



— Developing a —
Scope and Sequence for
**Sexual Health
EDUCATION**

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health



Acknowledgements

This document was prepared by the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of Adolescent and School Health (DASH) with technical and editorial assistance provided by CDC-funded partners and other external experts in field of school health education. CDC acknowledges Dr. Susan Telljohann for her contribution to the steps and examples described in this document.

Suggested citation: Centers for Disease Control and Prevention. *Developing a Scope and Sequence for Sexual Health Education*, Atlanta: CDC; 2016.

To obtain copies:

- Download from CDC's website: <http://www.cdc.gov/HealthyYouth>
- Request by e-mail: cdcinfo@cdc.gov
- Call toll-free: 1-800-CDC-INFO or TTY: 888-232-6348

Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the US Department of Health and Human Services.



Developing a Scope and Sequence for Sexual Health Education

Sexual health education should address age-appropriate physical, mental, emotional, and social dimensions of human sexuality as part of planned and sequential health education. The specific content to be addressed in health education, including sexual health education, is organized through a health education curriculum and often summarized in a curriculum framework.

The first step in determining the health content and skills that should be taught at each grade level is a scope and sequence. A scope and sequence is an essential element of a curriculum framework and is intended to serve as a guide for curriculum directors, administrators, teachers, parents, and school board members. A health education scope and sequence outlines the breadth and arrangement of key health topics and concepts across grade levels (scope), and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten through the 12th grade.

A **sexual health education** scope and sequence should identify what the student should know or do and when it should be taught for each grade or grade group to lower their risk of HIV, STD, and unplanned teen pregnancy. The scope and sequence should be aligned with the national, state, or local health education standards, benchmarks, and performance indicators.

Using the HECAT to inform a scope and sequence for health education

CDC's Health Education Curriculum Analysis Tool (HECAT) <http://www.cdc.gov/HealthyYouth/HECAT/index.htm> provides valuable information to assist school districts in the scope and sequence development process. The HECAT articulates the *National Health Education Standards*, identifies the expected outcomes (“Healthy Behavior Outcomes”) of specific health content areas such as sexual health, and identifies the essential knowledge expectations and skill expectations that are directly related to each healthy behavior outcome by standard and grade group (See Module 5 in the HECAT for the complete list of Sexual Health knowledge and skill expectations http://www.cdc.gov/healthyyouth/hecat/pdf/hecat_module_sh.pdf). The information in the HECAT can be used directly or modified to expedite the development of a scope and sequence for all of health education or a specific health content area, such as sexual health. Developing can include the creation of a new scope and sequence or the appropriate revision of an existing document.

Once a school district has developed its scope and sequence, they can use it as a guide to develop a health education curriculum and to select appropriate and aligned curriculum materials. Using a locally developed

scope and sequence will ensure the selection of the most appropriate health education curriculum materials for each district.

A scope and sequence is most often represented in a table or matrix. The format of the table may vary, but the essential elements common to a scope and sequence include the key health education topic(s), grade groups (e.g., Pre-K – 2, 3 – 5, 6 – 8, 9 – 12) or individual grade levels (e.g., K, 1, 2, 3), desired healthy behavior outcomes, and specific knowledge and skill expectations aligned with the health topic and grade group or grade level.

A scope and sequence can be simple or complex, typically arranged on multiple pages so that more specificity can be provided for topic and grade group or grade. National, state, or local health education standards, benchmarks, and requirements may or may not be specifically stated in a scope and sequence.

However, the knowledge and skill expectations or performance indicators identified for each topic and grade level should be based upon them. Health education knowledge and skill expectations will increase in complexity as the sequence advances up grade levels to coincide with the maturity level and cognitive abilities of the learner.

IN BRIEF, A SCOPE AND SEQUENCE SHOULD

- Correspond with national, state, or local health education standards, benchmarks, and requirements.
- Correspond with the state health education framework.
- Reflect locally identified health priorities.
- Show an awareness of students' developmental needs.
- Address the concepts and skills students need to successfully prevent adverse health outcomes.
- Exhibit appropriate sequencing within a standard and across grades pre-K-12.
- Balance content appropriately over the grades when health education is taught.
- Show reinforcement of skills and concepts, without excessive repetition.

