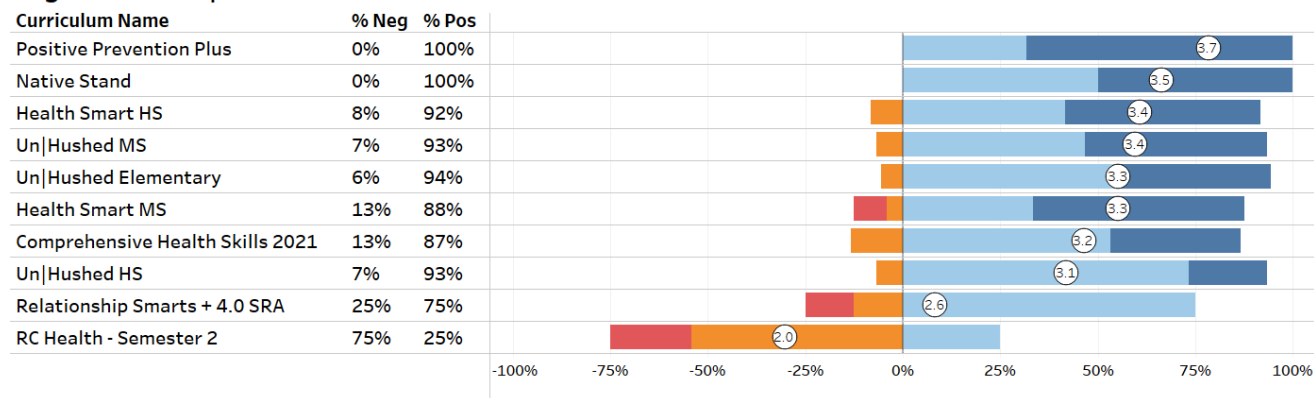


Figure 7. Legislative Requirements results for all full curricula.

4.2.2 Bias Free Materials

Items for the Bias-free Materials scale include:

1. Character traits such as courage, leadership, intelligence, integrity, etc. are distributed among diverse groups (genders/gender identities; races/ethnicities/cultures/tribal citizens; persons with disabilities; sexual orientations).
2. Intimate and family relationships are presented in a variety of ways and are not limited to heterosexual, same-race, same ability status, or traditional nuclear family configurations.
3. Materials use inclusive and gender-neutral language, and are free from the language of racism, sexism, ableism, homophobia, and transphobia.
4. Oversimplified generalizations, stereotypes, and images of groups are avoided. People of all groups are presented in a variety of dress and activities, not just associated with the group's traditional or historical culture.

Bias-free Materials

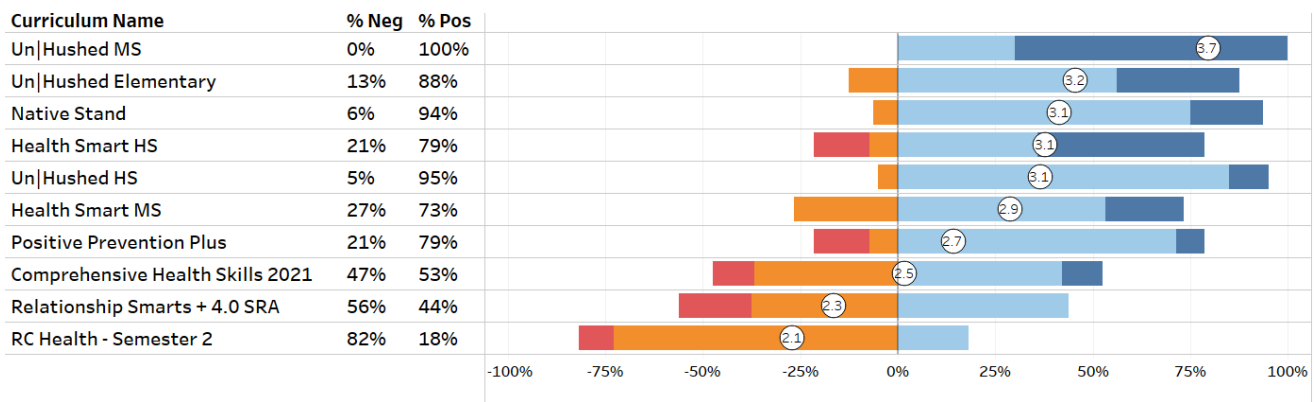


Figure 8. Bias-free Materials results for all full curricula.

4.2.3 Curriculum Design

Items for the Curriculum Design scale include:

1. The design, graphics, and language are engaging and current.
2. Quality student materials, such as texts, assessments, handouts, and audiovisuals are provided.
3. Helpful teacher guidance and teaching aids are provided.
4. Materials and activities are appropriate for English Learners.
5. Materials are available in languages other than English.
6. Digital materials are consistent with the learning objectives and scope & sequence of the program, are easy to access, and incorporate updates as needed.

Curriculum Design

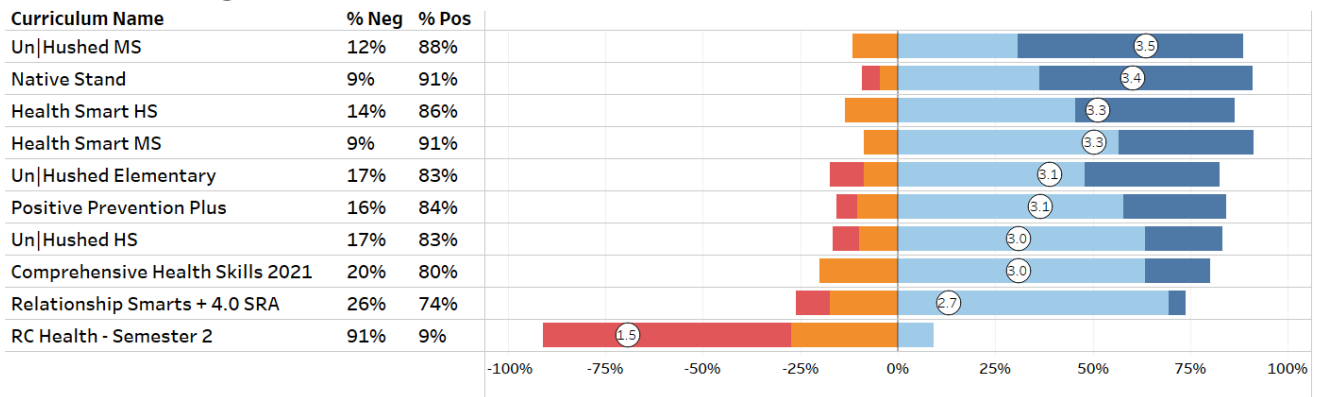


Figure 9. Curriculum Design results for all full curricula.

4.2.4 Learning Objectives

Items for the Learning Objectives scale include:

1. Learning objectives are clearly written and are measurable.
2. Learning objectives address important concepts and skills that support healthy behavioral outcomes.
3. The learning objectives address cognitive, affective, and skills domains.
4. Lesson plans include learning objectives, prerequisites, aligned activities, assessment, additional resources, and closure.

Learning Objectives

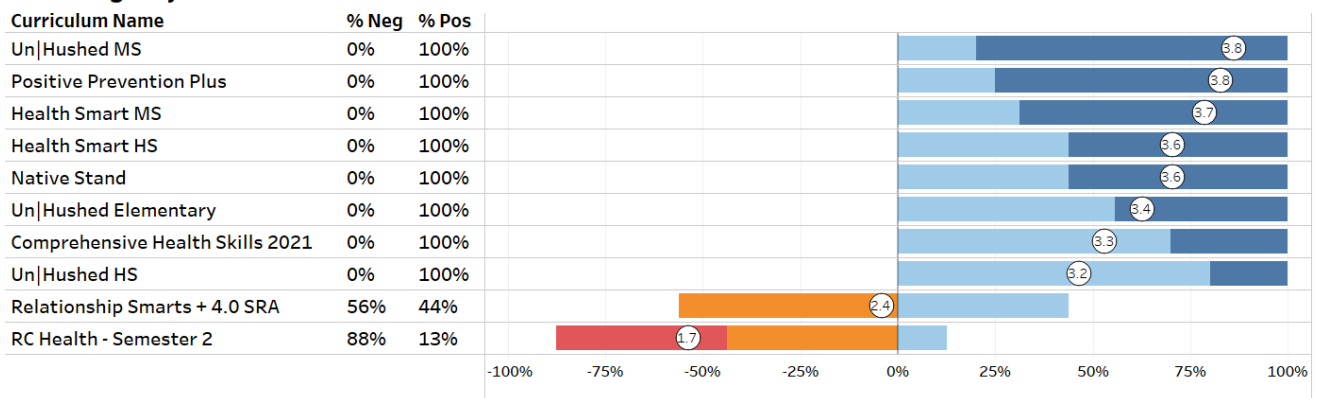


Figure 10. Learning Objectives results for all full curricula.

4.2.5 Teacher Guidance & Preparation

Items for the Teacher Guidance & Preparation scale include:

1. Background information is provided to assist the teacher, including assistance to set up conversations with students on the topics.
2. Clear, step-by-step procedures are provided to implement the curriculum.
3. Essential learning materials, handouts, and other instructional tools are provided to reduce teacher preparation time.

- Guidance is provided to help the teacher adapt materials or differentiate instruction based on students' learning needs.

Teacher Guidance & Prep

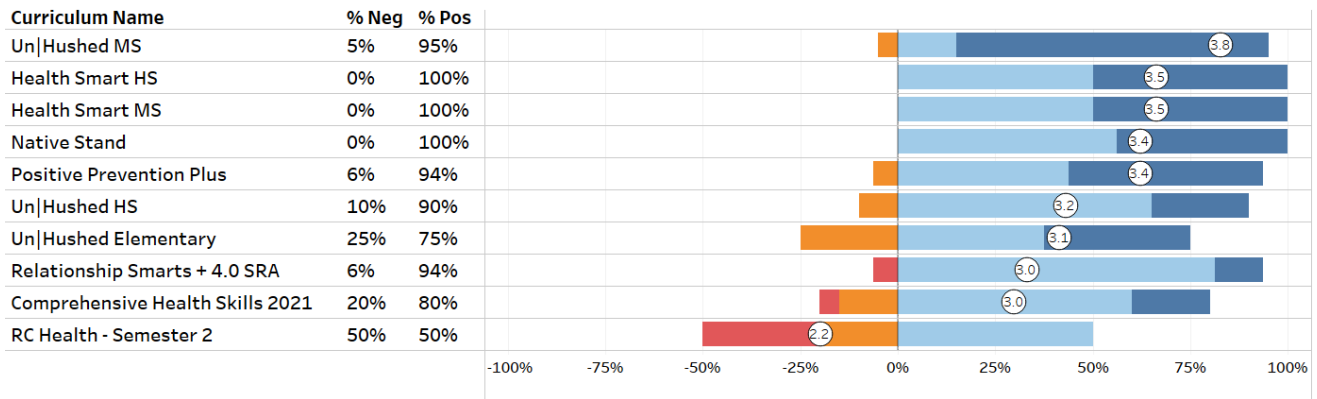


Figure 11. Teacher Guidance and Preparation results for all full curricula.

4.2.6 Instructional Strategies & Materials

Items for the Instructional Strategies & Materials scale include:

- Instructional strategies use interactive, experiential methods.
- Instructional strategies and materials are culturally responsive and diverse.
- Instructional strategies and materials are developmentally appropriate.
- Instructional strategies expand learning opportunities outside of the classroom, such as family or community activities.
- The materials incorporate universal design for learning.
- The materials provide support for online or in-person learning.

Instructional Strategies & Materials

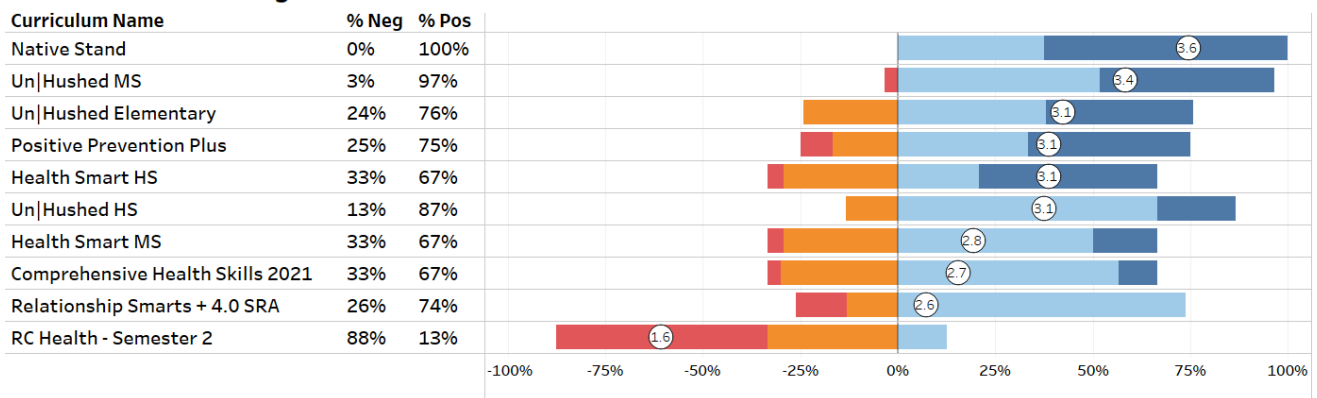


Figure 12. Instructional Strategies and Materials results for all full curricula.

4.2.7 Teaching Health Skills

Items for the Teaching Health Skills scale include:

- Each lesson plan reinforces the one before it and sets the stage for the next one.

2. Guidance is provided to model or demonstrate health skills.
3. Teaching strategies are provided to guide students' in-class and independent skills practice.
4. Clear criteria are included to provide feedback to students.

Teaching Health Skills

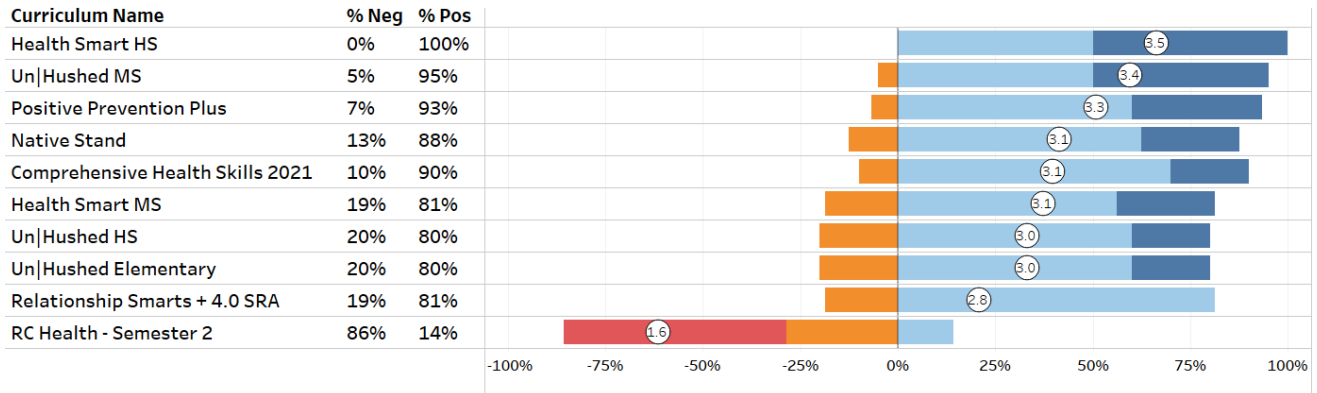


Figure 13. Teaching Health Skills results for all full curricula.

