

Sexual Health Education Curriculum Review

2015 Joint Report

6/30/2015



This report contains the joint findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Curriculum Review Panel's evaluation of selected curricula. OSPI contracted with Relevant Strategies to coordinate the curriculum review and develop the report.



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1 Executive Summary

1.1 Introduction

This report contains the findings of the Office of Superintendent of Public Instruction (OSPI) and Department of Health (DOH) Sexual Health Education Curriculum Review Panel's assessment of selected sexual health curricula in comparison with recommended content found in the National Health Education Curriculum Analysis Tool (HECAT).

OSPI and DOH recruited a review panel consisting of health educators and clinical staff to review selected sexual health curricula to measure the degree to which each program aligned to the HECAT.

Although curricular materials are a key element of effective sexual health education programs, it is important to note that **comprehensive** sexual health education programs are most successful when other factors are included. Those factors include the quality, scope and sequence of instruction over time, skill development and practice, parent/family involvement, supplemental sexual health materials, district and community resources/partnerships, and professional development for educators.

1.2 Purpose

The purpose of this report is to comply with legislative direction to evaluate curricula to ensure they conform to the Healthy Youth Act and the AIDS Omnibus Act, and to provide information to districts about the comprehensiveness of the material reviewed. This report describes the findings of the OSPI/DOH review panel and will assist local school districts in considering the adequacy of curricula currently being used and those under consideration for use.

The 60th Washington State Legislature, 2007 Regular Session, enacted Engrossed Substitute Senate Bill 5297 (Healthy Youth Act, or HYA) with the intent to support and advance the standards established in the 2005 Guidelines for Sexual Health Information and Disease Prevention developed by OSPI and DOH.

The [Healthy Youth Act](#)¹ specifies that public schools that provide sexual health education must ensure that it is medically and scientifically accurate, age appropriate, appropriate for students regardless of gender, race, disability status, or sexual orientation, and includes information about abstinence and other methods of preventing pregnancy and sexually transmitted diseases (STDs). Abstinence may not be taught to the exclusion of instruction on contraceptives and disease prevention. School districts that choose to offer sexual health education must comply with the HYA.

The legislation requiring a review of available material does not require OSPI and DOH to rank or select curricula for districts to use. Rather, the legislation provides for a process by which available sexual health education curricula can be evaluated for compliance with the Healthy Youth Act,

¹ [RCW 28A.300.475](#)

including medical/scientific accuracy. Districts that provide sexual health education are free to make their own choices involving curriculum adoption, so long as the materials comply with the law. This report will help districts understand the content that is covered in each curriculum being reviewed, and where supplementation may be necessary to ensure compliance with the law.

School districts using curricula that were not included in this or previous reviews may use the HECAT (see www.k12.wa.us/CurriculumInstruct/HECAT-Eforms.aspx) to assist them in conducting their own review of materials.

1.3 Review Instrument Selection

The 2015 review used the National Health Education Curriculum Analysis Tool (HECAT) to evaluate curricula. This comprehensive evaluation tool utilized expert panel guidance in its development and revision and underwent multiple field tests and reviews. OSPI and DOH added an additional rubric, Reviewer Recommendations and Comments, to gather additional feedback for the review. The combined national and Washington-specific set of rubrics is referred to as the Washington State Sexual Health HECAT instrument.

Modules used include:

- General Curriculum Information
- Preliminary Curriculum Considerations
 - Accuracy Analysis
 - Acceptability Analysis²
- Curriculum Fundamentals
- Sexual Health Education Module
- Reviewer Recommendation and Comments³

The Healthy Youth Act charges OSPI with reviewing curricula to ensure that they meet state requirements, and the Washington Department of Health (DOH) with ensuring the curricula are medically and scientifically accurate. In 2012-13, OSPI and DOH collaborated on the adoption, pilot testing and implementation of the HECAT in a coordinated review process, which replaced the independent assessments and reports previously provided by the two agencies.

