



Washington Office of Superintendent of
PUBLIC INSTRUCTION

REPORT TO THE LEGISLATURE

Comprehensive Sexual Health Education

2024

Authorizing Legislation: [RCW 28A.300.475](#)

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EXECUTIVE SUMMARY

The Office of Superintendent of Public Instruction (OSPI) works with the Washington State Department of Health (DOH) and other education and public health partners on the implementation of medically accurate, inclusive comprehensive sexual health education (CSHE) in Washington schools. This includes annually reviewing CSHE instructional materials for consistency with state requirements, posting resources on our website (including guidance, model policies, and lists of instructional materials that are consistent with legislative requirements), and providing technical assistance and professional development on delivering CSHE in line with requirements and best practices.

[RCW 28A.300.475](#), Comprehensive Sexual Health Education, requires schools to provide comprehensive sexual health education (CSHE) to all students and to report annually to OSPI on what instructional materials they are using and how classroom instruction aligns with the requirements of the law, and for OSPI to summarize and report the results biennially to the legislature.

To collect the required information for the 2022–23 and 2023–24 school years, OSPI created a survey that was made available to all school districts. Results of the survey are used for this report and to inform OSPI’s development and provision of resources, technical assistance, and professional development.

Key findings

- Of school districts in Washington, 88% submitted a completed survey for 2022–23 and 94% submitted a completed survey for 2023–24.
- On average, over 70% of reporting districts said they provided CSHE instruction in all grade bands. Fewer districts did so in 2023–24 (59%) than in 2022–23 (72%).
- Districts reported providing fewer hours of CSHE instruction in 2023–24 than in 2022–23.
- More than half of districts (61% in 2022–23; 65% in 2023–24) report using curricula consistent with state requirements.
- In 2022–23, all required instructional topics were covered by 15% (grades 4–5), 36% (grades 6–8), and 34% (grades 9–12) of reporting districts. In 2023–24, all required instructional topics were covered by 23% (grades 4–5), 39% (grades 6–8), and 31% (grades 9–12) of reporting districts.
- More than half of districts (59% in 2022–23; 63% in 2023–24) report using multiple strategies in support of inclusive instruction for all students.
- There was a significant increase from 2022–23 to 2023–24 in the number of strategies reported being used specifically to increase inclusive instruction for LGBTQ+ students and those with disabilities.

INTRODUCTION

[RCW 28A.300.475](#), Comprehensive Sexual Health Education, requires schools to provide comprehensive sexual health education (CSHE) to all students and to report annually to OSPI on what instructional materials they are using and how classroom instruction aligns with the requirements of the law, and for OSPI to summarize and report the results biennially to the legislature.

Students in kindergarten through grade three receive instruction in social emotional learning (SEL), which Washington state defines as “the process through which people build awareness and skills in managing emotions, setting goals, establishing relationships, and making responsible decisions that support success in school and life.” In this report, SEL is reported as CSHE for students in kindergarten through grade three, though SEL and CSHE are distinct from one another in curricula and content. SEL includes no content related to sexual health or sexuality.

Students in grade four through grade twelve receive CSHE, which is “recurring instruction in human development and reproduction that is medically and scientifically accurate, age-appropriate, and appropriate for all students regardless of protected class.”

OSPI created a survey (see Appendix A) to collect information from school districts on compliance with [RCW 28A.300.475](#). Information about required reporting and the survey link were sent to district administrators in late spring of 2023 and 2024 and follow-up reminders went to district superintendents in August of both years. The September 1 reporting deadline was extended both years to capture data from as many districts as possible, with additional follow-up reminders provided throughout the fall.

For the 2022–23 school year, completed surveys were submitted by 275 school districts (88% of 311 eligible districts), which included charter and other public schools. For the 2023–24 school year, completed surveys were submitted by 291 school districts (94% of 308 eligible districts), which included charter and other public schools. Results of both the 2022–23 and 2023–24 surveys (as of October 1, 2024) are included in this report.

CSHE Instruction Requirements

The law requires that CSHE instruction is:

- Provided at least once in grades K–3, consistent with Washington’s SEL Standards and Benchmarks.
- Provided at least once in grades 4–5, at least twice in grades 6–8, and at least twice in grades 9–12, consistent with Health Education K–12 Student Learning Standards (as determined through joint OSPI/DOH instructional materials reviews or use of OSPI review tools).

