

8th GRADE NOTIFICATION LETTER

Dear Parent/Guardian,

You may be aware that in the near future your child will have the opportunity to participate in Healthy Futures, a health education program. A major component of this program is to provide an 8-day presentation to students in middle schools.

If you have a student in the 8th grade, the curriculum presents lessons focusing on relationship education and sexual health, which include the following topics:

- | | |
|---|-----------------------------------|
| ➤ Healthy Relationships | ➤ Preventing Teen Pregnancy |
| ➤ Achieving Life Goals and Dreams | ➤ Setting Limits in Relationships |
| ➤ Physical and Emotional Risks of Sexual Activity as a Teenager | ➤ Making Informed Choices |
| ➤ Preventing Sexually Transmitted Infections (STIs) | ➤ Teen Sex and the Law |
| | ➤ Sexual Offenses |
| | ➤ Media Influences |

Our goal is to support parents by reinforcing the messages that students are hearing at home. Our lessons are age appropriate and medically accurate and are presented in a way that is respectful of your values. We recognize that you are the primary educator of your child when it comes to these sensitive topics and that each family has a unique way of approaching these subjects. For these reasons, we offer resources to parents that are aimed at empowering you to speak openly about these issues.

If you have any further questions about the Nu-CULTURE curriculum or your child's involvement in the program, we would be happy to discuss them with you. We want you to feel comfortable with what we teach, and are confident that you will once any concerns you may have are clarified.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

Principal/Facilitator



© Healthy Futures 2013



Please sign below and have your child return this form the next school day. If we do not receive this form back from you, your child will not be able to participate in the program.

8th GRADE NOTIFICATION LETTER

Would you like your child to participate in the Healthy Futures Nu-CULTURE program? ____ Yes ____ No

I do/do not (*circle one*) wish to have my son/daughter _____ participate
Name of son/daughter

in the Healthy Futures Nu-CULTURE program.

Parent/Guardian signature