Steps to develop a sexual health scope and sequence using the HECAT

A school district should develop its own sexual health education scope and sequence and not rely solely on a scope and sequence provided by commercial developers. A “commercially developed” scope and sequence is intended to match a developer’s curricula and ancillary instructional materials and is not designed to address the unique needs of students in an individual school or school district. In addition, school districts should review their existing scope and sequence on a regular basis to confirm that it still appropriately matches locally identified health priorities and any relevant standards, benchmarks and requirements, both of which may change over time.

The development of a sexual health scope and sequence is usually completed through a group process, such as a School Health Advisory Council (SHAC), and is facilitated by an experienced and knowledgeable leader, such as the School Health Coordinator. The leader establishes a regular meeting schedule and timeline for completion, and actively involves individuals with knowledge, expertise, and experience in sexual health education, curriculum development, and the sexual health needs of youth.

The sexual health scope and sequence development process using the HECAT should include these general steps:

1. Choose a facilitator and committee members who have knowledge and experience in curriculum development, sexual health education, and the sexual health needs of youth
2. Identify national, state, or local health education standards, benchmarks, and requirements.
In some states or districts, they might be found under HIV education or sexuality education and could include specific sexual health concepts (e.g., HIV/STD transmission, healthy relationships, or puberty) and/or skills that are required, recommended, or prohibited to be taught at a specific grade level.
3. Clarify sexual health priorities by using local, state, and national health data on youth sexual health-related behaviors, including HIV, STD, or pregnancy rates and sexual risk-taking behaviors¹ among school-aged youth.
4. Determine the grade levels and general amount of instructional time available to teach sexual health education (e.g., grade 5, two weeks; grade 8, three weeks; grade 10, two weeks) as a part of health education during the academic school year.

¹ A school district might have state or local data. Information about national, state, territory, and local Youth Risk Behavior Surveillance data is available at www.cdc.gov/HealthyYouth/yrbss.

5. Select and prioritize the Healthy Behavior Outcomes (HBOs) related to sexual health (see pg. SH-1 in the HECAT for a complete list of sexual health HBOs). Use existing health education standards and benchmarks, local-level sexual health requirements, and priorities established through local data to inform your process.

Decide which HBOs will be addressed at each grade level. *Depending on how much time is allotted for sexual health education, it may not be realistic to address every HBO at every grade level.*
6. Identify the sexual health knowledge expectations that are essential to be learned by students to meet the objectives of the selected HBOs. The knowledge expectations should specify what students should know relevant to each of the key health topics and should be aligned with standards or benchmarks. Identify any sexual health concepts that are taught as part of another school course (e.g. family and consumer sciences, biology) and determine if these courses provide sufficient coverage of a concept to warrant removal of that concept from the list of expectations of health education.
7. Decide on the 1-2 skills that should be taught in sexual health at each grade group. *It is important to remember that it takes significant time to teach a health skill, like decision making or communication; therefore, it is unrealistic to teach every skill in every health content area in every grade.* Review the sexual health skill expectations for each grade level span to help determine which skills will best support the selected HBOs for each grade level span. List the priority skill expectations.

It is recommended that teachers teach health skills using the six-step process listed below.

 - a. Discuss the importance of the skill, its relevance, and relationship to other learned skills.
 - b. Present steps for developing the skill.
 - c. Model the skill through demonstration or example.
 - d. Provide opportunities to practice and rehearse the skill with monitoring and feedback.
- e. Facilitate discussion about experience of using the skill.
- f. Provide skill reinforcement with opportunities for independent practice outside of the classroom.
8. Review the amount of instructional time available to teach sexual health education, determine the priority content, and revise the scope and sequence to ensure successful completion. *Allow sufficient time for each knowledge and skill expectation to be introduced, reinforced, and mastered; for students to successfully develop the breadth and depth of knowledge of all sexual health education concepts; and for students to demonstrate appropriate skills.* If it is determined that too many knowledge or skill expectations were selected for a grade level span, it may be necessary to remove some of them to ensure teachers have adequate time to teach the essential knowledge and skill expectations thoroughly.
9. Review and validate the scope and sequence.
 - Confirm that all skills build progressively on one another and that students will have sufficient time and opportunity to successfully develop skills relevant to all essential concepts across topics and grade levels.
 - Confirm that the specified HBOs and the knowledge and skill expectations to be learned at each grade are appropriate and meet the needs and maturity level of the students, as well as the needs of the community and school district.
 - Validate the scope and sequence with all key stakeholders.
10. Use the validated scope and sequence as a guide in developing a health education curriculum and to select appropriate and aligned sexual health education curriculum materials.
11. Establish a plan for helping teachers to implement scope and sequence and related curriculum materials and disseminate the scope and sequence to all teachers who are teaching sexual health.