4.2.8 Student Assessment

Items for the Student Assessment scale include:

1. A variety of assessments are provided to measure students' knowledge acquisition and skill performance.
2. Criteria are provided to help assess student learning.
3. Opportunities for students to assess their own progress and understanding are provided.
4. Opportunities exist for students to set their own goals.

Student Assessment

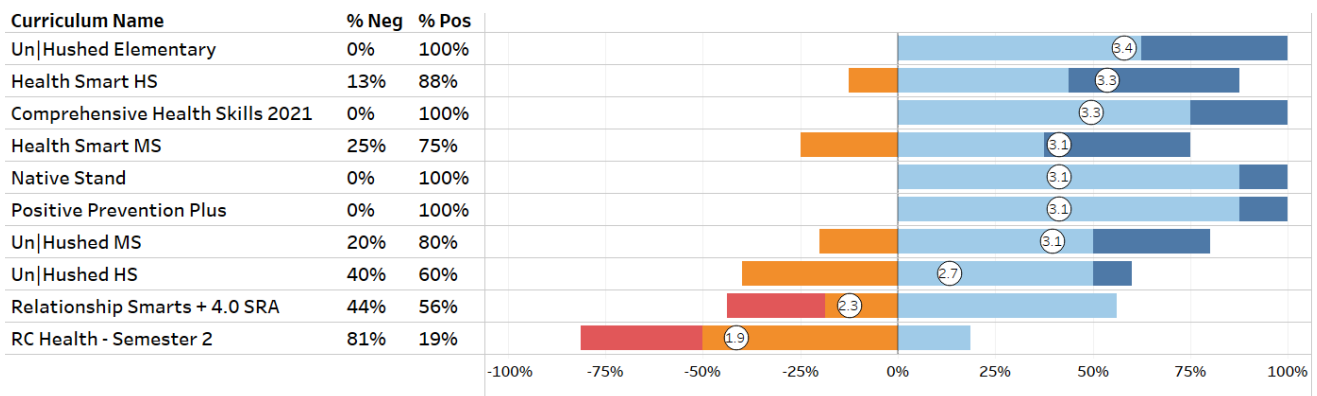


Figure 14. Student Assessment results for all full curricula.

4.2.9 Promoting Healthy Norms

Items for the Promoting Healthy Norms scale include:

1. Opportunities for peer-to-peer activities are provided.
2. Activities designed to influence the behavior of others are included.

3. Activities designed to counter student perceptions that many of their peers engage in unhealthy or risky behaviors are provided.
4. Strategies to actively engage parents, guardians, and caregivers in promoting healthy values and behaviors are included.

Promoting Healthy Norms

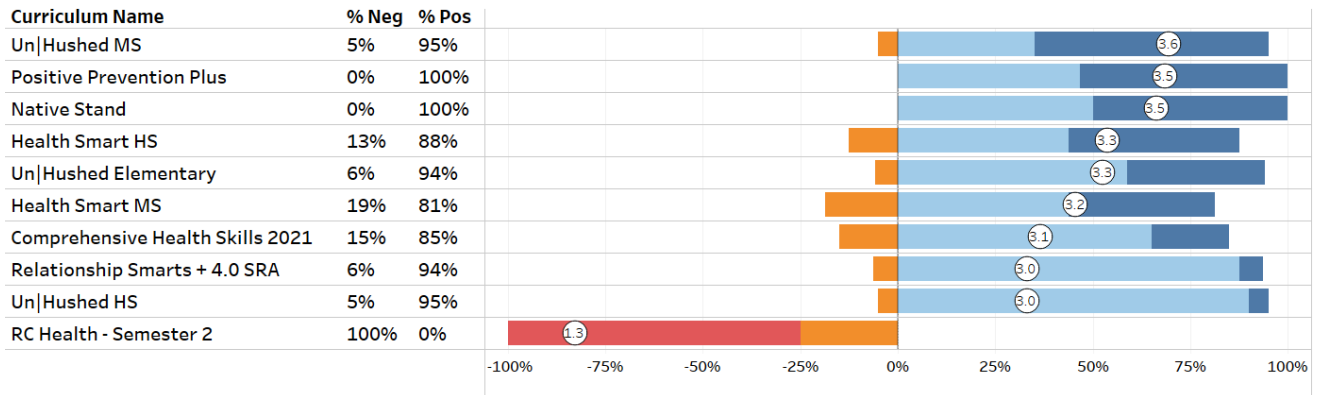


Figure 15. Promoting Healthy Norms results for all full curricula.

4.3 Medical and Scientific Accuracy

The Accuracy Analysis tool was used by the Washington Department of Health (DOH) to evaluate medical and scientific accuracy. Two independent reviewers from DOH assessed each full curriculum for medical and scientific accuracy and provided comments related to their review.

Accuracy Analysis Coding:

- 4 = No corrections are necessary.
- 3 = A few minor errors or problems are evident, but they are easy to correct.
- 2 = Many minor errors or problems are evident, but they are easy to correct.
- 1 = Major errors and problems are evident, and one would be difficult or costly to correct.
- 0 = Major errors and problems are evident, and more than one would be difficult or costly to correct.

Seven of the eleven titles had ratings of 3 or 4, meaning that no corrections are necessary or a few minor errors are evident but they are easy to correct.

RC Health – Semester 2 had ratings of 1 and 2 according to the DOH reviewers.

The medical and scientific accuracy data had higher than expected variability on two titles: *Positive Prevention Plus*, and *Relationship Smarts +4.0 SRA*. Each of these titles had a split review, where one reviewer rated the materials more than one step different than the other reviewer. We recommend further medical/scientific accuracy review on those two titles.

Accuracy Analysis - Full

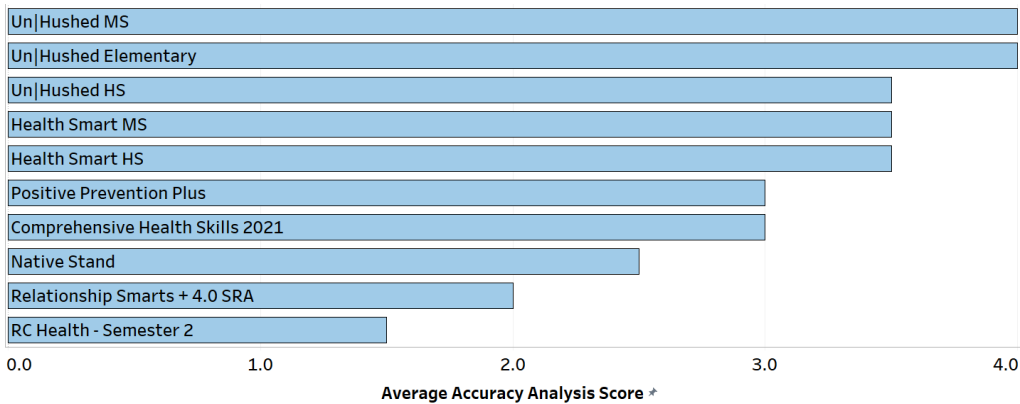


Figure 16. Accuracy analysis average score from Department of Health reviewers. All full curricula were reviewed by two independent reviewers.

4.4 Reviewer Recommendation

Items for the Reviewer Recommendation scale include:

1. The instructional materials are high quality, including audio and visual quality.
2. The instructional materials are engaging, appealing, and appropriate for the intended audience.
3. I would use this material in my classroom.

Reviewer opinions were very positive for the *Un|Hushed* series and *Native Stand* as shown in the following chart.

In contrast, half or fewer of the responses were positive for the three lowest ranked titles for this scale.

Reviewer Recommendation

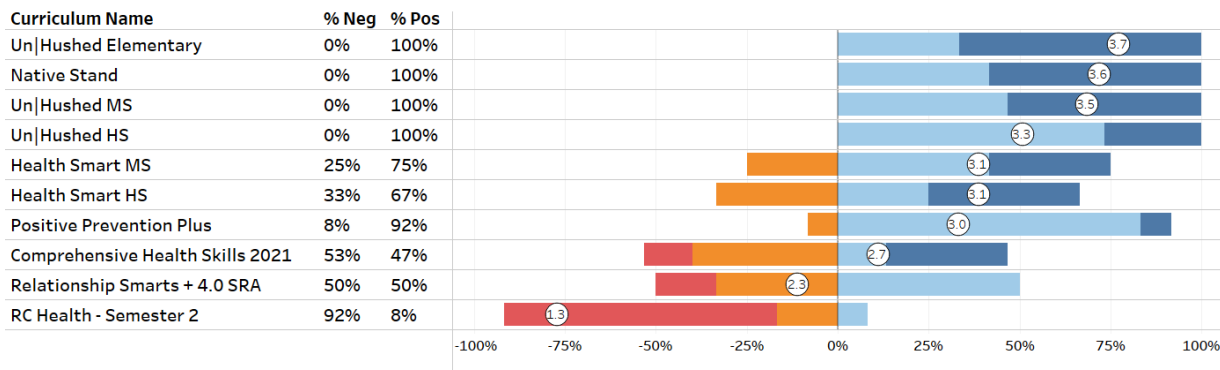


Figure 17. Reviewer Recommendation results for all full curricula.

5 Supplemental Results

In addition to the comprehensive programs described above, the 2021 Review Team examined eleven supplemental materials. The results from their supplemental review are shown below.

Supplemental materials are typically a single unit or topic, and often do not have the range of instructional supports found in a comprehensive curriculum.

Reviewers used an evaluation tool that was based upon the Washington Sexual Health Education curriculum review instruments. It contained abbreviated rubrics for:

- Primary Subject Areas Covered
- Washington Health Education Standards
- CSHE Act and AIDS Omnibus Act Concurrence
- Preliminary Considerations
- Recommendations and Comments

Most of the supplemental materials reviewed in the 2021 cycle were high quality, subject-specific products. Reviewers commented on how well most videos would be received by students. The supplemental products addressed challenging topics directly and with ease, and educators may find many of them valuable additions to their health education programs.

Table 2. Supplemental products reviewed.

Publisher	Title	Materials Type	Grade Level
University of Washington, Harborview Abuse & Trauma Center	Athletes as Leaders	DV prevention program	HS
King County Sexual Assault Resource Center	Boundaries (KCSARC)	video	MS, HS
Amaze/Advocates for Youth	Consent & Communication (Amaze)	video	MS
King County Sexual Assault Resource Center	Consent (KCSARC)	video	MS, HS
Amaze/Advocates for Youth	Consent Explained: What is it? (Amaze)	video	MS
Little, Brown Books for Young Readers	Consent for Kids! Boundaries, Respect, and Being in Charge of YOU!	book/ebook	Elem
King County Sexual Assault Resource Center	Healthy Communication (KCSARC)	video	MS, HS
Seattle Public Schools TV	Puberty & You	video	Elem, MS
Amaze/Advocates for Youth	Saying Yes or No: What is Consent? (Amaze)	video	MS

Publisher	Title	Materials Type	Grade Level
Amaze/Advocates for Youth	Understanding Sexual Consent and the Law (Amaze)	video	MS
Rutgers University	What Does Consent Look Like?	lesson plan	MS, HS

5.1 Subject Areas Covered

Figure 19 shows the subject areas addressed by each of the supplemental products.

Subject Area Heat Map

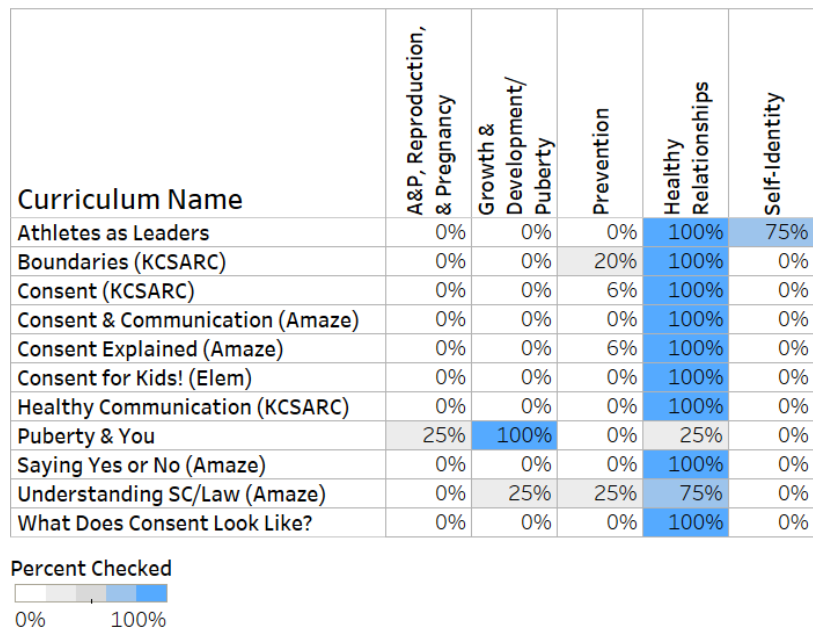


Figure 18. Percent of reviewers who indicated the subject area was covered for a title.

Most of the supplemental products reviewed in 2021 focused on Healthy Relationships, with the exception of *Puberty & You*, which focused on Growth & Development/Puberty. Within the broad context of Healthy Relationships, there were several sub-topics, including:

- Affirmative Consent
- Bystander Training
- Communication Skills
- Development of Meaningful Relationships
- Understanding Influences of family, peers, community and the media

Further analysis shows that most videos had a major focus on affirmative consent. Washington State requires instruction on affirmative consent as part of the comprehensive sexual health education curriculum. School districts looking to supplement their current materials with additional content on affirmative consent have several strong choices in the materials reviewed in 2021.

Healthy Relationships Subject Detail

Curriculum Name	Affirmative Consent	Bystander Training	Communication Skills	Development of Meaningful Relationships	Understanding Influences
Athletes as Leaders	75%	50%	75%	75%	75%
Boundaries (KCSARC)	40%	0%	80%	20%	0%
Consent (KCSARC)	100%	0%	53%	35%	6%
Consent & Communication (Amaze)	100%	0%	50%	25%	0%
Consent Explained (Amaze)	100%	0%	41%	0%	0%
Consent for Kids! (Elem)	100%	50%	100%	75%	0%
Healthy Communication (KCSARC)	50%	0%	50%	25%	25%
Puberty & You	0%	0%	25%	0%	0%
Saying Yes or No (Amaze)	100%	0%	50%	25%	0%
Understanding SC/Law (Amaze)	75%	0%	0%	25%	0%
What Does Consent Look Like?	100%	40%	0%	0%	20%

Figure 19. Healthy relationship subtopics covered with 2021 supplemental materials.

5.2 Health Education Standards Covered

Figure 21 shows the percent of reviewers who indicated the health education standard was covered in the supplemental product. Supplemental materials, by definition, address very specific topics, and are typically of very short duration. School districts should not rely on supplemental materials to provide comprehensive coverage of a health education academic learning standard.

Health Ed Standards

Curriculum Name	Concepts	Access Valid Information	Analyze Influences	Interpersonal Communication	Decision-Making	Goal-Setting	Health-Enhancing Behaviors	Advocate for Self and Others
Athletes as Leaders	50%	0%	50%	75%	50%	25%	75%	50%
Boundaries (KCSARC)	20%	0%	20%	80%	60%	0%	20%	60%
Consent (KCSARC)	59%	6%	59%	53%	41%	0%	47%	18%
Consent & Communication (Amaze)	50%	0%	50%	100%	25%	0%	0%	0%
Consent Explained (Amaze)	65%	0%	65%	76%	24%	0%	24%	18%
Consent for Kids! (Elem)	50%	0%	50%	50%	50%	0%	0%	25%
Healthy Communication (KCSARC)	25%	0%	25%	100%	25%	0%	25%	25%
Puberty & You	75%	25%	75%	0%	0%	25%	25%	0%
Saying Yes or No (Amaze)	50%	0%	50%	75%	25%	0%	25%	0%
Understanding SC/Law (Amaze)	75%	25%	75%	0%	25%	0%	25%	0%
What Does Consent Look Like?	20%	20%	20%	20%	40%	0%	40%	40%

Figure 20. Percent of reviewers who felt a health education standard was covered for a title.

