

CONFIRMATION CHECKLIST FOR REPRODUCTIVE
HEALTH AND FAMILY PLANNING PROGRAMS

2414 REPRODUCTIVE HEALTH

In order to assure proper implementation of this educational program, please confirm that each of the following actions has been taken in a timely and appropriate manner. If an action does not apply to a particular school or aspect of the program, please mark it NA rather than leave it blank.

- ___ The program that will be offered this school year has been reviewed by a Board-designated advisory committee and approved by the Board.
- ___ Each of the teachers who will be teaching the program are certified under Public Act 165 and 166 of 2004.
- () and have satisfactorily completed the additional in-service program approved by the Superintendent.
- ___ The principal has reviewed the program and materials that will be used in his/her school, as well as the current guidelines from the Michigan Department of Education, and is knowledgeable about both the content and the suggested instructional strategies.
- ___ The principal has sufficient knowledge to answer questions about the program.
- ___ The principal has worked closely with the school's PTO to arrange for orientations to the program and to conduct a parent survey to identify those parents who support the program as well as those who have concerns.
- ___ The principal has reviewed the plans of each staff member who will be teaching one (1) or more units of the program to confirm that the lesson content, methodologies, and time allocation are in accordance with recommended State Guidelines. None of the plans contain activities which require a student to reveal personal or family matters such as religious practices; intra-family relationships; moral, ethical, sexual, political and social attitudes and practices; income or economic values; or any other information that invades personal or family privacy.

- ___ Each parent has received the following:
 - ___ Written notification of the program and an invitation to review any or all aspects of the program that will be used with his/her child.
 - ___ Written notification of the dates and time periods when his/her child will be exposed to materials or activities relating to sex education and AIDS as well as any other portions of the program identified by the parent.
 - ___ A second notification, if the first one was a blanket notification, prior to the start of any unit dealing with sex education or AIDS.

- ___ Copies of all 2414 F1 forms have been provided to appropriate teachers and the originals are on file in the school office.

- ___ Each teacher who has students who will be excused from a particular lesson has prepared, for those students, plans for alternative learning activities directly related to this or another approved course of study.

Principal

Date