Appendix 1 provides an example of how a fictitious school district applied the scope and sequence development steps listed above.

Additional references on scope and sequence:

1. English F. *Deciding What to Teach and Test: Developing, Aligning, and Auditing the Curriculum* (Millennium ed.). Thousand Oaks, CA: Sage Publications; 2000.
2. Fodor JT, Dalis GT, Giarratano Russell SC. *Health Instruction in Schools: Planning, Implementing and Evaluating*. Bangor, ME: Booklocker, Inc.; 2010.
3. Hale J. *A Guide to Curriculum Mapping: Planning, Implementing, and Sustaining the Process*. Thousand Oaks, CA: Corwin Press; 2007.
4. Jacobs HH. *Mapping the Big Picture: Integrating Curriculum and Assessment K-12*. Alexandria, VA: Association for Supervision and Curriculum Development; 1997.
5. Telljohann S, Symons C, Pateman B. *Health Education: Elementary and Middle School Applications* (7th ed.). NY: McGraw Hill; 2011.
6. West-Christy J. *Teaching Today. Roadmap to Success: A Curriculum Mapping Primer*. New York, NY: Glencoe/McGraw-Hill; 2003.
7. Wiggins G, McTighe J. *Understanding by Design* (2nd ed.). Alexandria, VA: Association for Supervision and Curriculum Development; 2005.
8. Wiggins G, McTighe J. *Understanding by Design: Guide to Creating High-Quality Units*. Alexandria, VA: Association for Supervision and Curriculum Development; 2011.
9. Wiles J. *Curriculum essentials: a resource for educators* (2nd ed.). Pearson/Allyn & Bacon; 2005.

Appendix 1: Sexual Health Scope and Sequence Example

The Anywhere School District has decided to develop a sexual health scope and sequence using the [Health Education Curriculum Analysis Tool \(HECAT\)](http://www.cdc.gov/healthyyouth/HECAT/) (<http://www.cdc.gov/healthyyouth/HECAT/>).

Leadership for this task was assigned to the school health coordinator, Susan B. Wise, who established a school health education curriculum committee (“the committee”) to develop this scope and sequence. Ms. Wise chose members of the committee based on their knowledge and experience in curriculum development, sexual health education, and the sexual health needs of youth.

Together, Ms. Wise and the committee will follow the steps described in “**Developing a Scope and Sequence for Sexual Health Education**” to create a new scope and sequence. If the Anywhere School District already had an existing scope and sequence, Ms. Wise and her committee could easily follow many of these same steps to update or revise it.



Recommended Steps to Develop a Scope & Sequence	How One School Created Their Own Scope & Sequence
GETTING READY <ol style="list-style-type: none"> Choose a facilitator and committee members who have knowledge and experience in curriculum development, sexual health education, and the sexual health needs of youth. 	<p>The Anywhere School District appointed the School Health Coordinator, Ms. Wise, to facilitate this process. She called on select members of the School Health Advisory Council to serve as committee members. She also included additional individuals who were knowledgeable about relevant adolescent sexual health concerns: the school nurse and a member of a local teen pregnancy prevention organization.</p>
	<p>Identify national, state, or local health education standards, benchmarks, and requirements. In some states or districts, they might be found under HIV education or sexuality education and could include specific sexual health concepts (e.g., HIV/STD transmission, healthy relationships, or puberty) and/or skills that are required to be taught at a specific grade level.</p>
	<p>Clarify sexual health priorities by using local, state, and national health data on youth sexual health-related behaviors, including HIV, STD, or pregnancy rates and sexual risk-taking behaviors¹ among school-aged youth.</p>
	<p>Determine the general amount of instructional time available to teach sexual health education at different grade levels.</p> <p>The committee discovered that their schools were teaching health education for 20 hours at the 5th grade level, one semester at the 8th grade level, and one semester at the 10th grade level. No health education was being provided at the K-4 and Grade 6 levels, and the committee felt that it was unlikely to gain support for health education at these grade levels at the current time. After consulting with elementary and secondary health teachers, they determined that the maximum number of class periods that could be dedicated to teaching sexual health education would be:</p> <ul style="list-style-type: none"> Grade 5: six 45-minute classes Grade 8: ten 50-minute classes Grade 10: twelve 50-minute classes