5.3 Legislative Requirements

The supplemental evaluation instrument used very similar scales for the CSHE Act and AIDS Omnibus Act consistency as the full curriculum review.

The scale items for Legislative Requirements include:

1. Materials are medically and scientifically accurate.³
2. Materials are age- and developmentally appropriate.
3. Materials include information about abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases, neither to the exclusion of the other. *(Not applicable for K-4)*
4. Materials are inclusive of all students regardless of protected class.
For materials used for HIV Prevention Education *(Not required in grades K-4)*
5. Materials address HIV/AIDS, its transmission, and its prevention.
6. Behaviors that place a person at risk of contracting HIV and methods to avoid such risk are included in the materials.

Reviewers selected Strongly Disagree, Disagree, Agree, or Strongly Agree for each item. In some instances, reviewers selected Not Applicable depending upon the context.

Legislative Requirements

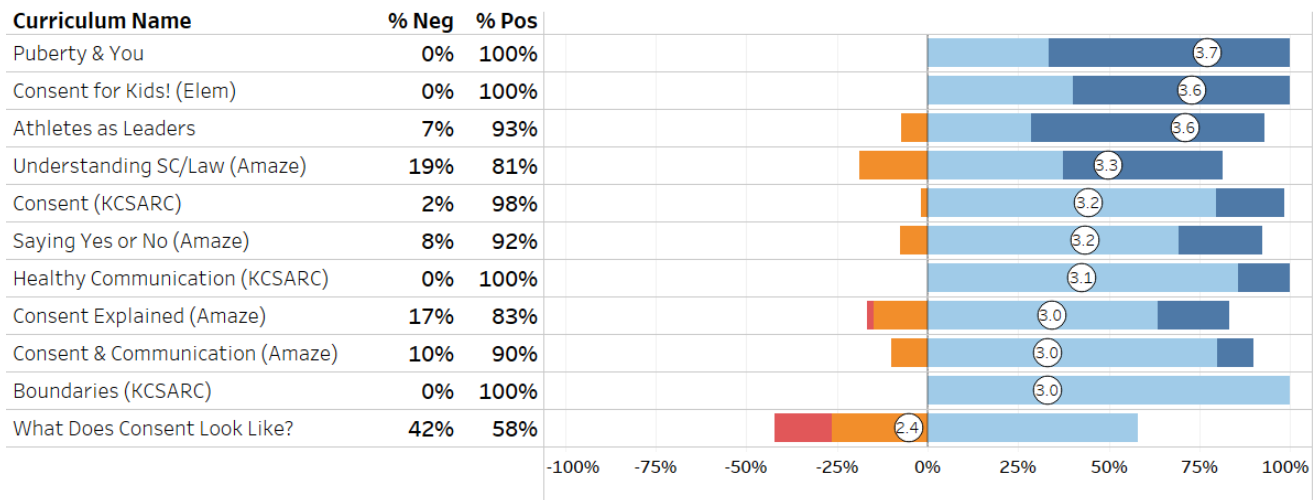


Figure 21. Results for supplemental products for consistency with state legislative requirements related to the CSHE Act and the AIDS Omnibus Act.

³ This item represents the opinion of the reviewer. See the Accuracy Analysis section for a more in-depth review of the supplemental materials by health care experts. School districts using these rubrics should not rely solely on this item to evaluate medical and scientific accuracy. A full medical and scientific accuracy review of the materials should use the Accuracy Analysis Rubric and should be completed by a person or people with deep clinical expertise in the content area. This could be WA Department of Health, or a team including county health department, family planning clinic, or university clinical staff for example.

5.4 Preliminary Considerations

The Preliminary Curriculum Considerations contain two items, Acceptability and Instructional Supports. Both items are shown separately in this section.

Acceptability Analysis: The material is appropriate for all students in the intended audience (inclusive), is free from bias and stereotypes, avoids promoting specific values, and is consistent with state statutes and, as appropriate, district policies.⁴

Instructional Supports: Learning objectives, teacher guidance, and formal or informal student interaction and assessment supports are included.

Preliminary Considerations: Bias-free, Avoids Promoting Values

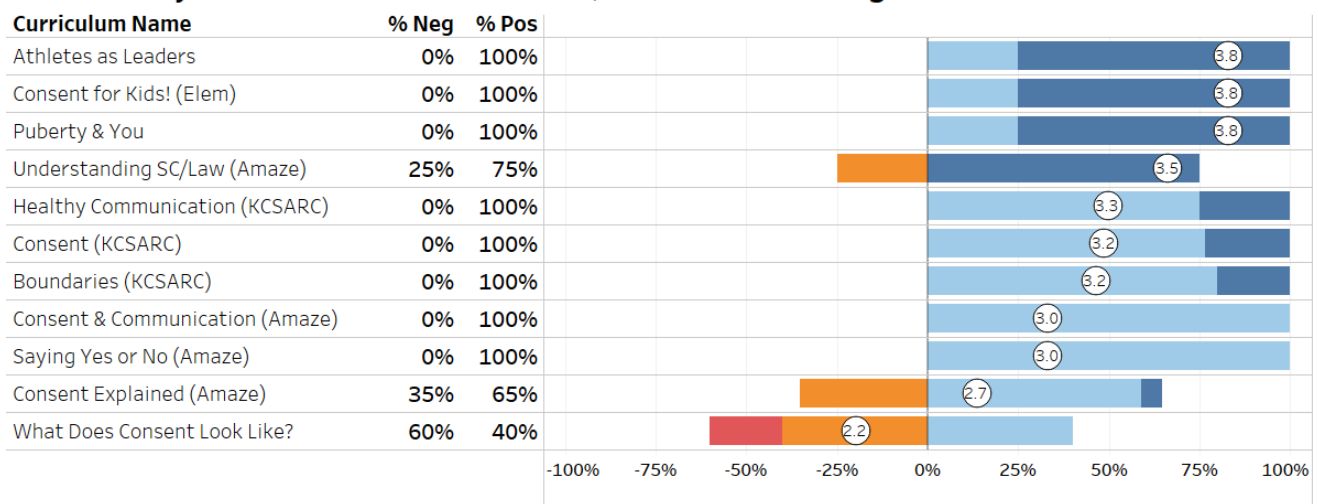


Figure 22. Acceptability analysis results for supplemental materials.

Many supplemental products contain instructional supports to assist educators in implementation. Some products may not need or include instructional supports but can still be high quality additions to a comprehensive sexual health education program. The chart in Figure 24 shows the inclusion of and ratings for instructional supports. All of the materials from Amaze (Advocates for Youth) and most other supplemental products contain instructional supports. While both *Consent for Kids!* and *Puberty & You* were highly rated supplemental materials, the reviewers felt that there were little or no instructional supports included.

⁴ OSPI's Screening for Biased Content in Instructional Materials tool is available for more in-depth bias reviews.

Preliminary Considerations: Instructional Supports

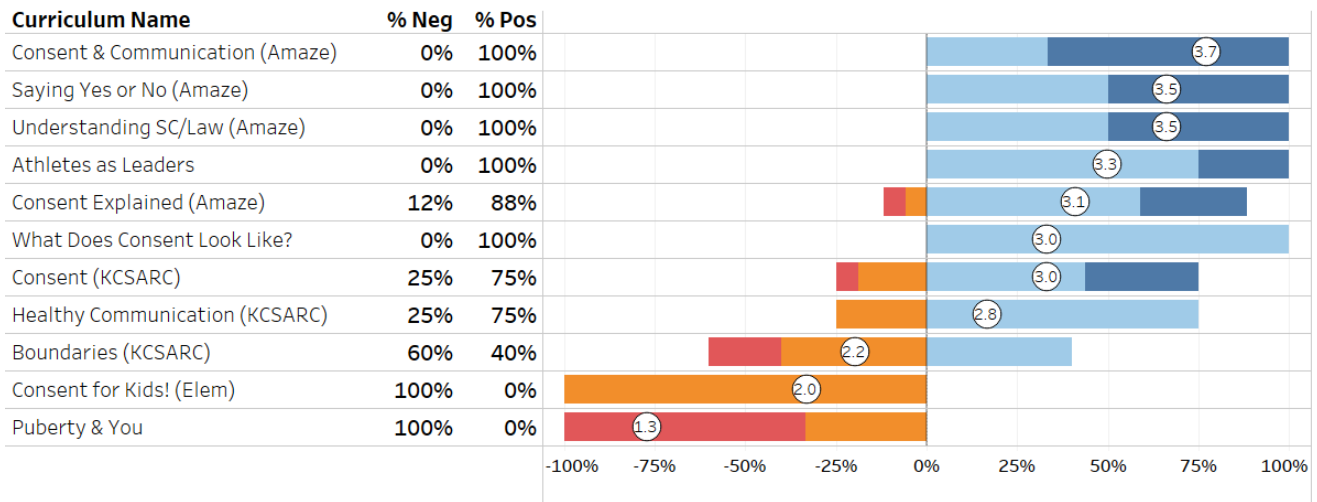


Figure 23. Degree to which instructional supports are included.

5.5 Reviewer Recommendation

Reviewers rated the supplemental materials on three items related to their overall opinion of the product.

1. The supplemental material is high quality, including audio and visual quality.
2. The supplemental material is engaging, appealing and appropriate for the intended audience.
3. I would use this supplemental material in my classroom.

All of the supplemental products reviewed in 2021 had more than 50% positive reviews. Reviewer comments generally showed strong interest in using the supplemental materials.

Reviewer Recommendation

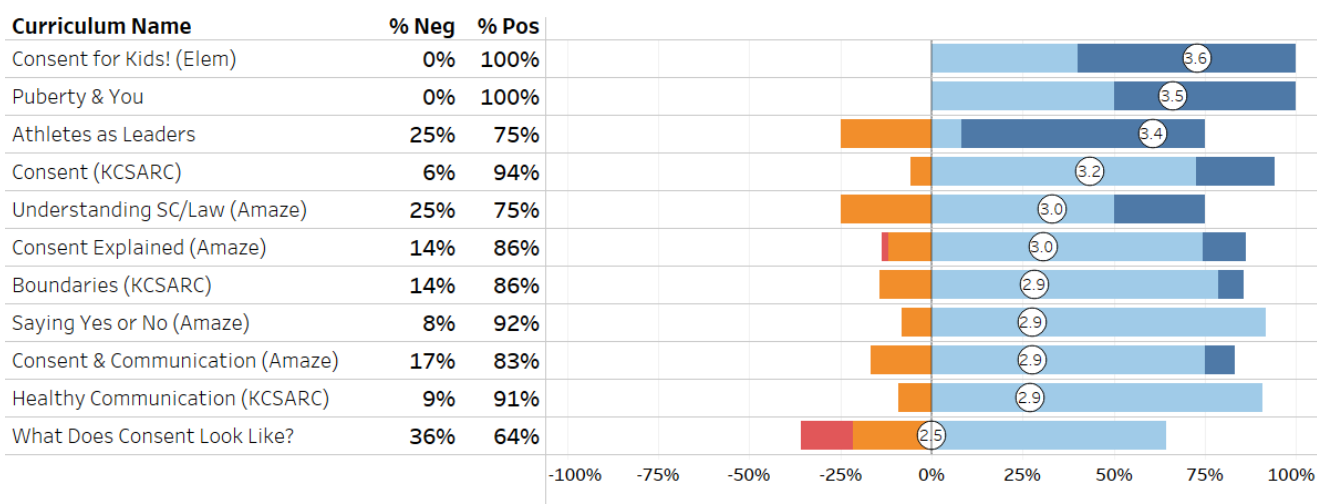


Figure 24. Reviewer recommendations for supplemental products.

5.6 Supplemental Materials – Accuracy Analysis

Department of Health reviewers used the Accuracy Analysis scale to evaluate supplemental products. All of the titles received a rating of 4, which indicate that no corrections are necessary. All of the titles received reviews by two independent DOH clinical staff.

Accuracy Analysis - Supplemental

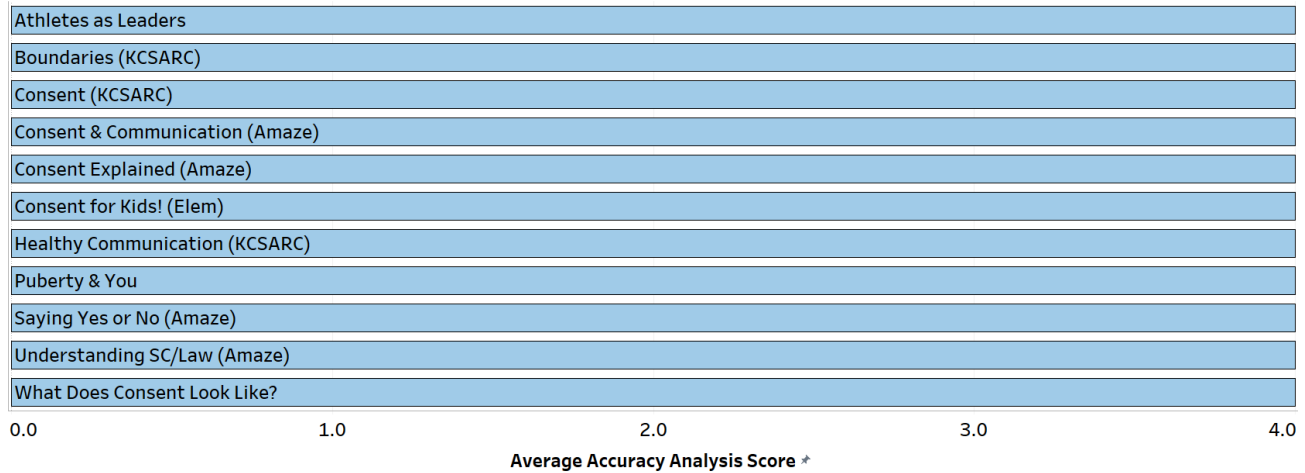


Figure 25. Average accuracy analysis scores by DOH reviewers.

Appendix A. Data Collection and Analysis Methods

Reviewers used electronic survey forms to record comments, scores, and evidence. The scores were extracted and transferred to a CSV text file for analysis and data visualization using Excel and Tableau.

The majority of the data collected using the instruments used a 4-point Likert scale (Strongly Disagree, Disagree, Agree, Strongly Agree) to address questions about their overall evaluation of the product. The values were recoded from 1 to 4 for analysis. The percent of reviewers selecting a particular response was reported. An average value was calculated for an item, scale, or overall to allow for simple comparison between materials. The data was treated as nominal for purposes of reporting a blended score from multiple reviewers.

The Accuracy scale used an ordinal scale ranging from 0 to 4 where a score of zero indicated major errors, and a score of 4 indicated that no corrections were necessary. The data was treated as nominal for purposes of reporting a blended score from multiple reviewers.

For the supplemental materials, two “check all that apply” scales were used in addition to the Likert scales described above. Users selected one or more subject areas from a list and they also selected one or more health education standards based on what the supplemental material covered. For check all that apply data, results were shown in a heat map that indicated the percent of reviewers who selected the item for a particular set of materials.

Readers are encouraged to look at the reviewer comments in the appendix to gain additional insight on the materials reviewed.

Appendix B. Acknowledgements

We are indebted to the volunteers who thoughtfully assisted in conducting the 2021 comprehensive sexual health education instructional materials review. The panel members endeavored to apply the scoring criteria objectively and with a commitment to providing a quality resource to school districts looking for guidance. They devoted many days out of their busy schedules to do this work. We are grateful for their efforts. In a few instances, reviewers were unable to complete all their assigned reviews. When we were unable to find a substitute reviewer, OSPI staff reviewed the material to ensure each title had a minimum number of readings.