- Medically and scientifically accurate (as determined through joint OSPI/DOH instructional materials reviews or by experts such as those named in the law, such as DOH clinical staff or a panel of clinical experts that might include county health department staff or university-level faculty with sexual health expertise, or other medical experts able to make such determination in accordance with state law and recommendations by the Centers for Disease Control and Prevention).
- Inclusive of all students, including language and strategies that recognize all protected classes.
- Age-appropriate on a number of topics, including human growth and development, prevention of pregnancy and sexually transmitted diseases (including abstinence), health care and prevention resources, skills to reduce health risks and choose healthy behaviors, communication skills, healthy relationships and avoidance of exploitative relationships, affirmative consent, and bystander intervention.

Provision of Instruction

Schools are required to provide SEL at least once in grades K–3 and to provide CSHE at least once in grades 4–5, at least twice in grades 6–8, and at least twice in grades 9–12. Of the districts reporting on average, over 70% said they provided instruction in all grade bands. Table 1 shows how many districts provided instruction in each grade band.

Table 1: Instruction provided by grade band

Year	Grades K–3	Grades 4–5	Grades 6–8	Grades 9–12
2022–23	95%	86%	91%	79%
2023–24	95%	67%	78%	53%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Anecdotal reports indicate districts are challenged in providing CSHE multiple times in secondary grades for two primary reasons, which may partially account for lower numbers in grades 6–12:

- Many districts do not provide health education in grades 6–8, resulting in fewer opportunities and trained staff in those grades,
- Students are required to have 0.5 Health Education credits for high school graduation, and most districts include CSHE in required health classes in 9th or 10th grade. There is not an additional required course in high school in which the provision of CSHE fits easily.

Social and Emotional Learning Instruction

Students in kindergarten through grade three receive instruction in social emotional learning (SEL), which Washington state defines as “the process through which people build awareness and skills in

managing emotions, setting goals, establishing relationships, and making responsible decisions that support success in school and life.” SEL includes no content related to sexual health or sexuality.

Washington’s SEL Standards and Benchmarks are designed to provide comprehensive instruction over time that supports students to learn both concepts and skills. Tables 2 and 3 show how many districts provided SEL instruction in grades K–3 and the total number of hours of instruction provided. Hours of instruction provided is one possible indicator of how comprehensive instruction is.

Table 2: Percent of districts that provided SEL by grade band

Year	Kindergarten	Grade 1	Grade 2	Grade 3
2022–23	91%	92%	92%	91%
2023–24	95%	94%	94%	94%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Table 3: Percent of districts that provided 10 or more hours of SEL instruction by grade band

Year	Kindergarten	Grade 1	Grade 2	Grade 3
2022–23	70%	69%	70%	70%
2023–24	68%	67%	68%	68%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Sexual Health Education Instruction

Students in grade four through grade twelve receive CSHE, which is “recurring instruction in human development and reproduction that is medically and scientifically accurate, age-appropriate, and appropriate for all students regardless of protected class.” Instruction must be consistent with Washington’s Health Education Learning Standards.

Tables 4 and 5 show the percent of districts that provided CSHE by grade band, the number of hours of instruction provided, and the percent of students opted out of instruction. Given the number of instructional topics included in the law and the standards, and the fact that instruction must be taught multiple times, hours of instruction provided is one possible indicator of how consistent it is with requirements for comprehensiveness.

Table 4: Percent of districts that provided CSHE by grade band

Year	Grades 4–5	Grades 6–8	Grades 9–12
2022–23	86%	91%	79%
2023–24	67%	78%	53%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Table 5: Percent of districts that provided 10 or more hours of CSHE instruction by grade band

Year	Grades 4–5	Grades 6–8	Grades 9–12
2022–23	8%	24%	36%
2023–24	6%	15%	16%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Table 6 provides information about the number of students opted out of CSHE instruction. Parents or guardians may choose to opt their child out of CSHE education and school districts must accommodate such requests. The majority of parents do not opt their children out of instruction, or only opt them out of certain portions of the curriculum. These data suggest that as of the 2023–24 school year, most students are receiving CSHE as required by law.