Recommended Steps to Develop a Scope & Sequence	How One School Created Their Own Scope & Sequence
<p>5. Select and prioritize the Healthy Behavior Outcomes (HBOs) related to sexual health. Use existing health education standards and benchmarks, local-level sexual health requirements, and priorities established through local data to inform your process.</p> <p>Decide which HBOs will be addressed at each grade level.</p> <p><i>Depending on how much time is allotted for sexual health education, it may not be realistic to address every HBO at every grade level.</i></p>	<p>The committee first identified the sexual health HBOs in the HECAT. They are:</p> <ul style="list-style-type: none"> HBO 1: Establish and maintain healthy relationships. HBO 2: Be sexually abstinent. HBO 3: Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection. HBO 4: Engage in behaviors that prevent or reduce unintended pregnancy. HBO 5: Avoid pressuring others to engage in sexual behaviors. HBO 6: Support others to avoid or reduce sexual risk behaviors. HBO 7: Treat others with courtesy and respect without regard to their sexuality. HBO 8: Use appropriate health services. <p>The committee discussed their state mandate to teach about HIV transmission at the high school level and the data that showed that their youth were at higher risk of STD and pregnancy than youth in surrounding countries. They decided that it was important for them to try to address all of the HBOs, with an emphasis on HBO 2, 3, 4, and 8.</p> <p>Based on the amount of time dedicated to sexual health and the identified sexual risk behaviors of local youth, the committee decided to focus on the following HBOs for each of the following grade levels.</p> <ul style="list-style-type: none"> • Grade 5: six 45-minute classes <ul style="list-style-type: none"> » HBO 1: Establish and maintain healthy relationships » HBO 2: Be sexually abstinent. » HBO 3: Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection. » HBO 4: Engage in behaviors that prevent or reduce unintended pregnancy. • Grade 8 (ten 50-minute classes) <ul style="list-style-type: none"> » HBO 1: Establish and maintain healthy relationships. » HBO 2: Be sexually abstinent. » HBO 3: Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection. » HBO 4: Engage in behaviors that prevent or reduce unintended pregnancy. » HBO 7: Treat others with courtesy and respect without regard to their sexuality.

CHOOSE AND PRIORITIZE GOALS

Recommended Steps to Develop a Scope & Sequence	How One School Created Their Own Scope & Sequence
<p>5. Continued.</p> <p>Decide which HBOs will be addressed at each grade level.</p> <p><i>Depending on how much time is allotted for sexual health education, it may not be realistic to address every HBO at every grade level.</i></p>	<ul style="list-style-type: none"> • Grade 10 (twelve 50-minute classes) <ul style="list-style-type: none"> » HBO 1: Establish and maintain healthy relationships. » HBO 2: Be sexually abstinent. » HBO 3: Engage in behaviors that prevent or reduce sexually transmitted disease (STD), including HIV infection. » HBO 4: Engage in behaviors that prevent or reduce unintended pregnancy. » HBO 5: Avoid pressuring others to engage in sexual behaviors. » HBO 6: Support others to avoid or reduce sexual risk behaviors. » HBO 7: Treat others with courtesy and respect without regard to their sexuality. » HBO 8: Use appropriate health services.
<p>6. Identify the sexual health knowledge expectations that are essential to be learned by students to meet the objectives of the selected HBOs.</p> <p><i>The knowledge expectations should specify what students should know relevant to each of the key health topics and should be aligned with standards or benchmarks.</i></p> <p>Identify any sexual health concepts that are taught as part of another school course (e.g. family and consumer sciences, biology) and determine if these courses provide sufficient coverage of a concept to warrant removal of that concept from the list of expectations of health education.</p>	<p>The committee identified the knowledge expectations they felt were essential for students to learn, as listed in Figure 1 below. After seeing all of the knowledge expectations that align with each of the selected HBOs, however, the committee decided that there would not be enough time to adequately teach all of them. They realized that they might need to make some difficult choices about which HBOs and/or knowledge expectations to eliminate.</p> <p>After the committee reviewed other content areas (e.g., Family and Consumer Sciences, Biology), they found that the anatomy of the reproductive system was adequately covered by a biology course in 7th grade. They felt they could safely eliminate this knowledge expectation; however, the topics of HIV, STD, and teen pregnancy prevention were not addressed in other courses and, therefore, were essential to cover during sexual health education.</p>