Three clinical staff from the Washington Department of Health provided in-depth medical and scientific accuracy reviews. We appreciate their time and expert analysis.

Sexuality Education Curriculum Review Panel Members

Name	Organization
Andie Lyons	Public Health - Seattle & King County
Bailey Rose	Glacier Middle School, White River School District
Bat-Sheva Stein	Washington Department of Health
Desi Saylor	Salish Middle School, North Thurston School District
Dorothy Apple	Title VI Indian Education, White River and Eatonville School Districts
Elizabeth Ortega	Puget Sound Community School (Seattle)
Ellen Silverman	Washington Department of Health
Emily Yoder	University of Washington School of Social Work
Forever Moon	Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana and Kentucky
Jan Ward Olmstead	JWO Consulting
Jessica Lucht	Planned Parenthood of Greater Washington and North Idaho
Jessica Morrish	Eatonville Middle School, Eatonville School District
Julie Ann McElroy	Whatcom County Health Department
Katie Leigh	Bainbridge High School, Bainbridge Island School District
Keri Moore	Room One (Methow Valley)
Laraine Clardy	Washington Department of Health
Mason Culbertson	City of Tacoma Human Rights Commission
Mollie Overby	Planned Parenthood of the Great Northwest, Hawai'i, Alaska, Indiana and Kentucky
Rizza Cea	Washington Department of Health
Terri Farrar	Pacific Lutheran University (Tacoma)
Virginia Martin	Wahkiakum County Health and Human Services

OSPI Staff

Laurie Dils, MSW, Sexual Health Education Program Supervisor
Taylor Allen, Administrative Assistant, Health, Physical Education & Sexual Health Education Program

Consultant

Porsche Everson, MBA,
Relevant Strategies

Appendix C. Reviewer Comments – Full Curricula

Reviewer comments have been lightly edited for grammar and spelling. Special care was taken to not alter the intent of the reviewer's comments. Comments represent the opinion of the reviewer, not OSPI or DOH.

Comprehensive Health Skills 2021

Reviewer 103

Some outcomes are implied and/or not clear as to whether they would be met in the manner stated on the Academic Learning Standards sheet. Standard 3 I rated as Disagree as the specific outcomes were not met but as a whole Standard 3 could be met.

In the ancillaries there are a number of LGBTQ+ examples around dating but the majority of the names used throughout the textbook appear to be white, generic names.

I think overall it is a very good textbook.

Reviewer 107

Overall, this curriculum is well written and thought out. While it is definitely an improvement from blatant scare tactics and heteronormative representation in past curricula, there is a lot of room for improvement. Here are some of my thoughts:

- Attraction is the first attribute when describing healthy romantic relationships
- Sexual abstinence is mentioned immediately after physical intimacy. There is no description of harm reduction or a continuum of high risk to low-risk sexual behaviors that people can engage in
- I appreciated the discussion of strong boundaries and affirmative consent, but an in-depth description of non-verbal communication should be described and examined.
- No mention of relationship structures outside of monogamy.
- No non-binary identities are mentioned or represented.
- Heavily focused on heterosexual partnerships
- No mention of BDSM or alternative sexualities
- I appreciated that they used "parent/guardian" instead of just the word "parent" and described different family structures
- The "Advocate for Diversity" paragraph feels forced and out of place. There is no substance or context and simply tells people to "be friends with different kinds of people" and "speak up for others" without unpacking what this means or how to avoid white saviorism.
- High emphasis on sexual abstinence, and an assumption that all teens are being pressured into sex and need skills to learn how to avoid this pressure. There is no space for teens that are curious about sex, or who have already engaged in sexual activity. There is no exploration for teens to think about how they know they are ready for sex, or how to choose a healthy sexual partner.
- The assumption that break-ups will be "more painful" if you have been sexually active minimizes the experiences of those in non-sexual relationships.
- Asexuality is not mentioned once
- LGBTQ+ identities are talked about once in family structures, but that is it.
- Masturbation and wet dreams are not discussed at all.
- They focused a lot on cyber-bullying which was positive but left out sexting and sharing videos/pictures without consent, revenge porn, or the impacts of sharing your images with others, and legal issues. This is one of the most pressing issues facing teenagers today and cannot be

ignored.

-When describing Risk Factors in Violence and Prevention Risk Factors - many teens would not know what these concepts mean without examples and context. They might not know that their home is "overly strict" or that their community has a "lack of economic opportunities because it is the only life they've known"

-Violent Video games - there has NOT been a concrete connection between violent video games and violent behavior. This could be potentially alienating to students who play violent video games and are not violent at all (the vast majority of people) and might leave the student ignoring other information in the text. This is a scare tactic, and undermines the idea that violence is a choice.
https://www.health.harvard.edu/newsletter_article/violent-video-games-and-young-people.

-When describing how to respond to bullying behavior, the advice contradicts itself - either choose not to respond or be assertive. Both should describe the potential consequences

-I appreciated the questions to ask yourself before posting content on the Internet

-Good examples in the Myths and Facts of consent - the question I routinely get asked is "what happens if both are drunk/high" and this is rarely addressed in curricula.

-Verbal sexual harassment should include lists of ranking women in school based on attractiveness

-The preventing sexual assault chapter is HIGHLY PROBLEMATIC and promotes victim blaming. The chapter tells students to "express clearly by saying yes or no" and "encourage people around you to treat you with respect" and "avoid risky situations" as sexual assault prevention tips. The "Avoiding Dangerous situations" is a list of things that most women do already - don't go out at night alone, be aware of your surroundings, etc. I'm surprised it didn't include information about a rape whistle. It never once says "do not sexually assault other people" or coach students on how to know if someone is able to consent, or even talk about the legal consequences of sexual violence. It then talks about Rape Culture on the next page, completely undermining the entire chapter.

-In the community violence section there is no mention about school shootings.

-Health and Wellness skills do not include "Using a condom or dental dam" if engaging in sexual activity.

-I appreciated that the curriculum included information about the clitoris, safe haven laws, and abortion.

Reviewer 111

This curriculum comes with anything a teacher would need. Everything is outlined and organized very well which makes it easy to manage. It is a book-based curriculum with a workbook and a companion website with other resources including more handouts, vocabulary sheets and some videos. One of the only downsides to this curriculum is that since it is book based, there are multiple places a teacher would have to go to fully prep for a lesson the first time. Also, there are not many videos so worksheets and the textbook could get a bit boring at times for the students. However, the content is extremely detailed and inclusive. This curriculum does a great job of explaining many topics that can be controversial for a sex ed unit such as birth control, sexual activity, abortion in a way that gives the learner the information they need and promoting abstinence and other safe practices. There is a lot of information on birth control, STIs/HIV/AIDS, sexuality, relationships, and consent/boundaries. Each chapter has warm-up activities, vocabulary, review, assessments, and additional activities to hit on other state standards. Overall, I would highly recommend this curriculum and would use it in my own classroom.

Reviewer 114

Overall, the content in the workbooks and handouts I found to be excellent, but the content in the actual textbook is lacking in inclusivity and diversity.

Birth control methods and STI information is out of date.

A lot of guidance is provided on choosing abstinence but very little guidance on making decisions around sexual activities.

The video content was not relatable and was not well-made and felt unrealistic. Video content portrayed stereotypes as well.

I believe that as a complete health package, this program is very comprehensive. However, I believe it privileges heterosexuality in the textbook and privileges abstinence by not providing an equal framework for decision making around deciding to have sex.

Chapter on abstinence told youth that people who have sex will regret it, and indirectly assumes that people only should have sex with their marital or future marital partner or else they will regret it.

Reviewer 116

In terms of its digital interface, organization of materials, and instructor support, Comprehensive Health Skills certainly appears to be an attractive option for any health class that includes online or distance learners. I appreciated the easy to navigate and extensive online instructor suite, including the online textbook (in both English and Spanish), student workbooks, an archive of all the handouts and a slew of instructor resources. Plus, all of the student materials are fully adapted for online use, including form fields for all handouts, differentiated reading guides, and tools where students can highlight and annotate directly into the digital textbook and workbook; meaning, students can complete online, save their work (completed or not) online and then later print or save to Google Drive--again, an incredible asset for anyone working with online learners.

However, I would not use this curriculum in my health class for one major pitfall: it is way too textually dense to keep students engaged. The amount of reading for each chapter is rather intense. For the science/medical-themed chapters, like HIV and Pregnancy, text is important for explaining the biology and process. Nevertheless, topics such as healthy relationships, consent, and sexual assault lean far too heavily on text and do not include the peer-to-peer activities or interactions that are so necessary to bring authenticity (and practice) to these essential subjects. The amount of reading takes away time from actually engaging with students in discussions, leaving a teacher to pick and choose which readings to keep, which to cut, or attempt to squeeze it all in with minimal classroom activities.

Accuracy Analysis Reviewer 123

Healthy relationships. Disturbing video; recommend inclusion of a solution-focused video showing what happens next.

Page 757 or into the next chapter. Following birth, there needs to be a discussion on the importance of postpartum care. Some people call this the 4th trimester. Discussion about birth control could be included as well as the physical and mental health impacts of adjusting to a new baby.

Accuracy Analysis Reviewer 125

Unit 7 - could add update about COVID-19

p.678 - In pregnancy may receive a syphilis test both in the first trimester and the third trimester (new guidance as syphilis and congenital syphilis rates are on the rise); "doctor" is used liberally in

the text and should be updated to "health care provider or professional" to include other professions that provide sexual and reproductive health services such as certified nurse-midwives, nurse practitioners, physician assistants, and naturopathic doctors - pages specifically are p. 680, 682, 687, 693, 734, 740, 746, 749, 754, 759, 830, 834, 840,843; on p. 738 circumcision needs a more accurate definition of why it may be done instead of "this makes the penis easier to wash,"

Health Smart HS

Reviewer 103

There are multiple Standard 1 Outcomes missing in multiple areas or they are only implied in the "textbook" and PowerPoint information.

Standard 3 is missing information on accessing laws related to sexual health care services. No specific information on rape.

Some LGBTQ+ terminology is unclear and there is very limited information provided.

Affirmative consent is a lesson but provides limited information and practice for the students.

The "textbook" information, including the PowerPoints are vague and over emphasizes abstinence in comparison to condom use and other contraceptives that will protect against unwanted pregnancy and STDs/STIs.

I didn't see where there is an option for this curriculum in any language other than English.

The ancillary material is more diverse than the textbook material but there are few LGBTQ+ examples and names are very white and generic.

Much of the information throughout the lessons is very surface level and seems in my opinion to be very conservative in the delivery of the information.

Reviewer 116

Health Smart HS is an incredibly comprehensive curriculum that utilizes a mixture of classroom workbooks and activities with ready-to-go PowerPoint presentations. The Teacher Guide and Preparation sections are especially robust. Each lesson comes with a package of materials already written and ready to print, colorful and engaging PowerPoint slides, directions on individual and group activities, advice for adjusting activities for student learning differences or time, assessments and extended learning materials. In short, this curriculum greatly reduces teacher preparation time. Also, because the activities are high quality and include a range of interactive and experiential methods, I rarely felt activities needed adjustment or improvement.

In addition to the 15 comprehensive sexual health lessons, Health Smart HS also includes several violence and injury prevention lessons focused on signs of teen dating violence, sexual exploitation, sexual abuse and protecting oneself. These lessons could easily be incorporated into the sexual health unit or taught as a separate unit for sexual violence prevention.

Reviewer 112

I am an advocate of this curriculum as it incorporates an inclusive formula of prioritizing subjects of sexual health and elaborates on subjects with age/developmental needs appropriately. Basing a comprehensive plan of addressing issues of Abstinence, Personal and Sexual Health, HIV/STD, Emotional and Mental Health and Violence and Injury Prevention, this curriculum addressing gender identity, and sexual preferences with each structured unit. One suggestion I have is to incorporate racial equity, and no-hate resiliency in the subject teachings with emotional and mental health.

Reviewer 104

The curriculum is extensive and very thorough. The activities are very basic and not the most exciting or engaging, but there are a number of strategies included that include a variety of ways for students to access and engage with the material.

The material is medically accurate and inclusive. There are multiple lessons that specifically address sexual orientation and gender identity terms and ideas, and which encourage advocacy for diverse groups.

The scenarios and examples were either explicitly heterosexual or used 'gender neutral' names and terms, which while striving for inclusion is not actually representative of diverse groups and can simply leave norms unchallenged.

There did seem to be a disconnect between the lessons labeled "Abstinence" and those labeled "STD/HIV/Pregnancy Prevention", where there was some significant overlap and repetition, which ended up feeling as though these were different 'tracks.' For example, there is an "Assessing Risks" lesson that is specific to abstinence and does not mention condoms, birth control or sexual activity at all, and there is an "assessing risks" lesson which is inclusive of abstinence, birth control, condoms, and sexual activity. It would be very important for teachers to ensure they are not duplicating materials but that they are also being sure to include the lessons that meet the standards and legislative requirements.

Finally, in some of the abstinence section lessons, there is a conflation between setting boundaries and saying no as a practice of abstinence and respecting boundaries as a sexual violence prevention tactic. This could convey to students that it is the responsibility of the person saying 'no' if those boundaries are not listened to and respected. It is important that the practice and skill of setting a boundary and saying no is clearly understood as a practice of abstinence or sexual boundary setting and that asking for, respecting and seeking consent are distinct.

Accuracy Analysis Reviewer 123

Overall: Could be improved with the use of videos and additional handouts from other sources. The two video segments provided are odd and there are likely better ones on external sites.

Not sure why the title of the first section is Abstinence, Personal & Sexual Health.

Lesson 2 preventing infectious diseases. Slide 2H.

Ways to prevent infections:

"Safely handle and dispose of contaminated items. Examples: sterilize needles and other equipment. Never reuse needles or syringes....." why did they say, sterilize needles but then never reuse? What other kinds of needles are they referring to?

Could add mask wearing to this module.

Define Chronic Disease – Show Slide 3F –

Heredity—the genes people are born with—can play a role in some of these diseases. Some can also develop

due to unhealthy habits and lifestyle choices. Sometimes things in the environment, such as lead, dust, chemicals,

smog or secondhand tobacco smoke, may contribute to the development of disease. Why is this included in the heredity sentence, this is a great opportunity to talk about environmental health.

Show Slide 3H. -- Summarize ----The good news is that people can change many of these things by making different behavior choices. The bad news is that many people don't look at how their habits

and lifestyle choices could affect their health until they are faced with a chronic disease. this is a great opportunity to talk about environmental health and how race/space/place matter.

Show Slide 4G – Immunizations slide add discussion on COVID vaccinations

Make sure to frame HPV vaccine as a cancer prevention strategy

Lesson 5: Researching Health Habits – good section with relevant information and strategies.

Lesson 6: Setting a Goal to Improve My Personal Health – good section with relevant information and strategies.

Lesson 7: Understanding Sexuality – not sure why the conversation includes both sexuality and STIs. These are worth having separate conversations about.

Lesson 9: could be enhanced with the privacy laws and information about accessing medical care at different ages

Lesson 10. Suggest an entire focus on media; the focus is only on sexting and there are more issues than just this one.

Show Slide 13E – remember that sexual abstinence is defined as....

Suggest also stressing emotional consequences of initiating sexual activity before people are emotionally or even physically ready

Show Slide 13J – who could give you support....

Suggest adding medical providers

Time to Talk. Supporting abstinence

Master 13 D

What is the research on sexual violence with age differences and same sex relationships? It might be good to address this as well. This only addresses heterosexual male to female violence. Need to address all sexual violence.