Table 6: Percent of districts that report fewer than 10% of students being opted out of CSHE by parents/guardians by grade band

Year	Grades 4–5	Grades 6–8	Grades 9–12
2022–23	92%	76%	67%
2023–24	95%	94%	97%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Provision of Inclusive Instruction

The CSHE reporting survey provides a checklist of possible strategies school districts and educators might use to ensure that instruction is inclusive of all students (e.g., using instructional materials designed for a specific population of students, or modifying instructional materials to meet the needs of students). Listed strategies include those that might address the needs of students who identify as LGBTQ+, those with disabilities, and those who represent the cultural diversity of our state. A text box was provided for additional responses.

Table 7 represents the percentage of school districts that reported using multiple strategies in support of inclusive instruction for all students.

Table 7: Inclusive Instruction by Number of Strategies Used

Year	0 Strategies	1–3 Strategies	4–6 Strategies
2022–23	8%	33%	59%
2023–24	6%	28%	47%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Research on sexual health education shows two groups typically underserved with CSHE: students who identify as LGBTQ+ and students with disabilities. Instruction often is not provided at all, in the

case of students with disabilities, or is not relevant, in the case of students who identify as LGBTQ+.

Table 8 represents the percentage of school districts that reported using multiple strategies intended to provide instruction inclusive of LGBTQ+ students.

Table 8: LGBTQ+ Inclusive Instruction by Number of Strategies Used

Year	0 Strategies	1 Strategy	2 Strategies
2022–23	65%	7%	27%
2023–24	22%	13%	65%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Table 9 represents the percentage of school districts that reported using multiple strategies intended to provide instruction inclusive of students with disabilities.

Table 9: Disability-Inclusive Instruction by Number of Strategies Used

Year	0 Strategies	1 Strategy	2 Strategies
2022–23	70%	22%	8%
2023–24	22%	55%	23%

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Coverage of Required Content

Nine distinct content requirements are called out in RCW 28A.300.475 and the [Guidelines for Sexual Health and Disease Prevention](#) referenced in the law. A related requirement found in RCW 28A.300.145 (related to instruction on the consequences of sexual crimes in which the victim is a minor) was added to a list of required content topics in the CSHE reporting survey. Topics may be addressed in all or some grade bands depending on when they are age-appropriate to introduce; only five of nine topics included in the survey are recommended in grades 4–5. Table 10 shows the percentage of districts that reported teaching required topics in 2023–24. This information was not captured for 2022–23.

Table 10: Required Content by Grade Band

Year	Grade band	1–3 Topics	4–6 Topics	7–9 Topics
2023–24	Grades 4–5	76%	13%	N/A
2023–24	Grades 6–8	18%	31%	49%
2023–24	Grades 9–12	26%	45%	8%

Source: OSPI CSHE Reporting Survey, extracted 10/1/2024 (2023–24)

Comprehensive Sexual Health Education Curricula

For the purpose of this report, “curricula” includes all instructional materials used by school districts to deliver required CSHE in the classroom. Districts were asked to identify all materials used in each grade band and how they determined that their materials met the requirements of the law.

“The provision of comprehensive, age appropriate, evidence-informed sexual health education is a vital component of K-12 education.”

–Superintendent Chris Reykdal

School districts can use OSPI-reviewed materials, or they may determine if materials are consistent with requirements using OSPI-developed review tools. OSPI conducts CSHE instructional materials reviews annually in coordination with the Washington Department of Health (DOH). DOH oversees medical and scientific accuracy reviews, which are done per Centers for Disease Control and Prevention (CDC) standards. OSPI ensures consistency with Washington state laws (e.g. [RCW 28A.300.475](#), [AIDS Omnibus Act](#), [Screening for Biased Content in Instructional Materials](#)) and [learning standards](#). Titles reviewed by OSPI and DOH are listed as “consistent,” “consistent with modification,” or “inconsistent” with state requirements for CSHE. The results of those reviews, along with the review tools, are [posted on OSPI’s website](#) so that school districts have easy access to both.