Recommended Steps to Develop a Scope & Sequence	How One School Created Their Own Scope & Sequence
<p>7. Decide on the 1-2 skills that should be taught in sexual health at each grade group. <i>It is important to remember that it takes significant time to teach a health skill, like decision making or communication; therefore, it is unrealistic to teach every skill in every health content area in every grade.</i></p> <p>Review the sexual health skill expectations for each grade level span to help determine which skills will best support the selected HBOs for each grade level span.</p> <p>List the priority skill expectations.</p> <p>It is recommended that teachers teach health skills using the six step process listed below.</p> <ol style="list-style-type: none"> 1. Discuss the importance of the skill, its relevance, and relationship to other learned skills. 2. Present steps for developing the skill. 3. Model the skill. 4. Provide opportunities to practice and rehearse the skill with monitoring and feedback. 5. Facilitate discussion about experience of using the skill. 6. Provide skill reinforcement with opportunities for independent practice outside of the classroom. 	<p>The committee understood that it takes significant time to master health education skills. They learned in their professional development that it is important that students not only understand sexual health concepts, but have the ability to practice health skills in order to impact their sexual risk behaviors.</p> <p>The committee reviewed all of the skill expectations under each standard at the grades 3-5, 6-8, and 9-12 grade spans. They held a lengthy discussion about which skills should be taught at each grade level given their time limitations. To help them make decisions, the committee decided to consider two prioritization criteria: (1) skills already being taught in other health education topics and (2) skills found in the existing research on effective sexual health education programs. They found, for example, that “refusal skills” were already emphasized in the 7th grade unit on tobacco, alcohol, and other drugs and that “advocating for the health of others” was covered under the 5th grade violence prevention unit. While the committee understands that it is always preferable to teach a skill repeatedly across multiple health topics and over an extended time, they also want to make sure that each skill is covered at least once within the health education curriculum. Thus, they chose to emphasize additional skills for sexual health education. For their second criteria, the committee discussed that communication, decision-making, and goal-setting skills are often included as elements in effective HIV, STD, and teen pregnancy prevention programs.</p> <p>After much discussion, the committee determined that the following health education skill standards would most help students practice the selected HBOs:</p> <ul style="list-style-type: none"> • Grade 5 <ul style="list-style-type: none"> » Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (Standard 2) • Grade 8 <ul style="list-style-type: none"> » Students will demonstrate the ability to use decision-making skills to enhance health. (Standard 5) • Grade 10 <ul style="list-style-type: none"> » Students will demonstrate the ability to access valid information and products and services to enhance health. (Standard 3) » Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks. (Standard 4) <p>Figure 1 contains a list of the specific skill items by grade for Standards 2, 3, 4 and 5 as selected by the Anywhere School District.</p>

CHOOSE AND PRIORITIZE GOALS

Recommended Steps to Develop a Scope & Sequence	How One School Created Their Own Scope & Sequence
<p>8. Review the amount of instructional time available to teach sexual health education and revise the scope and sequence to ensure complete coverage of priority content.</p> <p><i>Allow sufficient time for each knowledge and skill expectation to be introduced, reinforced, and mastered; for students to successfully develop the breadth and depth of knowledge of all sexual health education concepts; and for students to demonstrate appropriate skills.</i></p> <p>If it is determined that too many knowledge or skill expectations were selected for each grade level span, it may be necessary to remove some of them so teachers have adequate time to teach the essential knowledge and skill expectations well.</p>	<p>After the committee reviewed all of the HBOs and the aligned knowledge and skill expectations, they realized there wouldn't be enough time to adequately teach each knowledge expectation. They made the difficult decision that some of the knowledge expectations would have to be eliminated at the 8th and 10th grade levels. They discussed again the state and local requirements for HIV education, the needs of local students, and what was taught in other courses. In addition, they tried to make sure that each concept was taught at least one time, understanding that not every concept could be reinforced with subsequent lessons due to time constraints. Figure 2 below indicates the aligned knowledge expectations and identifies the ones that the committee decided to remove.</p>
<p>9. Review and validate the scope and sequence.</p> <ul style="list-style-type: none"> • Ensure that all skills build progressively on one another and that students will have sufficient time and opportunity to successfully develop skills relevant to all essential concepts across topics and grade levels. • Ensure that the specified HBOs and the knowledge and skill expectations to be learned at each grade are appropriate and meet the needs and maturity level of the students, as well as the needs of the community and school district. • Validate the scope and sequence with all key stakeholders. 	<p>After several of the knowledge and skill expectations were deleted, the health education curriculum committee reviewed the final scope and sequence and agreed that it was appropriate for the amount of time available for sexual health at each grade level. The committee then met with key community stakeholders (e.g., parents, administrators, school board members, public health professionals). They shared the process that they used to create the sexual health scope and sequence and presented the final document. After answering questions and listening to comments, a majority of stakeholders agreed that the committee did a good job at creating an appropriate scope and sequence, given the limited amount of time dedicated to sexual health.</p>