Lesson 16: Roleplay Practice: Saying NO to Sexual Activity. Glad to see that there are videos but kind of strange and both link to ineffective role play videos:

<https://www.etr.org/healthsmart/videos/hs/abs/l16/pressure-is-on-ineffective/> suggest showing the ineffective first and then the effective video.

Here is the link to the “effective” video:

<https://www.etr.org/healthsmart/videos/hs/abs/l16/pressure-is-on-effective/>

HIV, STI & Pregnancy Prevention section

Lesson 1: What Do You Know About Sexuality? Would recommend an entire re-work of this section. The order is confusing, how the material is organized, and the way topics are combined. For example, it is not clear why the risks of pregnancy and STIs are discussed prior to sexuality. Another example, why is sexual orientation not its own separate conversation? In this module, sexuality is tied to STIs.

Social media should be a separate topic.

Lesson 5: Avoiding Pregnancy, Master 5M. Birth Control Fact Sheet. Emergency Contraception.

Emergency contraception should only be used in an emergency, when a regular method of birth control has failed, or in cases of rape. Strongly suggest adding having unprotected sex. Plus seeing a provider and getting screened for STIs if concerned; if seeing a provider for the IUD EC, then get screening too.

Add some additional details:

<https://www.who.int/news-room/fact-sheets/detail/emergency-contraception>

<https://www.plannedparenthood.org/learn/morning-after-pill-emergency-contraception/which->

kind-emergency-contraception-should-i-use

<https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/emergency.html>

<https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2015/09/emergency-contraception>

Lesson 10: Getting Tested for HIV, Other STIs & Pregnancy – add information on state law around access to health care and privacy for teens

Lesson 13: Roleplay Practice: Saying NO to Unsafe Sex

The video is odd in general; additionally, the person is supposed to be babysitting and then invites someone over.

Suggest showing ineffective video first and then the effective communication second

<https://www.etr.org/healthsmart/videos/hs/hiv/l13/no-condom-no-sex-effective/>

Supplemental lesson 1 Pregnancy-options.

Move S8 to the first option in the slides. It seems tossed in rather than a very important viable option. Include state laws about abortion rights for teens.

If pregnancy occurs, mental health and legal considerations need to be added.

Ensure that there are connections to social supports...it has it under resources but should likely be highlighted elsewhere. This includes education, mental health counseling, etc.

Same as the Teacher page: more ending the pregnancy 1st. add resources about state laws and privacy protections for teens around abortion rights.

Lesson 18: Understanding Sexual Abuse.

Teacher page for supporting youth who have experienced abuse.

Could include additional teacher tips. An example:

<https://www.kcsarc.org/sites/default/files/Resources%20-20Creating%20Trauma%20Informed%20Classrooms.pdf>

Other resources:

<https://www.atg.wa.gov/resources-links-5>

<https://www.nsvrc.org/blogs/teen-dating-violence-prevention-resources-2021-update>

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.htm>

|

It would be useful to provide information if someone is a perpetrator of the violence; often times they are both the survivor of violence and the abuser. This needs to be addressed. Also, it is not just men, it can be women too.

<https://www.futureswithoutviolence.org/>

<https://www.futureswithoutviolence.org/engaging-men/programs-for-men-who-use-violence/>

<https://www.new-hope.org/perpetrators-of-domestic-violence/>

Accuracy Analysis Reviewer 124

No medical inaccuracies found!

Health Smart MS

Reviewer 103

There are multiple Standard 1 Outcomes missing in 6th, 7th, and 8th grade specifically in the areas of sexual offenses, sexting, and sexual health care services.

The “textbook” information, including the PowerPoints are vague and over emphasizes abstinence

in comparison to condom use and other contraceptives that will protect against unwanted pregnancy and STDs/STIs.

I didn't see where there is an option for this curriculum in any language other than English. The ancillary material is more diverse than the textbook material.

Reviewer 111

This curriculum does a good job of providing step by step, scripted plans for teachers and the student handouts are all able to be accessed and typed on for distance learning. There is a terms, support for diverse learners, and standards section in the teacher guide for each lesson. How I accessed the information, it was pieced out instead of flowing from one part of the lesson to another and from lesson to lesson. However, there is an option to print the whole lesson. There are two options for end of unit assessments including rubrics. The language used is inclusive such as "A body with a penis" and using they/them in scenarios with names that are neutral. There is not information on STDs and very little information on HIV and 4 lessons on abstinence. I wouldn't necessarily say the materials are fully inclusive, however they are not exclusive. They use characters in the videos that are green or purple. Instead of using diverse actors it is cartoon people with non-natural skin colors.

Reviewer 115

This curriculum does a very good job of reducing gender biased language in lessons. There are few gendered pronouns used when referring to people and situations. This provides an opportunity for the teacher to engage students in conversations about bias and stereotypes alongside the lesson. If there are materials other than the parent letter available in various languages, they are not easy to find.

Reviewer 106

Very well laid-out. Begins with brief descriptions of each lesson with links to the easy-to-follow lesson plans. Each lesson includes "support for diverse learners" section and "supercharge techniques," It is visually appealing, engaging, and up to date. I would absolutely use this curriculum.

Accuracy Analysis Reviewer 123

Could be improved with the use of videos;

Lesson 4. For aspects of sexuality, add information to "Choices People Make Around sexual activity" about the emotional parts of being sexually active. There is only emphasis on pregnancy and STDs. HPV vaccine. Would recommend inclusion with the health section as it is for cancer prevention. Best to rebrand this as cancer prevention and reiterate the information in Lesson 4.

<https://www.cdc.gov/vaccines/vpd/hpv/public/index.html>

Lesson 8. Need to engage more fully around menstruation before leaping into pregnancy. Talking more fully about periods would be more appropriate in order to discuss taboos, myths, shame, etc. How to obtain supplies, what supplies are available, how to use them, etc. Even better would be to have an additional lesson about pregnancy.

Lesson 11. Could use some discussion on coercion; peer pressure; desire to be liked; emotional consequences; myths and reality.

Abortion/pregnancy termination discussion needs to be longer and include more information. Seems like the emphasis is on maintaining the pregnancy.

Accuracy Analysis Reviewer 125

Very comprehensive curriculum and easy to navigate. The Teacher's Guide is full of great tools to engage students. The slides were simple to follow and reiterated key points. The statistics stated need to always have a source citation.

Native Stand

Reviewer 112

I appreciate how this program is designed and find it unique and relevant with the comprehensive healthy decision-making approach and culturally focused curriculum. I feel the concepts touched upon are appropriate and necessary, and so far, this is the only curriculum I have seen which includes discussion on suicide. This is crucial as a subject amongst this age group, and I value how this program acknowledges the increased risk of suicide for AI/AN individuals (along with LGBTQ). The Peer nominated process for trained peer educators is another unique and brilliant aspect of this curriculum, as information is accepted more widely from a source of trust and respect. One part of the curriculum that I challenge is the repeated promotion of abstinence, with light noting of reduced risk prevention. I would love to see more sexual health courses discuss the undeniable benefits of abstinence, but also to discuss the reality of sexual engagement. One other bit I felt uneasy with is in regards to discussion on "When A Woman Has Her Moon." There is a comment about "the man must be there to plant the seed, but his part is simple and relatively unimportant." This comment I feel has the availability of discounting the significance of the role of sperm in the reproductive stages, and may also bring feelings of uselessness to those who are of male gender.

Reviewer 101

This is a program created to be taught throughout the year – twenty-seven 1.5-hour long sessions plus additional time for activities, with Native Stand Clubs set up to continue for the Peer Trainers. The opportunity to train a group of students as Peer Trainers is an important aspect of this work and for them to continue this work over the long haul can be a plus, depending on your Peer Trainers and their commitment. Peer Trainers still need to participate in ongoing training/sessions to assist them in remaining true to the goals of the Program and maintaining their health and well-being and bringing in new Peer Trainers as students graduate or move on, hence the Native Stand Clubs. Peer Trainers are selected by their Peers. The videos from the conference held in Chehalis give students a visual which aids in understanding the concepts being discussed and making it real - the people sharing have experienced what they are talking about. Some of the Enhancement Activities are missing links to the materials/activities - notes they are coming. I could not find this curriculum offered in any language other than English. Overall, I found this curriculum to have a lot to offer Native or non-Native students in learning about the core elements of the Program.

Reviewer 119

The curriculum has impressively interwoven elements of cultural, family, and communities' dynamics and influences. The level of interactive and experiential engagement on and the detail of the lesson plans for each topic is substantial. Two areas that the curriculum could be improved: 1) the inclusion of consent as a distinct topic. It does include concepts regarding negotiation and refusal but lacks the important topic of asking for consent. 2) another topic missing is the consequence of sexual assault on the perpetrator, victim, and community. The topic of Missing and Murdered Indigenous Women and Girls (MMIWGs) is also significant and timely topic to add to this

impressively designed comprehensive curriculum. Recent state and national attention has raised the awareness of MMIWGs.

Accuracy Analysis Reviewer 123

Might want to consider updating the videos

Where is the help, provide resources of where to go when there are issues;

How to use a condom - suggest finding a better video

Suggest updating the definition of a vaccine:

<https://www.cdc.gov/vaccines/vac-gen/imz-basics.htm#:~:text=Definition%20of%20Terms,-Let's%20start%20by&text=Vaccine%3A%20A%20product%20that%20stimulates,or%20sprayed%20into%20the%20nose.>

Suggest updating the definition of an orgasm. This definition implies that this only happens during sexual intercourse.

Accuracy Analysis Reviewer 125

Facilitator Manual (FM):

P.25 and p.6 in Student Manual (SM) - under "Risky Business Q&A" check stats as 2019 data is published; p.85 and p. 46 in SM - Illustration of "male external genitals", glans and urethra should also be identified in uncircumcised penis; p.86 "opening of vagina" add "allows for birth, menstrual flow, and vaginal sex; p.86 and p.48 in SM - "anus" definition should add "allows for anal sex"; p.86 hymen add to definition "hymen can be broken in a variety of ways. Sexual activity (including penetration, oral sex, fingering, and masturbation) can break the hymen. But so can the insertion of a tampon or douching. Exercise can also break the hymen such as biking, horseback riding, gymnastics, and riding a seesaw"; p.89 "The fertilized egg may become implanted in the uterus (not uterine)"; p.97 include information on abortion and emergency contraception; p. 97 change "doctor" to "healthcare provider"; p.98 and p.61 in SM - change frequency of cervical cancer screening to every 3-5 years; p.118 footnote source to TeenWire information that IUD is not recommended for teens is outdated, per current guidelines IUDs are safe for teens. Bedsider.org is a better source.

Student Manual (SM):

P.64 update references with more up to date articles and evidence within the past 5 years; p. 87 Implanon has changed to Nexplanon; p. 87 #4 and p.88 #4 Nexplanon lasts up to 5 years (a change in recommendation from 3 years); P. 87 #1 and p.88 #4 - New recommendation that copper IUDs last up to 12 years, and hormonal IUDs last between 3-7 years (Mirena and Liletta up to 7 years, Kyleena up to 5 years, and Skyla up to 3 years); p.88 and p.283 take out " IUDs are recommended only for females in a long-term relationship with one partner who has no other partners and is not at high risk for STDs"; p.89 #4 - change depo definition to "A woman must go to a healthcare provider to receive the shot or be able to self-administer the shot at home"; p.98 emergency contraception statement needs to be updated as anyone can purchase ECs OTC like Plan B and can also get online. One needs a prescription only for Ella.; p.124 - update syphilis statement to "The rate of syphilis and congenital syphilis has increased every year" (CDC, 2019); p.278 glossary term for contraceptive implant should replace the word "capsules" to "a tiny thin rod the size of a matchstick"; p.286 Ortho-Evra is no longer available, has changed to Xulane; p.286 change "doctor" to "healthcare provider" and change frequency of paps from every 2-3 years to the updated recommendations of 3-5 years (ASCCP, 2020).

Positive Prevention Plus

Reviewer 114

I found this to be an exceptionally well-designed curriculum with excellent teacher resources. The curriculum was inclusive to diverse genders and sexualities, comprehensive in scope, and up to date. The relationship examples were relevant and engaging.

Additional materials are provided to adapt curriculum for diverse student abilities.

This is a well-designed, inclusive and easy to follow comprehensive curriculum. It does a great job leading the teacher through the curriculum and providing ample resources for teacher development. Activities are relevant and meet state standards. Very high quality.

Reviewer 105

The curriculum as a whole is solid in content though I wouldn't use the videos or slides and would re-write the worksheets to make them more inclusive. Everything is provided in pdf/locked form so you would have to re-create from scratch. Slides conflated sex and gender, but the lesson plan was accurate.

Teacher notes in the margins are helpful. Many of the supplemental resources are directed at teaching older students than grades 4-6.

Images of bodies are normative. The bullying lesson strongly focuses on avoiding harm and only has a small mention of not causing harm. Confusing that sexting was included in the examples of sexual abuse. You would want to update scenarios to be more relevant. Curriculum frequently reinforces gender roles.

Reviewer 110

I think there's a lot of great lessons in this curriculum. The way it is set up would cut down on teacher prep time quite a bit. However, I couldn't preview the PowerPoint presentations, so I don't know how inclusive or representative the images are in those presentations. There is not a lesson dedicated to gender identity, but they do address it in other lessons in the high school and middle school curriculum. I also appreciate that there is a different curriculum targeting toward special populations.

Accuracy Analysis Reviewer 125

p. 207 in Elem: glossary term Abortion should be better described as "...most often performed in the first trimester" (92% of abortions are performed < 13 weeks); 28 weeks is misleading

p. 212 Elem: glossary term Feminine take out "especially delicacy or prettiness"

p. 213 Elem: glossary term Gynecologist change to "in the diseases and routine physical care of the reproductive system of females"

p. 215 Elem: glossary term IUD change to "A small plastic T shaped device that is placed inside the uterus to prevent pregnancy" Also glossary term Latex Barrier add "and prevent STI/HIV"

p. 216 Elem: glossary term Masculine take out "especially strength and aggressiveness"

p. 217 Elem: glossary term OTC take out "physician" (as other health providers are able to write prescriptions)

p. 221 Elem: glossary term STI - looks like HPC should be changed to HPV?

p. 223 Elem: glossary term Tubal Ligation should read , "...tubes are cut, tied, or blocked..."

Upper Elem curriculum:

p.15 video link to story is no longer available - needs updated link.

p. 198 and p. 203 CDC Express Your Health Activity Book - link needs update, not sure that book is still available

p. 102 Web MD link was updated in 2019 entitled "All About Menstruation" also Proctor & Gamble link leads to main page so delete educators and parents in the link. Not able to find parent resources

p.152 The Canadian AIDS Information link is not available

p. 168 delete "activity#1" to get to the page for National Center for Environmental Health; also FDA Kids and Teens page is a bad link. Are you meaning to connect to the Food Safety for Kids & Teens page?

Overall loved the comprehensiveness of the curriculum that was evidence-based and provided a lot of good resources.

Accuracy Analysis Reviewer 124

Focused on medical inaccuracies- none found.

RC Health - Semester 2

Reviewer 116

While there are a number of advantages to having a fully online option for sexual health education, The Red Comet Sexual Health unit simply does not support a quality learning experience for students. This curriculum is designed to have students work online and at their own pace with very little teacher support and zero peer interaction. The modules are text heavy, contain almost no visuals aids, and often meander through sexual health topics without clear learning objectives. It is also missing some of the most fundamental components of a sexual health curriculum, including lessons focused on: puberty/development, STD's, birth control, abstinence, and consent. For many of these subjects, the curriculum instead lists links to generic CDC websites on subjects like STD's. However, not even these websites are hyperlinked to the curriculum, so students cannot toggle between the modules and the suggested websites.