Social Emotional Learning Curricula

The instructional requirement for kindergarten through grade three is social and emotional learning (SEL), which includes no sexual health content. OSPI provides a [link to a nationally curated list of evidence-based SEL programs](#) for districts to consider using. For a summary of curricula districts report using for SEL, see Appendix B.

Comprehensive Sexual Health Curricula

The instructional requirement for grades 4–12 is comprehensive sexual health education (CSHE). School districts may adopt a wide variety of curricula or other instructional materials, provided they are found to be consistent with requirements of RCW 28A.300.475.

A summary of CSHE instructional materials used by districts in the 2022–23 and 2023–24 school years are provided in Appendix C. The following data tables represent the 291 districts that serve K–12 students and reported to OSPI for the 2023–24 school year, which represents the most up-to-date information. Note that percentages may total more than 100% as some districts reported using multiple instructional materials.

Of the 275 districts that reported to OSPI for the 2022–23 school year:

- At least 71% reported using commercially available comprehensive curricula found by OSPI and DOH to be **consistent** with requirements for comprehensive instruction.

- 24% reported using commercially available instructional materials found by OSPI and DOH to be **inconsistent** with requirements. Most of those districts reported conducting their own medical accuracy reviews.
- 7% reported using commercially available instructional materials **not reviewed by OSPI and DOH**.
- 16% reported using instructional materials created by the district, also **not reviewed by OSPI and DOH**.
- 25% reported conducting their own medical accuracy review of instructional materials that were **not reviewed by OSPI and DOH**.
- Three districts (<1%) reported using **no instructional materials** for sexual health instruction.
- 5% reported using only supplemental materials (such as single-topic curricula or lessons, videos, etc.) to provide instruction. This is particularly true at the elementary level, where many districts report using only “puberty videos” for instruction, or only the KNOW curriculum for HIV/AIDS prevention instruction.
- More than half (67%) of districts reported making curricula available for parent/guardian review through in-person communications and hard copies. Only 3 districts (1%) did not make curricula available for review by parents/guardians.

Of the 291 districts that reported to OSPI for the 2023–24 school year:

- At least 49% reported using commercially available comprehensive curricula found by OSPI and DOH to be **consistent** with requirements for comprehensive instruction.
- 14% reported using commercially available instructional materials found by OSPI and DOH to be **inconsistent** with requirements. Most of those districts reported conducting their own medical accuracy reviews.
- 11% reported using commercially available instructional materials **not reviewed by OSPI and DOH**.
- 11% reported using instructional materials created by the district, also **not reviewed by OSPI and DOH**.
- 22% reported conducting their own medical accuracy review of instructional materials that were **not reviewed by OSPI and DOH**.
- More than two thirds (71%) of districts reported making curricula available for parent/guardian review through in-person communications and hard copies. Only 4 districts (1%) did not make curricula available for review by parents/guardians.

Table 11 shows the most used curriculum for each grade band and, of districts teaching CSHE in that grade band, the percent using those curricula. For a summary of curricula districts report using for CSHE, see Appendix C.

Table 11: Most Common Curricula Used for SEL and CSHE Instruction

Year	Grades K–3*	Grades 4–5	Grades 6–8	Grades 9–12
2022–23	Second Step (154, 56%)	FLASH (103, 44%)	FLASH (115, 46%)	FLASH (116, 53%)
2023–24	Second Step (155, 53%)	FLASH (94, 32%)	FLASH (119, 41%)	FLASH (80, 27%)

*SEL curricula, not CSHE curricula.

Source: OSPI CSHE Reporting Survey, extracted 3/8/2024 (2022–23) and 10/1/2024 (2023–24)

Next Steps

OSPI has provided and will continue to provide robust guidance to districts via written documents, our website, and live and recorded webinars. Technical assistance initially focused on helping districts understand and get up to speed with meeting all legislative requirements and has shifted to targeted efforts to support districts not yet meeting requirements. Annual instructional materials reviews will continue to focus on ensuring that districts have a wide array of choices that meet the needs of our diverse student population and communities, including open education resources. OSPI provides virtual teacher training at no charge to increase accessibility throughout the state and will continue to tailor each year’s offerings to address gaps in compliance with state requirements. Professional development for educators will continue to include a strong focus on providing inclusive instruction for both LGBTQ+ students and those in special education programs.