Recommended Steps to Develop a Scope & Sequence	How One School Created Their Own Scope & Sequence
NEXT STEPS <p>10. Use the validated scope and sequence as a guide in developing a health education curriculum and select appropriate and aligned sexual health education curriculum materials.</p>	<p>The school health coordinator, Ms. Wise, used the validated scope and sequence to develop a complete sexual health education curriculum. She and the committee continued to meet to determine which materials they would create and which they would purchase. They based these decisions on their newly developed scope and sequence.</p>
	<p>11. Establish a plan to help teachers implement the scope and sequence and related curriculum materials, starting by disseminate the scope and sequence to all teachers who are teaching sexual health.</p> <p>Ms. Wise established a plan to help teachers implement the scope and sequence. The plan included different professional development and technical assistance offerings based on whether materials for a given grade or grade group were purchased as a pre-packaged program or created from various resources. An initial step of the plan was to use a portion of a scheduled professional development day to review the adopted scope and sequence with all teachers currently teaching sexual health, including an explanation of how scope and sequence should be used to guide daily lesson planning. This allowed the committee to answer questions and direct teachers toward available resources to assist them in delivering high-quality sexual health education.</p>

Figure 1: A list of the standards and their specific skill elements chosen by the Anywhere School District to achieve their selected priority outcomes (HBOs).

Selected standards and specific skill expectations by grade for sexual health education from the Health Education Curriculum Analysis Tool (HECAT) 2012		
Grade 5	Grade 8	Grade 10
Standard 2: Analyze the influence of family, peers, culture, media, technology, and other factors on health.	Standard 5: Use decision-making skills to enhance health.	Standard 3: Access valid information and products and services to enhance health. Standard 4: Use interpersonal communication skills to enhance health and avoid or reduce health risks.
<ul style="list-style-type: none"> • Identify relevant influences of peers on relationships. • Identify relevant influences of culture on relationships. • Describe how relevant influences of media and technology affect personal relationships. 	<ul style="list-style-type: none"> • Identify circumstances that help or hinder making a decision related to a potentially risky sexual situation. • Determine when potentially risky sexual health-related situations require a decision. • Distinguish when decisions about potentially risky sexual health-related situations should be made individually or with others. • Explain how family, culture, media, peers, and personal beliefs affect a sexual health-related decision. • Distinguish between healthy and unhealthy alternatives of a sexual health-related decision. • Predict the potential outcomes of healthy and unhealthy alternatives to a sexual health-related decision. • Choose a healthy alternative when making a sexual health-related decision. • Analyze the effectiveness of a sexual health-related decision. 	<ul style="list-style-type: none"> • Evaluate the validity and reliability of sexual health information. • Evaluate the validity and reliability of sexual healthcare products. • Evaluate the validity and reliability of sexual healthcare services. • Determine the accessibility of valid and reliable sexual healthcare products. • Determine when professional sexual healthcare services may be required. • Determine the accessibility of valid and reliable sexual healthcare services. • Use resources that provide valid and reliable sexual health information. • Use valid and reliable sexual healthcare products. • Use valid and reliable sexual healthcare services. • Demonstrate effective communication skills to promote sexual health and healthy relationships. • Demonstrate how to manage personal information in electronic communications and when using social media (e.g., chat groups, e-mail, texting, websites, phone and tablet applications) to protect the personal sexual health of oneself and others. • Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors. • Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts. • Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health. • Demonstrate how to effectively communicate support for peers whose aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.