Reviewer 122

Very poorly written curriculum intended for students in alternative learning environments. Outline of the course is based on WA K-12 Health Education Standards, but there are many problems with the content, which reads like a high school student's term paper. Examples of problems include: some information is bizarre and irrelevant, referencing an academic paper on hormones and sexual motivation; there are values-based statements/definitions related to promiscuity, illegal sex and unsafe sex; the information on the reproductive system is poorly organized, includes no visual images of the system and includes body parts that are not part of the reproductive system; the section on sexting laws is outdated and does not reflect 2019 changes to statute, nor does it include citations. Overall, this is a very superficial overview of information related to sexual health, with no opportunity for skills development, it is not comprehensive, it does not cover many key topics, and it is poorly written. I highly recommend against using this course with students.

Reviewer 104

The curriculum is disjointed and does not build upon each lesson. The material is not high quality and is totally reliant on very text heavy slides that are not well organized. The language used is not accessible and presupposes a high reading level and quite a bit of prerequisite knowledge about

science. The program is entirely knowledge based and does not provide any opportunity for skill building or development. The material is reliant on outside links to the Department of Health and CDC and provides little in the way of substance or information. There are short references to sexual orientation and gender as an independent topic, but the information is not integrated throughout. There are no examples, scenarios or other opportunities for young people to see their own experiences reflected in the material, and there was no diverse experience representation.

Reviewer 119

All the required concepts are at least mentioned in the curriculum content, however, topics related to effectiveness of contraceptives in preventing pregnancy and infectious disease, distinction in emotions and healthy relationships, healthy sexual decisions and consent, and influences in gender roles was sparse.

The prepared materials and assignments are limited or biased in that they are designed toward students that do well reading, doing research, and writing essays. Although the materials are online they are not audio recording and there is no interactive feature worked in to the lessons.

The curriculum overall lacks strategies that reach a threshold of students' ability to evaluate and develop understanding due to the lack of examples or experiential engagement, stories, or interactive features.

Case studies can be a great tool for learning, however, I recommend using a story more about teenagers in the US to make it more relevant to their lives and provide an opportunity to use critical thinking skills conceptualizing, reflecting, evaluating and communicating or demonstrating.

Accuracy Analysis Reviewer 123

Boring; not engaging. The reproductive anatomy listing and definitions are presented in an odd order

sexual behavior and hormone section. medical references are old and out of date.

Puberty and development – not much information in this module.

Has this reference been reviewed, approved and evaluated: <https://www.decision-making-confidence.com/decision-making-models.html>

Self-identity. Section very light on information.

Screening for Syphilis and Other Sexually Transmitted Infections in Pregnant Women — Guam, 2014 – need more recent references; is a CDC MMR article appropriate level of information for students?

References are older – might want to find newer ones

Human Reproductive Biology – 2014 publication

The New Puberty: How to Navigate Early Development in Today's Girls Paperback – October 20, 2015

Building Healthy Relationships (Make the Most of Yourself) (Volume 1) Paperback – June 18, 2015

Accuracy Analysis Reviewer 125

Reviewed section 5: There was a lot of outdated information throughout the curriculum. The slides were not engaging and don't illustrate concepts well for students. Wording is outdated. Concepts are too oversimplified. Some of the emphasis of certain definitions missed the mark, e.g. testosterone and monkeys. I would not recommend this curriculum.

Relationship Smarts + 4.0 SRA

Reviewer 115

This program is full of limiting language, stereotypes, gender bias, racial bias, and judgment. Each lesson lists several goals but no real learning targets. There does not appear to be any alignment with national standards. The activities may be age appropriate, but they are outdated.

Reviewer 104

The materials were nicely written, and the activities appeared engaging for students. However, the curriculum had some very serious concerns where alignment with the standards and laws were concerned. In particular, while the curriculum did use some same gender couples in the scenarios and examples, there were almost none in the bigger activities. There were also many areas where youth who may have had sexual experiences, youth who are the children on young parents, youth with LGBTQ family, youth without fathers, and youth from diverse family experiences may feel shamed, left out, or as though their experiences are being made examples of as undesirable experiences or qualities.

Additionally, the information about healthy relationships was extensive, and included a depth of knowledge about communication skills and navigating conflict. This content was expansive and spanned multiple lessons. By contrast, there was only a single lesson that covered information about condoms, birth control, pregnancy and STDs. The information presented about condoms and birth control was framed negatively (inability of condoms to work effectively, number of people who mis-use condoms) or presented as only for adults, as in the case of birth control.

There were also some concerns about the discussion of relationship violence, which categorized "most" interrelationship violence as due to lack of conflict negotiation skills and minimized abusive situations centered around power and control. In addition, more time was spent on "setting boundaries" in the context of sexual assault and relationship violence than the need for others to respect the boundaries of others. I believe this could set up a victim blaming environment where youth who have experienced sexual assault, relationship violence or have close friends or family who have, would feel they are to blame for those experiences for 'tolerating' disrespect and abuse.

Reviewer 106

Cons: Though the curriculum is not old (2018), it looks outdated and is not particularly visually appealing. Because it is a Sexual Risk Avoidance Adaptation, there is some generalizing about ideal relationships that might not reflect the relationships that students come from, thus making them feel insecure. Specifically, in Lesson 12, the "success sequence" includes: college, career, marriage, then children. We know that students come from many different types of homes and could find this messaging harmful.

Neutral: Music is used in quite a few lessons. This is a positive if students are able to pick up on lyrics and understand meanings. It may not work well if students get caught up on the fact that the music is older.

Pros: Resources are well organized in Google Drive (updates, PowerPoint presentations, activity cards, resources, and videos).

Reviewer 110

I would use this in my classroom. The only thing I would caution someone about before using is that there is a strong focus on marriage before children. Some students' parents aren't married, but they

might be very committed to their relationship, and we don't want to undervalue that choice. Teachers might need to provide more context so that students don't feel like their family isn't as successful as another family with married parents. I do agree (and I think most single parents would agree) that we should encourage students to have a committed partner before having children, but I don't want to make a child feel like his or her family is "less than" because their parents are not married.

Accuracy Analysis Reviewer 123

Much of the information seems out-of-date with some inaccuracies.

Page 26. Are there more recent references?

Abstinence based material; Some data references are out of date; focus on delaying sex until marriage; indicating that you should be married before having sex and children without any appreciation of culture realities.

Page 61. References look outdated;

For Lesson 6; suggest that someone from the domestic violence review.

Page 127 – assumption that “But sliding—getting involved quickly and deeply—could lead to an unplanned pregnancy.” – fear based. Could lead to lots of different consequences, not just pregnancy; and does not include LGBTQ population.

How effective is the birth control pill? If you use it perfectly, the pill is 99% effective. But people are not perfect and it's easy to forget or miss pills — so in reality the pill is about 91% effective. That means about 9 out of 100 pill users get pregnant each year. - suggest that this gets updated.

Page 227 suggest HIV section get updated with treatment information; insufficient information on what untreated means; same for what treatment of chlamydia, gonorrhea and syphilis and how can herpes be managed would be helpful. page 229. include information on correct use of condoms - not just what not to do. <https://www.cdc.gov/condomeffectiveness/male-condom-use.html>

Page 239 – need to update data.

Lessons and scenarios need to demonstrate show effective role plays.

“IUDs can move around in a woman’s body”: FALSE The IUD is placed in the uterus, and it does not move around. Very rarely, a woman may expel the IUD from the uterus, in which case it would just come out of the vagina. This is not completely accurate. IUDs can become lodged in the uterine wall in which case the woman needs to see her provider.

Also, IUDs can be used for emergency contraception.

Can IUDs be used as emergency contraception?

Yes! The Paragard (copper) IUD works super well as emergency contraception. If you get it put in within 120 hours (5 days) after unprotected sex, it's more than 99.9% effective. It's actually the most effective way to prevent pregnancy after sex.

Another great thing about using the copper IUD as emergency contraception: you can keep it and have really effective birth control that you can use for up to 12 years. The other kind of emergency contraception is the morning-after pill. You can take it up to 5 days after unprotected sex to reduce the risk of pregnancy.

Suggest inclusion about information on emergency contraception.

Why is lesson 12 just about pregnancy?

Page 251 – Sliding into sex and sliding into unplanned parenthood is surely avoidable. Is this really

true?

Page 269 – publication from 2007 seems old; same for page 270 – older publications.

Accuracy Analysis Reviewer 124

Some references are 15-20 years old- from 1998 and 2007. P. 52- test for love smarts. The answers here could be true or false- depending on attachment style, culture, gender etc.

Un|Hushed Elementary

Reviewer 105

Not all lessons, materials or handouts were available at time of review which results in many N/A ratings for these lessons.

The 4-5 curriculum is thorough, inclusive, and promising. Lesson formatting could be more user-friendly, but the content is on-point. Looking forward to seeing the rest of the lessons.

The K-2 lessons are still in development so not all materials were available at the time of review. The lessons themselves were promising and engaging and inclusive. The teacher materials include thorough dictionaries for various topics. The first young curricula I've seen that is inclusive of intersex children when discussing anatomy.

Reviewer 110

If I taught elementary, I would definitely use these materials. I especially like the lessons on families and consent. I also think the lessons on naming the body parts and children being in charge of their bodies help prevent sexual abuse and help give students who have been abused the vocabulary they need to report the abuse.

Reviewer 119

This curriculum is very well designed, and activities are experiential and allow for deeper understanding. Also, like the way each of the concepts incrementally build through the development range of K-5. The one thing that concerns me is the lack of a presence of differences of gender, race, and culture. I think use of the image octopus works and it would work better if there was the inclusion of diversity that reflects the differences of color, culture, and gender.

Accuracy Analysis Reviewer 123

The organs coloring pages are odd and confusing. Recommend use of more accurate and contextual coloring pages.

Accuracy Analysis Reviewer 125

Change "doctor" to "health care provider" to be more inclusive of other professions that deliver sexual and reproductive health services like certified nurse-midwives, nurse practitioners, physician assistants, and naturopathic doctors. (e.g. p.7 #14 in 4th grade session 02)

Un|Hushed MS

Reviewer 111

The facilitator guide is a great place to start as it speaks to the importance of language, creating a safe space, trauma informed practices and how to address situations that may arise. It is full of information to help you find the best way to teach these lessons while being inclusive.

The lesson plans have everything you will need as the facilitator. You are able to go through the

lessons and find the ones that will work best for your group depending on their grade level and previous learning. There are some activities that I thought would be more fitting for high school. For example, there are multiple activities/lessons on condoms. For middle school, especially 6th or 7th grade, it may be more fitting to briefly touch on the topic or do a small activity this curriculum offers. But it may not be necessary to complete them all.

I did not see any resources for students who speak another language. Since there is a lot that comes with this curriculum it is possible that I missed it.

Overall, I think this curriculum was designed thoughtfully with an emphasis on inclusionary lessons and practices for the facilitator.

Reviewer 114

This is a well-designed curriculum with excellent facilitator resources. To fully meet state standards, I believe additional work around HIV specifically would need to be included. HIV is mentioned along with the other common STIs but is not specifically addressed in-depth.

Very inclusive and medically accurate. I found the content around media analysis to be particularly excellent.

Reviewer 116

Un|Hushed Middle School contains a vast amount of creative, original, and engaging activities. After reading dozens of sexual health curricula, Un|Hushed was unique in that lessons often contained a lot of options in terms of games, worksheets, activities, presentations, videos, or other media--many of which I had never come across in other textbooks or online lessons. Students are often tasked with diving deeper into the psychological and emotional impacts different subjects within sexuality may bring up, and I was encouraged to find all the lessons invite students to explore how the layers of identity and sexuality intersect with the people we are in relationships with, our friends/family, our schools, our community, and our culture. While this is a major plus for social and emotional learning, the structure of Un|Hushed does not offer ways to adapt or differentiate any lessons for English language learners or for students who might need additional support in reading and writing. While Un|Hushed provides all the handouts, videos and presentations, many lessons do require additional teacher preparation, and still some other lessons even require additional facilitators or field trips. This may not be feasible for every classroom situation, but many of these components could also be altered to accommodate the needs of a conventional classroom. Similarly, would be the need for a hefty amount of class time: There are 19 total lessons, and each is projected to take 2 hours. Even if Un|Hushed was not the primary curricula for a sexual health unit due to these constraints, its value is in the exceptionally well designed, engaging and fun activities throughout--which could be easily swapped into a more lack-luster curriculum.

Reviewer 106

First impression: this is WAY too much to wade through. Upon further review: this is great for schools or districts who want to tailor the program to their own needs. They even provide a resource for you to do just that.

Cons: The only real "con" for me was just the volume of material at the onset. Once you read through the facilitator guide and get a better idea of what the program is about, it becomes much more user-friendly.

Neutral: Flexibility with lessons means you can tailor it to your class/school/district. It also means taking the time to plan out which lessons you will use, when, and why. There is a document to guide

you through this process included in the materials. It is suggested that the material be team taught by two people of different genders-this would be awesome, but I'm not sure how many folks will be able to do that.

Pros: The constant updating with email alerts means relevant and accurate information. The introductory information (defining "parent", starting with values, and going over group agreements) is great. Stressing the importance of language is also a positive. Material is laid out in a way that makes sense. The lessons themselves are very detailed and easy to follow.

It is worth noting that some of the information (specifically around gender) leans more liberal, and may not be as accepted among more conservative audiences.

Reviewer 102

The Un|Hushed curriculum honestly wowed me. This middle school curriculum felt like Senate Bill 5395 come to life. One of the most important pieces that consistently stood out to me was naming what trauma-informed sex education is and how to keep that lens throughout each lesson and session. It was clear to me throughout that the values of human rights, compassion and empathy, the many spectrums and complexities/nuances within these topics we're present and infused and each new page. The pedagogy was inclusive and even made room for changes and evolutions in the material according to various place-based differences and cultural settings. The activities were deeply engaging and interactive for students to truly embody the material and practice by doing and saying. It was exciting to see the mixed gender component and the emphasis on learning about all genders, bodies, sexualities etc. in order to broaden the student's understandings of difference and similarity within themselves, each other and the world around them. The curriculum was overall refreshing and relevant. So exciting! Yes please! I deeply hope middle students across the state are able to experience this curriculum.

Accuracy Analysis Reviewer 125

Change "doctor" to "healthcare provider" to include other professionals who provide sexual and reproductive health care including certified nurse-midwives, nurse practitioners, physician assistants, and naturopathic doctors.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted.

Un|Hushed HS

Reviewer 103

I would use this curriculum in my class but as a supplement to what I already do as there are some pieces of great information that other curriculums do not have or do not have in this detail. For example, the Body Media Literacy which I think is so important for student's mental health to see that everything on social media is not always the truth. Also important is the Sexually Explicit Media information. Neither of these concepts are seen in other texts to this degree. I also think the Social Justice Compass could be a valuable tool for students to use.

There seems to be much flexibility in the program. The facilitator guide would be very helpful for first-time teachers teaching sex education and is also a good reminder for veteran teachers.

The Gender and Orientation PowerPoints are the same PowerPoint, but I question whether it would be appropriate to use in a school setting due to the naked pictures. They are tastefully done and the

lesson that goes with is completely appropriate, but I question how this would go over. The PowerPoint has a variety of different body shapes, but they are predominantly white. There are a lot of resources outside the curriculum itself for the teacher to have to access and use within the curriculum which I think can cause problems if the links do not work. It would be better if everything were available within the site itself. As a curriculum it doesn't seem to hit many of the Washington State outcomes but it does hit the National Standards in a number of ways.