The results of each year’s survey will be used by OSPI staff to further focus our resources, technical assistance, and professional development in ways that will support all districts’ ability to meet all legislative requirements related to the delivery of CSHE. Based on results and feedback from this survey, the survey for the 2024-25 school year will be further streamlined. We expect to see higher percentages of districts reporting on their instruction and meeting all or most CSHE requirements after each school year.

CONCLUSION

The 2022–23 school year was the first in which all schools were required to provide CSHE in all grade bands. Covid-19 pandemic related challenges like school closures, staff shortages, and staff turnover caused delays for many districts in completing the work required to meet all requirements, such as reviewing and adopting instructional materials, revising school schedules and plans for instruction, and training educators assigned to provide instruction. The majority of school districts did provide CSHE in all grade bands and did provide instruction using materials consistent with state requirements. It is likely that outcomes will improve over time, as districts become more familiar with requirements and receive training and technical assistance.

REFERENCES

2022–2023 Comprehensive Sexual Health Education (CSHE) Reporting Survey, data extracted 3/8/2024.

2023–2024 Comprehensive Sexual Health Education (CSHE) Reporting Survey, data extracted 10/1/24.

APPENDICES

Appendix A: CSHE Reporting Survey

All districts are required to report to OSPI what instructional materials they use to teach comprehensive sexual health education and how their instruction meets the requirements of the RCW. Appendix A is a copy of the Alchemer Survey created by OSPI to gather responses from Washington school districts.

Greeting & Instructions

Welcome to the Comprehensive Sexual Health Education (CSHE) Reporting Survey for the 2023-2024 school year! Before proceeding, please review the following paragraphs.

PURPOSE - The purpose of this survey is twofold:

- This survey fulfills a legislative mandate as stated in [RCW 28A.300.475](#) (Comprehensive Sexual Health Education, or CSHE). This RCW requires every Washington public school to annually report information about their implementation of CSHE to the Office of Superintendent of Public Instruction (OSPI). In turn, OSPI is required to report this information to the Legislature.
- This survey will help OSPI to better understand CSHE implementation across the state, in order to tailor our resources, professional development, and technical assistance.

WHAT TO EXPECT - This year's survey asks a total of 21 questions, although many participants will see only a subset of questions. It should take no longer than 15 minutes to complete if you have already collected the required information. In it, you will encounter questions about your Local Education Agency's (LEA's) implementation of Social Emotional Learning (SEL) and Comprehensive Sexual Health Education (CSHE). Specifically, you will be asked about the instructional materials you used and how you delivered instruction. At the end of the survey, you will be asked for your contact information.

INSTRUCTIONS - Because this survey asks about implementation for your entire LEA, it is important that someone familiar with your entire LEA's implementation of SEL/CSHE complete the survey. In many cases, this will be your LEA's health education coordinator, curriculum director, or learning and teaching director. We have made a [PDF Version](#) of the survey available to allow respondents to prepare their responses before submission. Before completing the survey, we recommend that you gather all information you will need. You may also want to review relevant legislation and learning standards, which are available on the [CSHE Implementation website](#).

This survey will close on Sept. 1, 2024.

In the event that questions or concerns arise during completion of the survey, feel free to contact laurie.dils@k12.wa.us.

LEA Selection

On behalf of which LEA are you completing this survey? (drop-down menu)

As a reminder, we ask that you complete this survey in a way that represents your entire LEA. If you believe there is someone else in your LEA who is better positioned to answer in this way, please exit the survey and ask them to complete it instead.

Each LEA can only respond once. If you need assistance with validation, please email rccteam@k12.wa.us.

Grade Band Selection

In your LEA, which grades received Social Emotional Learning (SEL) instruction? *(Select all that apply)**

- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- None of the above

In your LEA, which grades received Comprehensive Sexual Health Education (CSHE) instruction? *(Select all that apply)**

- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- None

SEL Curriculum Information

What materials were used to provide Social Emotional Learning (SEL) instruction to K-3rd grade students? If materials differed based on a student's grade level, please indicate so below. *(Select all that apply)*

MindUP
PATHS
Responsive Classroom
Ruler
Second Step
None of the above

Please include the name(s) of any other curricula you may have used.