Figure 2: Knowledge expectations for Anywhere School District's Sexual Health Scope and Sequence.

The complete list of knowledge expectations that match priority outcomes (HBOs) for the Anywhere School District are listed in black; those expectations that had to be deleted due to insufficient class time are indicated with a cross-through.

Knowledge expectations for sexual health education (Standard One) from the Health Education Curriculum Analysis Tool (HECAT) 2012		
Grade 5	Grade 8	Grade 10
<ul style="list-style-type: none"> • List healthy ways to express affection, love, and friendship. (HBO 1) • Identify characteristics of healthy relationships. (HBO 1) • Describe the benefits of healthy family relationships. (HBO 1) • Describe the benefits of healthy peer relationships. (HBO 1) • Identify characteristics of a responsible family member. (HBO 1) • Describe ways that common infectious diseases are transmitted. (HBO 3) • Explain that HIV is not easily transmitted like other common infectious diseases. (HBO 3) • Describe ways to prevent the spread of germs that cause infectious diseases. (HBO 3) 	<ul style="list-style-type: none"> • Describe characteristics of healthy relationships. (HBO 1) • Explain the qualities of a healthy dating relationship. (HBO 1) • Differentiate healthy and unhealthy relationships. (HBO 1) • Describe healthy ways to express affection, love, and friendship. (HBO 1) • Explain the importance of talking with parents and other trusted adults about issues related to relationships, growth and development and sexual health. (HBO 1, 2, 3, 4, 7 & 8) • Explain the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites (e.g., chat groups, e-mail, texting, websites, phone and tablet applications). (HBO 1, 5 & 7) • Determine the benefits of being sexually abstinent. (HBO 2) • Explain why individuals have the right to refuse sexual contact. (HBO 2 & 5) • Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy. (HBO 2) • Describe the factors that contribute to engaging in sexual risk behaviors. (HBO 2, 3 & 4) • Describe the factors that protect against engaging in sexual risk behaviors. (HBO 2, 3 & 4) • Explain the importance of setting personal limits to avoid sexual risk behaviors. (HBO 2, 3, 4, 5, 6 & 7) 	<ul style="list-style-type: none"> • Explain how to build and maintain healthy family and peer relationships. (HBO 1) • Analyze characteristics of healthy relationships. (HBO 1) • Summarize the qualities of a healthy dating relationship. (HBO 1) • Evaluate effective strategies for dealing with difficult relationships with family members, peers, and boyfriends or girlfriends. (HBO 1) • Summarize the importance of talking with parents and other trusted adults about issues related to relationships, growth and development and sexual health. (HBO 1, 2, 3, 4, 7 & 8) • Evaluate the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites (e.g., chat groups, e-mail, texting, websites, phone and tablet applications). (HBO 1, 5 & 7) • Justify why abstinence from sex and drugs are the safest, most effective risk avoidance methods of protection from HIV, other STDs, and pregnancy. (HBO 2) • Analyze the factors that contribute to engaging in sexual risk behaviors. (HBO 2, 3 & 4) • Analyze the factors that protect one against engaging in sexual risk behaviors. (HBO 2, 3 & 4) • Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs. (HBO 2, 3 & 4) • Summarize the importance of setting personal limits to avoid risky sexual behavior. (HBO 2, 3 & 4) • Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors. (HBO 2, 3, 4, 5 & 6)

**Knowledge expectations for sexual health education (Standard One)
from the Health Education Curriculum Analysis Tool (HECAT) 2012**