Reviewer 107

Un|Hushed is the gold standard for comprehensive sexuality education. It moves beyond comprehensive into sex positive education. The Sexual Values listed at the beginning of the curriculum are beautifully written. I appreciated that there is specific instructions for facilitators about the differences between facilitating and teaching, the role of peer education, timing, the difference between brave spaces and safe spaces, group dynamics, teaching to different learning styles/abilities, ideal size of the groups, and even what the physical space of the room should be like for these conversations. I appreciated the emphasis on social justice and equity. Deep exploration of gender and identity. The naked bodies could be challenging for some cultures and belief systems to experience. I appreciated the diversity in size and gender with the models but every model but one was white or white presenting, so extremely lacking in racial diversity. Extensive exploration of the concept of "love", boundaries, and consent. The activity where teens get to be advice columnists is creative. In depth conversation of masturbation. No conversation of other types of relationships beyond monogamy or different types of sexual expression like BDSM. While ideally teenagers would not be engaging in BDSM as it can be a higher risk activity, the topic is widely discussed now with popularity of books like 50 Shades of Grey, and pornography is easily accessible. Some basic do's/don'ts would be ideal for young people. The My values activity about preventing pregnancy is an excellent way for students to assess their own goals and actions they need to take instead of being lectured by teachers/adults. Accessing sexual healthcare is specifically poignant and crucial for young people to learn about as the consequences of delaying care can be life altering but youth are often scared and uncomfortable talking about sexual health issues. Global sexual rights was a brilliant inclusion, I really appreciated the discussion of infant intersex surgery, human trafficking, reproductive coercion, medically inaccurate sex education, genital cutting, and forced marriage. An in-depth discussion of pornography, values, and body image was judgement free and well written. I appreciated that Media competence/Media Literacy was included in the lesson. I have almost no critiques for this curriculum - I do wish there was a lesson plan devoted to sexting, creating pornographic images, and Internet permanence. I have yet to see a curriculum have a meaningful discussion of this topic.

Reviewer 112

I appreciate the structure of this curricula incorporating Evidence Based research as the foundation of what is taught in this program. This curriculum offers a balance of promoting healthy sexual behaviors, with sexual health and well-being as a basic human right. I admire the interwoven messaging of promoting psychological and cultural understanding of inclusive gender identities, and trauma informed topics of sexual violence. The medically accurate curriculum balances concepts of

abstinence as well as facilitates information on making healthy choices with sexual behaviors, which are correlated to goals students are encouraged to create.

Reviewer 115

This content does a good job of covering many topics that other programs do not. They introduce ideas about human need for physical touch (skin hunger) and sexually explicit media use. Gendered language is limited in lesson scenarios.

Reviewer 118

The Un|Hushed HS online sexual health education program is one of the longer and more comprehensive curriculum on the subject. They have some great representation of body/sex diversity and attention to global and social justice concerns as it relates to sexual health. I appreciate the sex positivity that rings throughout this curriculum. It is refreshing to see at least one comprehensive program embrace harm reduction and empowerment educational approaches as valid and responsible public health interventions. I really respect the use of external materials and resources to help provide more robust, (and regularly) updated current information for things such as STI information, legislation on sexual crimes nationally, and other public health issues addressed in this program. The program was originally written in 2018 and has some outdated statistics and information, such as the bare bones section noting PrEP as a HIV prevention method, but it does not explain more than that.

My largest concerns with this curriculum are that there will need to be a lot of prep work for the facilitator to tailor their lessons to their audience, and there is a lack of BIPOC history, content, and representation in materials. The Un|Hushed Founder, Dr. Rayne, and Sam Killermann, whose works is the most frequently referenced in this work are both white folx, Mr. Killermann is a self-identified straight cis-male. Many of the models used and the examples written in this program demonstrate an innate white centrality that may be exclusive and noticeable to BIPOC students (e.g., no substantial exploration of the third gender category mentioned, like two spirit identities. As well the lack of attention to certain cultural barriers to sexual health and sexuality demonstrate a detachment from certain marginalized experiences, like not exploring the need to identify as down low, the influence of machismo and other culturally specific aspects of non-white adolescence etc.). This curriculum is relatively neutral on race- though not inclusive of histories of oppression for marginalized racial groups, Black and Indigenous people in particular.

(E.g., as with other published works reviewed on sexual health there is no mention of:

- The history of exclusion of BIPOC and Trans+ persons from the human and sexual rights/legal protections afforded to white women and men in this country
- The neglect and murder of differently abled community members, historically and today
- The Rosewood Massacres
- The Tuskegee syphilis experiments
- The Recy Taylor case
- The abuse and murder of Indigenous children historically in assimilation boarding schools in our nation post westward expansion, and the modern violence against women, children, and queer Indigenous folx

- The sexual violence our nation continues to perpetuate through our involvement in the sex trafficking industry domestically and globally.
- The ongoing systematic violence against BIPOC and Trans+ and Differently abled folx etc.
- Celebration of the specific accomplishments of the Queer, Trans+ and BIPOC communities and leaders for our freedom and liberation.)

These historic and modern examples of crimes, suffering, and joy/cultures from Trans+ and BIPOC peoples are excluded in this curriculum. While it does not need to be the center focus, for restorative work to begin we need to respect and acknowledge these histories and living human experiences ought to share the space equitably and with equality and justice in mind with the pervasive culture of white queers and cis-gendered heterosexuals. As the curriculum suggests it should do so especially as it relates to sexual health education to achieve the goal of being aligned with social justice work. The discussion of crimes and violations of rights for BIPOC folx should be incorporated into CHSE lessons at least at the same age-appropriate time that we educate students about slavery on (in elementary-middle school in this country). As such facilitators will still need to further tailor the materials and examples to represent and promote justice for specific audience demographics and histories.

The online curriculum is very large and cumbersome to navigate, ample planning time is needed to review content in advance to choose appropriate activities and to research and find local policy and resource information. The program is designed to happen for several weeks or over a few grades in one semester or the other, and I agree it will need to occur in multiple doses over a few semesters or grades. Special care and attention still need to be given to certain groups largely excluded in the text, particularly relevant to this reviewer's identities and communities: BIPOC, non-binary/gender queer folx, and asexual persons.

Accuracy Analysis Reviewer 123

For the abortion information there is a statement "Abortion has no impact on a woman's future fertility, abortion does no harm to a woman's mental health, and abortion has no relationship to breast cancer." It needs to be clearer that this is for a medically safe abortion.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted!

Appendix D. Reviewer Comments – Supplemental Materials

Reviewer comments have been lightly edited for grammar and spelling. Special care was taken to not alter the intent of the reviewer’s comments. Comments represent the opinion of the reviewer, not OSPI or DOH.

Athletes as Leaders

Reviewer 107

Athletes as Leaders

The Pre-Survey of Athletes as Leaders dives right into the content of the curriculum, asking whether certain types of behaviors are abusive, bystander intervention, gender stereotypes, toxic masculinity, healthy friendships, body standards, slut shaming, and victim blaming. The introduction to the program explicitly states that the goal is to “promote a culture that is more supportive of women and girls and one that is equitable to all genders.” I appreciated that the curriculum includes creating group agreements and expectations due to the sensitive subject nature. The introduction video showcases a diverse range of young women and people.

The lesson plan outlines are easy to follow and give excellent ideas for discussion questions, even giving tips on “how to prepare ahead of time.” The videos used are current and diverse, often professionally made campaigns or educational tools not directly connected to Athletes as Leaders. The lesson on Privilege and Oppression is an excellent introduction to these concepts. The activity chosen is simple, interactive, and fun, and the video associated is made by popular Black activists, performers, and writers. The Self Image and Beauty Standards video addresses race, ethnicity, and concepts of beauty through poetry. The teen dating violence video incorporates (current) use of youth technology to showcase how online stalking, harassment, and being isolated from friends and family. It also discusses the “lesser known” warning signs of an unhealthy relationship. The lesson on Promoting Positivity could have gone deeper into why horizontal hostility exists, instead of just stating “girls often hate each other out of jealousy” but the Nike video they use to demonstrate positive female role models is cute and energetic.

While it is exciting to see a curriculum targeting young women athletes, these topics would be beneficial for all genders to learn about, particularly men. Unfortunately, this curriculum does not address the nuts and bolts of sexual health - there is no discussion about STI’s, pregnancy prevention, sexual desire/orientation, or anatomy. However, it is very well thought out and presented on the topics it does address - topics like horizontal hostility, beauty standards, and bullying, which are left out of most other curricula, Athletes as Leaders would easily pair with another curriculum that incorporates the basics.

Reviewer 110

I think this is great material to use with a female sports team. It is not for a regular classroom, but it would be very useful in an all-girls setting.

Reviewer 120

No mention of trans/gender non-binary that I saw/heard. The videos were engaging but the activities did not seem too engaging. Seemed like good material for a coach to use as team bonding activities in place of a practice.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted. Great videos!

Boundaries (KCSARC)

Reviewer 103

I like the worksheets as they would help students think about what their boundaries are and how they might react if people overstep their boundaries.

Reviewer 118

The video particularly is helpful for framing boundaries in a general social health model as opposed to strictly in a sexual context, this makes this more accessible for a wider audience (i.e., allowed for inclusion of different bodies, non-neurotypical folx, younger folx etc.) and was helpful for increasing my likelihood of referencing this tool again later. The script is thorough and does a great job of making the concept digestible with easy modern (pandemic relevant,) examples of boundary setting. Many other resources reviewed by this reviewer are not inclusive of or conscious of the pandemic or the impacts on our social structures and behaviors a year out.

The worksheets listed with the video on the website page are not as engaging in discourse as I would hope, while appropriate for younger youth, older students may need adapted worksheets or additional discussion of more in-depth ideas and examples, especially for violence prevention and accessing resources.

Reviewer 104

The video had great content that was useful for explaining and understanding boundaries, and it was brief and direct. The video itself was not of very high quality in terms of sound or production, though it was understandable and simple. I am not sure how engaging young people would find it, which is the primary reason I would not utilize it in a classroom.

The worksheets were cute, engaging, and fun to look at! I think youth would really enjoy using these. However, they did not have any instructions or context to support their use - only very brief overview of how to fill them out which seemed to refer to a lesson, content, or other information that was not linked back or included. The worksheets and video, while on the same page, was not related directly to the worksheets, as far as I could infer. More information about how to use these in the classroom and in conjunction with the video would be useful to cut down on teacher prep and increase understanding.

Reviewer 109

This short video and worksheets are very specific so there is not any teacher guidance, but it's pretty straight forward.

Accuracy Analysis Reviewer 124

No medical inaccuracies.

Consent & Communication (Amaze)

Reviewer 107

Amaze excels at producing engaging and fun videos for all ages. I appreciated that they begin the conversation with stating that consent can be confusing to understand, especially neutral physical touch between friends and family. Mainstream culture in the U.S. generally teaches that adults can

touch, hug, wipe noses, brush hair, etc., of small children without their consent, even forcing them to hug/touch adults when they don't want to. It is often confusing for children to apply the concepts of consent with their peers when they have not personally experienced it. The video briefly discusses affirmative consent, rejection, and bodily autonomy. One line I consider problematic for survivors of sexual or domestic violence is "No one can touch me against my will." Unfortunately, that statement is not true for many children who have been abused and may feel like victim-blaming to survivors watching the video. The follow up statements about asking people to stop and finding trusted adults were right on the mark.

Reviewer 105

Video: Cute video of a bear who is reflecting on how to interact with humans. Could be more appropriate for a younger age. Bear reflects on asking for consent before touching anyone, that it is okay to say no, you can change your mind, being touched without your permission isn't your fault and to talk to a trusted adult if you're touched without permission. Only meets WA state education standard 4 if you use a provided lesson plan.

Supplemental materials: excellent framing on the AMAZE website for educators, youth, and parents. The educator section recommends good discussion questions and two lesson plans. One lesson plan is from Advocates for Youth, aimed at 6th grade and part of the 3Rs curriculum. You may want to consider that it is part of a series of lessons. The other is from Rutgers and costs \$1.99 to access.

Reviewer 106

This video does a great job explaining affirmative consent, it just feels a bit young for middle school. It would be a fabulous resource for students who have never heard about consent, which is hopefully before grade 6.

Accuracy Analysis Reviewer 124

No medical errors noted!

Consent (KCSARC)

Reviewer 103

I like the worksheets.

I think the Building Blocks of Consent information is easy to understand and students would get it. The Breaking Down the Enthusiastic Yes worksheet gives good examples for students to be able to see the differences in what is or is not an "enthusiastic yes."

I also think the Power Dynamics Scenarios makes it clear as to when a person is in a position of power over someone else.

Reviewer 107

The analogy of COVID-19 and consent is one that many sexuality educators are making, especially those who lived through the early days of the HIV/AIDS crisis. The Prevention Coordinator's points that "Consent is important in all relationships, not just sexual ones" and "I want to consider what level of risk I'm comfortable with" are excellent and thoughtful. She talks in-depth about boundaries -determining your own, communicating them to others, and then listening to others. I do not think this video would capture the attention of developmentally younger high school students but might be thought provoking to older teens who are beginning to form their adult identity.

The Building Blocks of consent is solid and self-explanatory except there is no description on "Equal

Power” and someone new to this concept could be confused about what this means.

The Consent Comic is a creative and interesting idea for an activity. I would be concerned about letting high schoolers loose with this, I wonder how much inappropriate and potentially damaging content could be produced in the form of a “joke.” This activity might need more structure and rules, or perhaps they could find comics to analyze instead of creating their own.

Consent - Breaking Down Enthusiastic Consent

This worksheet appears to be a solid introduction to consent that is interactive and could lead to fruitful discussions about communication and body language.

Consent- Breaking Down Appropriate Age

This is a useful tool for educators to discuss Washington State laws around age of consent. When having this conversation, I would be ready to hear disclosures of statutory rape either privately or publicly, and let youth know ahead of time that you are a mandatory reporter. This handout should also lead into a conversation about predatory and grooming behaviors by adults against youth.

Understanding Consent and Power Dynamics

These are excellent, realistic scenarios that will lead to important dialogue about power. I really appreciate that they added a sexting scenario. Again, as a mandatory reporter, it is also important to be clear that what is disclosed will be reported. Also, youth should be educated that creating sexual images of minors and distributing them is illegal and can have lasting consequences- even if it’s just one photo of yourself and you consented. In the “answer key” this is not mentioned.

Reviewer 111

Video is short (2min) and there are multiple companion activities to choose from. There are no lesson objectives or lesson plans. The scenarios in one of the activities seems to be geared toward high school. However, I think most of the other resources and videos could also be used at the middle school level. The video is an informational monologue with some text. It focuses on how COVID had actually made general consent more present in our society as you hear people asking, "Are you comfortable with this?" more often.

Reviewer 114

The information explains affirmative consent not just from a sexual perspective but in all aspects of life. It gives timely examples. Overall, this is an excellent resource. The supplemental materials for educators include well-designed activities to allow students to demonstrate their understanding. The relationship examples and scenarios could use more diversity.

Reviewer 116

The video and activities included in this supplemental consent unit are well organized, scaffolded and teacher-ready for implementation. The “building blocks” for consent offer a clear and concise definition, and the supplemental as a whole also utilizes our present moment by comparing how we set boundaries with COVID protocols and how we establish consent. Simply put, it centers building awareness of our own boundaries and how we practice respecting our friends’ boundaries. I also appreciated that the activities were focused on students demonstrating their understanding of consent through writing their own examples and analyzing scenarios. One component I would change would be including 1-2 additional scenarios that were LGBTQ+-inclusive.

Reviewer 108

This was a relatable, clear, and straightforward video that would be a great supplement to begin introductory discussions and lesson about consent and relationships.