How many total hours of Social Emotional Learning (SEL) instruction were provided? Please select an answer for each grade that instruction was provided to.

0 hours
1-5 hours
6-10 hours
More than 10 hours

CSHE Curriculum Information

What materials were used to provide Comprehensive Sexual Health Education (CSHE) instruction to 4th-12th grade students? If materials differed based on a student's grade band, please indicate so below. *(Select all that apply)*

All4You2!
Comprehensive Health Skills (2021 or more recent)
FLASH
Get Real (ETR)
Great Body Shop
HealthSmart
Our Whole Lives
Positive Prevention Plus
Puberty: The Wonder Years
Rights, Respect, Responsibility
Sexuality Education for People with Developmental Disabilities
Teen Talk
Un Hushed
None of the above. Our LEA used a different, commercially available curriculum with this grade band.
None of the above. Our LEA designed its own curriculum to use with this grade band.

Please include the name(s) of the different, vendor-developed curricula here.

How many total hours of Comprehensive Sexual Health Education (CSHE) instruction were provided? Please select an answer for each grade band that instruction was provided to.

0 hours
1-5 hours
6-10 hours
More than 10 hours

About what percentage of students were opted out of Comprehensive Sexual Health Education (CSHE) instruction this year by parents/guardians? If "opt out" rates differed by grade band, please indicate so below.

None
Less than 1%
1 to 5%
6 to 10%
More than 10%
I don't know

What methods did your LEA use to make Comprehensive Sexual Health Education (CSHE) instructional materials available for parent/guardian review? (Select all that apply)

- Posted on LEA website
- Access codes provided for online access
- Hard copies were distributed or made available
- In-person communication (e.g., open house)
- Other - Write In: _____
- I don't know
- They were not made available

CSHE Follow-Up

The next few questions will help us learn a bit more about how students received CSHE instruction.

How did your LEA determine that its Comprehensive Sexual Health Education (CSHE) instruction was consistent with [Health Education K-12 Learning Standards](#)?

- We aligned or mapped our instructional materials and/or plan to the Standards.
- Other - Write In: _____
- I don't know.
- We have not yet determined that our instructional plan is consistent with Standards.

How did your LEA determine its Comprehensive Sexual Health Education (CSHE) instructional materials were medically and scientifically accurate?

("Medically and scientifically accurate," according to RCW 28A.300.475, means information that is verified or supported by research in compliance with scientific methods, is published in peer-reviewed journals, where appropriate, and is recognized as accurate and objective by professional organizations and agencies with expertise in the field of sexual health including but not limited to the American College of Obstetricians and Gynecologists, the Washington State Department of Health, and the federal Centers for Disease Control and Prevention).

- We conducted a medical accuracy review in the LEA.
- We had an outside entity review the materials.
- We have not yet determined that the materials are medically/scientifically accurate.
- I don't know.

Please specify the outside entity (or entities) that reviewed the materials.

What topics were covered in the Comprehensive Sexual Health Education (CSHE) instruction provided to your LEA's 4th-12th grade students? If topics differed depending on the grade band(s) in question, you can indicate so below. (Select all that apply)

Human growth and development
Abstinence

Pregnancy prevention (in addition to abstinence); note: not required in grades 4-5
STD/HIV prevention
Information about credible health care and prevention information and services
Interpersonal communication skills that help reduce health risks and support healthy, respectful behaviors and relationships
Healthy relationships and avoidance of exploitative relationships
Understand the influences of families, peers, community and the media on healthy sexual relationships
Affirmative consent and bystander intervention

In what ways did you ensure your Comprehensive Sexual Health Education (CSHE) instruction was inclusive of all students? (Select all that apply)

Our curriculum featured examples and images of students from diverse backgrounds.

- Our curriculum included information about sexual orientation, gender identity, and/or gender expression.
- Our curriculum encouraged students to respect the sexual and gender identities of others.
- Our curriculum was free from faith-based values/beliefs.
- Our curriculum was specifically designed for students with intellectual/developmental disabilities.
- Our curriculum was adapted to accommodate students with intellectual/developmental disabilities.
- Other - Write In: _____
- We have not yet determined that instruction is inclusive of all students.
- I don't know.