Grade 5	Grade 8	Grade 10
<ul style="list-style-type: none"> • Describe basic male and female reproductive body parts and their functions. (HBO 3,4,8) • Describe the physical, social, and emotional changes that occur during puberty. (HBO 3,4,8) • Explain how puberty and development can vary greatly and still be normal. (HBO 3,4,8) 	<ul style="list-style-type: none"> • Describe the relationship between using alcohol and other drugs and sexual-risk behaviors. (HBO 2, 3, 4, 5, 6 & 7) • Describe techniques that are used to coerce or pressure someone to engage in sexual behaviors. (HBO 2, 5 & 6) • Analyze ways common infectious diseases are transmitted. (HBO 3) • Explain how the most common STDs are transmitted. (HBO 3) • Explain how HIV is transmitted. (HBO 3) • Describe usual signs and symptoms of common STDs. (HBO 3) • Describe usual signs and symptoms of HIV. (HBO 3) • Explain that some STDs and HIV are asymptomatic. (HBO 3) • Explain the short and long-term consequences of common STDs. (HBO 3) • Explain the short- and long-term consequences of HIV. (HBO 3) • Summarize which STDs can be cured and which can be treated. (HBO 3) • Summarize ways to decrease the spread of STDs and HIV by not having sex, using condoms consistently and correctly when having sex, not touching blood, and not touching used hypodermic needles. (HBO 3) • Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus). (HBO 3) • Describe ways sexually active people can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus). (HBO 3) • Summarize basic male and female reproductive body parts and their functions. (HBO 3, 4 & 8) 	<ul style="list-style-type: none"> • Analyze the relationship between using alcohol and other drugs and sexual risk behaviors. (HBO 2, 3, 4, 5, 6 & 7) • Analyze the effectiveness of perfect use vs. typical use of condoms in reducing the risk of pregnancy, HIV, and other infection by STDs, including HPV (Human Papillomavirus). (HBO 3) • Summarize how common STDs are transmitted. (HBO 3) • Summarize how HIV is transmitted. (HBO 3) • Summarize the signs and symptoms of common STDs. (HBO 3) • Summarize the signs and symptoms of HIV. (HBO 3) • Summarize the problems associated with asymptomatic STDs and HIV. (HBO 3) • Summarize the short and long-term consequences of common STDs. (HBO 3) • Summarize the short and long-term consequences of HIV. (HBO 3) • Summarize the importance of proper adherence to contraceptive methods to reduce the risk of pregnancy. (HBO 3) • Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs. (HBO 3 & 4) • Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy. (HBO 3 & 4) • Explain the basic side effects and costs of treatment for STDs. (HBO 3 & 8) • Explain the basic side effects and costs of treatment for HIV. (HBO 3 & 8) • Describe the increased risks associated with having multiple sexual partners including serial monogamy. (HBO 3 & 4) • Analyze situations that could lead to being pressured to having sex. (HBO 3 & 4) • Analyze techniques that are used to coerce or pressure someone to have sex. (HBO 3 & 4) • Explain why it is an individual's responsibility to verify that all sexual contact is consensual. (HBO 3 & 4) • Summarize why individuals have the right to refuse sexual contact. (HBO 3 & 4)

**Knowledge expectations for sexual health education (Standard One)
from the Health Education Curriculum Analysis Tool (HECAT) 2012**

Grade 5	Grade 8	Grade 10
	<ul style="list-style-type: none"> • Describe conception and its relationship to the menstrual cycle. (HBO 4) • Identify the emotional, social, physical and financial effects of being a teen parent. (HBO 4) • Summarize ways to prevent pregnancy, including not having sex and effective use of contraceptives. (HBO 4) • Describe how the effectiveness of condoms can reduce the risk of pregnancy. (HBO 4) • Describe ways sexually active people can reduce the risk of pregnancy. (HBO 4) • Explain the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development or physical appearance. (HBO 7) • Explain why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity). (HBO 7) • Describe how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own. (HBO 7) • Describe ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity,) are different from one's own. (HBO 7) 	<ul style="list-style-type: none"> • Explain why it is wrong to trick, threaten, or coerce another person into having sex. (HBO 3, 4 & 5) • Explain the importance of contraceptive counseling and services if sexually active. (HBO 3, 4 & 8) • Explain why it important to know the STD/ HIV status of oneself and of a potential sexual partner. (HBO 3, 4 & 8) • Explain the importance of STDs and HIV testing and counseling if sexually active. (HBO 3 & 8) • Analyze the effectiveness of perfect use vs. typical use of a variety of contraceptive methods in reducing the risk of pregnancy. (HBO 4) • Summarize the relationship between the menstrual cycle and conception. (HBO 4 & 8) • Analyze the emotional, social, physical and financial effects of being a teen parent. (HBO 4 & 8) • Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance. (HBO 7) • Summarize why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity). (HBO 7) • Summarize how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own. (HBO 7) • Summarize ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own. (HBO 7) • Explain the importance of immunizations, checkups, examinations, and health screenings, such as breast self-examination, testicular self-examination, and Pap smears necessary to maintain sexual and reproductive health. (HBO 8)