Reviewer 112

I found the video relevant and appropriate delivering the concept of consent, and like how it is demonstrated in a way beyond just sexual. The message that stands out to me with this supplemental material is that true consent allows for an acceptable and expected outcome of either a yes or no. This sounds basic, yet I feel the way the video and material relay the acceptance and respect associated with a yes or no, puts more value on a confirmed yes or no, and not just an agreement, or willingness. This material also goes into how a yes or no may not be simple, and may be complicated, involving feelings and a need for further communication, which makes me like this material even more. I was confused on a couple of the associated activities, as it seems I was missing some of the information that would be used by the teacher (breaking down the enthusiastic yes). I was not sure what the scenarios were in the activity, making it not usable for me.

Reviewer 115

The lessons that accompany the video are designed well and would be easy for any educator to use. The video is relevant (for now) as it uses COVID as an example of how consent shows up in everyday conversations during the pandemic.

Reviewer 118

The KCSARC Consent activities and explanations webpage and video are digestible and demonstrated a sex positive and affirmative consent-oriented approach to normalizing having and not having, sexual experiences or behaviors for adolescents. I specifically appreciated the inclusion of the legal age brackets for youth under 16 engaging in sexual behaviors with each other. This is information I saw being positively received by teachers in classrooms when I was providing in class guest speaker services. Teachers often reported they got questions about these kinds of things over the years and have not known what to inform youth of regarding their legal rights in our state. The worksheets and activity included on the website are easy conversation starters for a wide audience that can be easily built on, it has a very thorough breakdown of consent that is accessible to English learners and speakers.

I did note again as with [other curricula] there is a lack of acknowledgement to the history of sexual health and rights in our nation. Similar to the crimes of slavery being taught in WA K-12 in 5th grade, the historic (and modern) violent withholding and refusal of access to sexual health rights and services for Black, Indigenous, and Trans+ peoples must be taught too. This is one path to restoring justice in our communities across the state and reducing violence and diseases nationally.

Reviewer 122

All activities would need to be used in order to support skills development in communication. While this video is targeted to both middle and high school, I think it might resonate better with older middle school and high school. This would be a good supplement to a more extensive lesson or unit.

Reviewer 104

The video was not super engaging, though it was short and very 'current' in terms of speaking to the pandemic experience. I am not sure it is the best fit, though it does reframe consent in an 'everyday' kind of way, which can make it easier to relate to outside of sexual terms.

I liked the additional companion resources as supplemental activities for use in a consent lesson. The comic activity provides a useful way to apply concepts of consent and have students demonstrate their understanding of various components of consent. The scenarios provide opportunities to explore the various ways consent can play out. The other resources are useful references for use to reflect back on learned material. These are accessible, engaging, and high quality.

Reviewer 105

Video summarizes consent culture using COVID-19 pandemic as an example (asking people for hugs, assessing own boundaries and risk, etc.). Video itself could prompt good small group discussion about consent culture. WA Health Education Standards 4 & 7 will only be met if educator uses supplemental materials provided.

Supplemental materials make for good activities and exploring nuance of consent. Scenarios for assessing power dynamics is helpful and a hard discussion to have in a classroom. Students seem to want more of this content, and this is one way to provide it. KCSARC also provides an answer key for the scenarios to help the teacher guide the discussion. The comic strip activity allows for some creativity. "Breaking down the enthusiastic yes" gives solid examples of what consent can look like and would prompt good discussion. These materials could lead to good, nuanced discussions about consent!

Reviewer 106

To get the most out of this video, I would absolutely use the provided supplemental materials.

Reviewer 110

I really like the Building Blocks of Consent. I think it breaks it down nicely for students. The scenarios give students a chance to examine how consent really works.

Reviewer 101

This was a review of the consent video only. The website has many other resources that address many of the above standards/requirements. It was a good, basic video that would open dialog and help students realize that consent is not just about sex, but also includes seeking permission to hug or touch such as during Covid 19, checking in with someone about their level of comfort/safety during this pandemic.

Reviewer 119

This is a powerful curriculum, but only aligns with a few of the learning standards.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted.

Consent Explained (Amaze)

Reviewer 103

I'm unclear as to the grade level as some of the information is marked as 6-8 and other information doesn't have any grade level information. I have used some of this material at the high school level. I like the videos as a supplement to a sex education unit as they are relatable to the students in a manner that is easy to understand.

Reviewer 107

Consent Explained: What is it?

Overall, Amaze has comprehensive sexual health information that is sex positive and medically accurate. Their illustrations are creative and engaging. The video, Consent Explained, is a simple and clear video of what consent is and is not. While the sports metaphor is not something that will appeal to all youth, it accurately describes consent in terms that is easy to understand for even young children. There was diversity in terms of race, but it is disappointing they chose to illustrate one of the few Black women represented as drunk and sexualized with oversized lips that catch a hockey puck in her mouth. She is knocked down violently, and the other Black character is also knocked down violently. This video is an easy way to explain consent to young people, but I would think twice about sharing it due to the microaggressions previously listed.

Reviewer 111

Some minority groups are stereotypically represented. Amaze does a good job of using inclusive language that is gender neutral. The lesson plan is very detailed and gives a word for word script.

Reviewer 114

While the content was accurate, I found the presentation to be too rapid and visually distracting to personally use this material. It also modeled a lot of what consent is NOT and not a lot of what consent IS. Images of people having their boundaries and consent violated (non-sexually) are treated as a joke. I do not find this material to be rooted in positive social norms or positive youth development.

Supplemental materials: discussion questions but no guide. I like the parent materials. Linked lesson plans are high quality from Rutgers and 3Rs.

Reviewer 116

The value in this AMAZE video really comes from the supplemental discussion questions, FAQ's and sample lesson plans provided. Consent is such a foundational component of sexual health education, to simply present it to students in a 1:46 video without additional activities would not meet the standards of comprehension or demonstration of knowledge. The video attempts to pack a lot of examples and analogies of what consent is and is not, and could serve as a starting point for developing comprehension of consent, but it also leaves a fair amount of responsibility on the classroom teacher to scaffold group discussion and activities. If I were in a position where my assigned middle school sexual health curriculum did not include a specific chapter on consent, this AMAZE video and sample lesson plan would provide enough materials that I could confidently incorporate it into my unit.

Reviewer 108

There is a clear definition of consent, and it contextualizes consent outside of sex with realistic examples, although the ones used may not be familiar or applicable to a wide audience. This video also depicts racial and gender stereotypes and can be harmful imagery which would need to be supplemented with ample discussion and debrief.

Reviewer 112

This supplemental material contains stereotypes and racial biases. I feel strongly that the message of consent is lost in the midst of inappropriate images and cultural segregation. The parts of this video that stand out to me are the only person who is portrayed as "under the influence" is a black

person. When discussing role models and "trusted adults" all the adults shown are white, except for the black coach. In the height of ensuring curricula and educational material are culturally appropriate and sensitive to all people without bias, oppression or stereotypes, this curriculum is significantly lacking.

Reviewer 115

The video does use some racially biased representations. Otherwise, the material is easy to understand and age appropriate.

Reviewer 118

While I enjoy the Amaze productions (free, online, general neutrality on race and other protected classes, well explained digestible educational content etc.) this video did not stand out to me as one of their best, it is very short which may be appealing as a brief opener to a lesson on consent, however I would use other tools to open up a dialogue especially for the older 6-12th grade youth, like Planned Parenthood's "I love F.R.I.E.S" consent tool - which is about 5-10 mins and is much more informative, and can be done without Internet if the acronym is communicated in text/print - likewise with the KCSARC online and printable Consent handouts and activities.

The Amaze Consent Explained tool is possibly better suited for the 4,5,6 grade range for violence prevention, and older youth will need more information regarding their rights, resources, and responsibilities as sexual beings in our communities. Elementary aged youth can receive this lesson in age-appropriate ways regarding safe touch/physical autonomy such as with asking for consent for hugs/cuddles and high fives from friends and family. One last draw back that is standard for all audio visuals tools is the lack of access to reliable Internet and technology.

Reviewer 122

I would discuss the stereotypes portrayed - good opportunity to practice some critical thinking skills.

Reviewer 104

The video is short, engaging, and accessible. It uses plain language that makes the topic accessible to youth from middle school to high school. It uses a cartoon format, which keeps it engaging and makes it feel less 'dated' than live action videos. The sports metaphors are fairly relatable to many people and allow for a wide variety of representation around gender, race, and relationships. The discussion questions are brief but allow for additional engagement with the material. They specifically draw attention to affirmative consent, as well as laws about sexual violence, and the use of alcohol and drugs.

Educator background information is brief but helpful in providing additional context and to give some additional background for answering questions or fitting the content into a larger unit or even a bigger lesson.

Reviewer 105

Video: Uses sports metaphors to explain consent which may connect with some audiences but not all. There is a series of a Black or brown person getting tackled, hit with a ping pong ball in the head then being drunk which felt off. Good emphasis that sexual assault and rape are never the survivor/victim's fault. Only meets WA state education standard 4 if you use the provided lesson plan.

Supplemental materials: excellent framing on the AMAZE website for educators, youth, and parents.

The educator section recommends good discussion questions and two lesson plans. One lesson plan is from Advocates for Youth and part of the 3Rs curriculum. You may want to consider that it is part of a series of lessons. The other is from Rutgers and costs \$1.99 to access.

Reviewer 106

This video is short and direct, using sports as an analogy. There are accompanying materials (explanations and discussion questions) for youth, parents, and educators.

Reviewer 110

This video compares sexual consent to consent in nonsexual situations. It discusses laws around consent and talks about the role of drugs and alcohol. I also appreciate how the video emphasizes that the victim is never at fault.

Reviewer 101

Universal - not okay to rape, assault or hurt others. Acceptability Analysis: some could view racial bias in that person who is under the influence is of Black descent and female.

Reviewer 119

The vignettes used in the video are effective in making the points in the learning objectives. The lesson plan does well in covering the objectives through an interesting video, engaging students in interactive discussion, engaging parents to bring the learning home, and making the connection to outside resources. I appreciated the conversation starters for parents. Especially, asking your child before kissing or hugging them for their permission. This is something that can be started at a very early age long before 6-8th grade.

Consent for Kids! (Elem)

Reviewer 116

If you're already a fan of the "Tea Consent" videos for older students, the same team is behind the drawings and content of this elementary level book. The Consent (for Kids!) book is conveniently split up into mini chapters and covers everything from boundary setting and practicing consent, to building healthy relationships and what to do when boundaries are crossed. The cartoon examples, while seemingly simple drawings, showcase realistic, kid-friendly examples of establishing consent in friendships and family relationships, while also sprinkling in bits of humor to help keep kids engaged. While the book does not come with any specific teacher support or guidance materials, it's design really lends itself to whole class discussion during read-aloud moments or circle time.

Reviewer 115

This is a well written graphic novel that would appeal to many kids. Consent is explained via typical everyday experiences and relationships. It is funny and relatable.

Reviewer 120

The book is very informative and age-appropriate, though no activities in the book for students to demonstrate understanding or ability.

Reviewer 109

There is not any instructional support.

Accuracy Analysis Reviewer 124

Easy to read- my 4th grader loved it. Love that the last page encourages kids to seek help!

Healthy Communication (KCSARC)

Reviewer 112

The information in this supplemental material curricula is appropriate and accurate, yet it is in the bare minimum form with not much to hold the interest of adolescent students.

Reviewer 106

This could be a good supplemental material. I would not use the video alone, as the speaker is clearly reading (rather than just talking), which might be distracting to some students. The information is good, though. The companion resources seem to be age-appropriate for middle school. The media clip activity could turn into a whole class activity by compiling clips, showing them to students, and asking them to decide if the relationship is healthy, unhealthy, or somewhere in between.

Reviewer 109

Simple, direct, clear. No guidance for teachers, but probably not needed.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted!

Puberty & You

Reviewer 111

This is a long video (13 min) but, has a ton of accurate information. It discusses the physical, social, and emotional changes that occur during puberty. It is extremely inclusive in its language such as saying, "assigned female at birth" when showing the female reproductive system. It also shows a circumcised and uncircumcised penis. There are not any resources or lessons to go with it. I would still use this in my classroom and pair it with an activity such as a worksheet listing changes made for female, male and both bodies.

Reviewer 112

This curriculum offers a direct educational approach to initiating discussion and knowledge about puberty. I appreciate the invitation throughout the video to offer reflection and acknowledgement of the potential array of feelings/emotions that may arise from the subject matter. This supplemental source offers current medical information, awareness to the sensitivity of the subject, and is inclusive of all varieties of sexual orientation, racial identification, and cultural residency.

Reviewer 122

This is the most inclusive puberty video I have seen. While no instructional supports are provided, most educators will be using this to supplement an existing lesson plan. As with most videos, there is not an opportunity for skill development, but the video does provide an opportunity to address Standard 2, related to analyzing influences of peers and others. Great examples of social and emotional intelligence and skills in action as a way to deal with possible challenges of puberty.

Reviewer 120

Good informational video. Did not come with any activities for teachers to use.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted!

Saying Yes or No (Amaze)

Reviewer 111

The topics covered in this conversation between sisters are well discussed. Topics include laws around consent, consent for things other than sexual intercourse, and coercion. The content is good; however, it is a rather long video (8min) that is not very engaging. The lesson plan is very thorough. I likely would not use this in my classroom because I would want something shorter and more engaging. Also, it is only depicting two relationships and both of which are heterosexual. So, if this is the only video shown on consent, students of the LGBTQ community may feel left out of the conversation.

Reviewer 108

This video is clear, engaging, and concise. I would use this video to start conversations and/or introduce a deeper and/or longer unit on consent and relationships.

Reviewer 110

I appreciate how they discuss when someone changes their mind, age of consent laws, and drugs and/or alcohol. I also liked how they emphasized the need for BOTH people to consent--it does not matter which gender.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted.

Understanding SC/Law (Amaze)

Reviewer 114

The video portrayed 'consensual' relationships between adults and youth where the young person was excited to engage sexually in the relationship. This felt victim blame-y and only portrayed negative scenarios. I also found there to be a lack of modeling refusal and saying no and the right to say no. I would not use this material in class. Discussion materials contained no guide, just questions. Linked lesson plans were high quality but from external orgs (3Rs, Rutgers).

Reviewer 112

This supplemental material is age and concept appropriate and is represents balance in promoting sexual health behaviors in a format which is racial/gender neutral and inclusive of all required topics. I feel that the videos are engaging and entertaining in a way where students may be more inclined to accept the concepts and objectives of the curriculum. I really appreciate how in the video talking with a respected adult, it acknowledges how home life, or some trusted adults may not be there people who are best suited to talk to about sexual health subjects, and to look for the adults you can trust. This is an example of the many extra components of education offered in this series.

Reviewer 122

I did not love the visual cartoon portrayals of adult women in this video. The information is solid, but requires additional discussion, especially of affirmative consent, which is not defined in the video. Information for youth, parents and educators is provided and supplements the video with

discussion/definition of affirmative consent. I would recommend that educators using this video review the information for youth and parents as well as for educators to help inform a classroom conversation. It is important information for youth in terms of avoiding exploitative relationships or reporting abusive behaviors.

What Does Consent Look Like?

Reviewer 103

It is from 2014 so students may be less engaged in it as they may view it as outdated. I think the content itself is still valid and realistic, but it is not inclusive as it reads as a typical white, cisgender relationship.

Reviewer 104

The lesson expands conversations about consent beyond the individuals directly involved in a sexual assault scenario (perpetrator/survivor) and allows students to see the ways in which cultural expectations, peer influences, media, authority, and other factors also contribute and can be a part of the larger picture. Students can access ways of advocating for others and being a part of contributing to cultures of consent within the conversation and analysis. The reading scenario is accessible and relatable to students.

As a standalone, it lacks some context and information about consent and could be boosted by having some other definitions and information included.

Reviewer 109

This curriculum is not very inclusive and is probably too limited in scope.

Accuracy Analysis Reviewer 124

No medical inaccuracies noted!