Contact Information

OSPI appreciates your completion of the 2023-2024 CSHE Reporting Survey. On this final page of questions, we ask respondents to include their contact information. This will help us better understand who completed the survey and allow us to reach out for clarification on survey responses.

Name:

Job Title:

Telephone Number (Format: (123) 456-7890)

Email Address:*

If you would like to add any comments or clarifications before submitting your responses, please do so here.

Thank You!

Thank you for completing our survey! Your responses have been recorded. If you would like more information about comprehensive sexual health education requirements and resources please visit our [sexual health education webpage](#).

Appendix B: SEL Curricula

All districts are required to report to OSPI what instructional materials they use to teach comprehensive sexual health education, which is defined as social emotional learning for grades K–3. Appendix B includes the results of the reporting survey as of March 8, 2024 for 2022–23 and October 1, 2024 for 2023–24. These counts are an average of the number of districts reporting use of the curricula across grade levels.

2022–23

Curricula	Number of districts reporting use
Second Step*	154
Character Strong	55
Ruler*	8
MindUP*	8
Sanford Harmony	7
District/school designed	7
Caring School Community	6
PATHS*	3
Positive Action	3
Responsive Classroom*	2
Zones of Regulation	2
Empowering Education	2
Other**	10

2023–24

Curricula	Number of districts reporting use
Second Step*	156
Character Strong	58
Purposeful People	19
Ruler*	8
Caring School	7
MindUP*	7
Sanford Harmony	6
Zones of Regulation	5
PATHS*	4
3Rs	3
Positive Discipline	3
Responsive Classroom*	3
Other**	10

*Included in the survey as an option and reported by grade level.

**Includes AIM, Changemakers, Character Pillars, Choose Love, Cloud9World, Crisis Connections, Empowering Education, Enriched Learning, Friendly, GoNoodle, Growing Early Mindsets, Health

Smart, Healthy Habits, iReady, Kelso's Choice, Kimochis, Leader in Me, Move This World, Native Game, Positive Action, Pyramid Model, Random Acts of Kindness, Rethink Ed, Slumberkins, and SuperNoodle.

Appendix C: CSHE Curricula

All districts are required to report to OSPI what instructional materials they use for comprehensive sexual health education. Appendix C includes the results of the reporting survey as of March 8, 2024 for 2022–23 and October 1, 2024 for 2023–24. These counts are an average of the number of districts reporting use of the curricula across grade levels.

2022–23

Curricula	Number of districts reporting use
FLASH*	111
None, self-designed	45
Glencoe Health (McGraw Hill)**	23
KNOW	23
Rights, Respect, Responsibility*	22
Comprehensive Health Skills (2021 or later)*	21
Always Changing*	15
Great Body Shop*	12
HealthSmart*	10
Puberty: The Wonder Years*	5
Other***	25

2023–24

Curricula	Number of districts reporting use
FLASH*	96
None, self-designed	31
Glencoe Health (McGraw Hill)**	19
Rights, Respect, Responsibility*	15
KNOW	11
Always Changing*	10
Great Body Shop*	7
HealthSmart*	6
Get Real (ETR)*	6
Comprehensive Health Skills (2021 or later)*	5
Growing Up for Boys/Girls*	5
Just Around the Corner**	3
Draw the Line, Respect the Line	3
Positive Prevention Plus*	3
Other***	9

*Included in the survey as an option and reported by grade level; reviewed by OSPI and DOH and found to be **consistent** with CSHE requirements.

Included in the survey as an option and reported by grade level; reviewed by OSPI and DOH and found to be **inconsistent with CSHE requirements.

***Varies from each reporting year and includes All4You2!*, Draw the Line, Get Real (ETR)*, Growing Up!/Just Around the Corner (Marsh Media), HIV and Me: Marissa's Story, Human Relations Media, Lifetime Health, Life Options, Planned Parenthood, Positive Prevention Plus*, Puberty and You, Our Whole Lives*, Sexuality Education for People with Developmental Disabilities, WISH Medical, and Whatcom Pregnancy Clinic.

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