Dear Parent/Guardian,

Your child will be studying the subject of human growth and development at our school. The content of this lesson has been carefully prepared and is part of a total Comprehensive Health Education program we provide to our students and meet the Florida State Academic Standards for Health Education:

- **HE.6.PHC.1.2** Identify personal health problems and concerns common to adolescents including reproductive development.
- **HE.6.PHC.1.3** Examine the importance of assuming responsibility for personal reproductive health behaviors.

The district-approved resources include:

- The Puberty Workshop: What is Puberty, video and worksheets
- The Puberty Workshop: Boys and Puberty, video and worksheets
- The Puberty Workshop: Girls and Puberty, video and worksheets

The lesson will include the following information:

- Body Changes that occur during puberty
- Hygiene during Puberty
- Male and Female Reproductive Systems

The primary goal of this lesson is to provide students with a better understanding of themselves and others. This knowledge will help them develop a sense of responsibility and respect for the feelings and attitudes of other people. As a parent/guardian you may wish to further clarify or elaborate on topics that your child may ask about at home. Also, as your children grow and develop, it is important for you, the parent, to continue educating them on the facts and responsibilities of human growth and development.

It is your choice whether your student participates in the puberty lesson described above, which is expected to be presented in one day. In order for your student to participate in this puberty lesson, you must provide affirmative, opt-in consent below. If you do not provide this written consent, your student will be provided an alternative assignment during this lesson.

Sincerely,

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You must check the box that reflects your expectation.

My student ______________________________

☐ Has permission to participate in the Puberty Education lesson.
☐ Does not have permission to participate in the Puberty Education Lesson.

Please Sign Below and return this form.

_________________________________                                          ________________
Parent/Guardian Signature          Date