The HECAT builds from:

- *Characteristics of Effective Health Education and Effective Sexuality Education Curricula*; and
- *National Health Education Standards*, which were the basis of Washington's 2005 Guidelines.

For more information about the National Health Education Standards, see www.cdc.gov/healthyouth/sher/standards/. It contains age-appropriate skill examples for all grade bands, K-2, 3-5, 6-8 and 9-12.

² The Acceptability Analysis module is typically used by local communities to assess a curriculum based upon local standards, culture and school district policies. In the 2014-15 review, OSPI used this tool to measure the degree of comprehensiveness and alignment to state laws.

³ Developed by OSPI and DOH.

1.4 Findings

A wide variety of programs exist for elementary, middle, and high school sexual health education. Most of the programs reviewed would require supplemental materials to thoroughly fulfill all elements of the Healthy Youth Act or the AIDS Omnibus Act. This may be accomplished through the use of supplemental materials.

Most of the materials reviewed in 2015 compared very favorably to the HECAT. A few abstinence-focused products had serious issues with medical/scientific accuracy and acceptability as it relates to Washington State law regarding sexual health education.

1.5 Other Relevant Considerations

Research on effective programs suggests those that focus on skills, attitudes, and beliefs are more likely to affect behavior than those that focus heavily on facts. Use of research-proven programs should be encouraged because they are more likely to result in healthy decisions and healthy outcomes. Reviewers received training and guidance on identifying effective sexual health education programs, and used the common elements of effective programs described below to help evaluate the materials.

According to Douglas Kirby, Ph.D., in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (2007, p. 131) there are several common content elements of effective sexuality education programs.

1. Focused on clear health goals—the prevention of STD/HIV, pregnancy, or both
2. Focused narrowly on specific types of behavior leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these types of behavior, and addressed situations that might lead to them and how to avoid them
3. Addressed sexual psychosocial risk and protective factors that affect sexual behavior (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them
4. Created a safe social environment for young people to participate
5. Included multiple activities to change each of the targeted risk and protective factors
6. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors
7. Employed activities, instructional methods, and behavioral messages that were appropriate to the teens' culture, developmental age, and sexual experience
8. Covered topics in a logical sequence

2 Review Process

2.1 Overview

The sexual health education curriculum review process was modeled after other curriculum review projects conducted by OSPI. Educators and clinicians with expertise in health education and sexual health education were recruited to review the submissions through a statewide application process. Thirteen reviewers participated in the curriculum review, including two representatives from Department of Health who focused on the medical and scientific accuracy assessment.

The review panel received training in the process for rating programs based on the Washington State Sexual Health HECAT instrument. Reviewers spent an average of three to four hours per program or textbook evaluating the material. A minimum of three reviews were completed for each curriculum-grade range combination to allow for a sufficient sample size.

Districts may choose to review material on their own, using the Washington State Sexual Health HECAT instruments, which can be downloaded from <http://www.k12.wa.us/CurriculumInstruct/HECAT-Eforms.aspx>. The information throughout the instrument is designed to help a district plan and execute a successful review. The Centers for Disease Control provides information and a framework for utilizing the HECAT, www.cdc.gov/healthyouth/hecat/, including recommendations for selecting reviewers and additional tools relevant to local decision making, like the Affordability Analysis Tool and the Feasibility Analysis Tool.

2.2 Identification of Programs

The review, led by OSPI, included curricula currently used in Washington schools as reported in the 2010, 2012, and 2014 School Health Profiles and those in use or under consideration by the partner districts participating in the 2013–2018 Centers for Disease Control and Prevention Grant for Exemplary Sexual Health Education (ESHE). Publishers were asked to submit texts and other curriculum materials to the HIV and Sexual Health Education program for inclusion in the review. Curricula included in the last two reviews that have not been updated substantially were not included in this review.

Programs selected for review included only those intended for use in a school setting for grades K-12 and available from publishers for school districts. Many programs exist that are intended for use only in community based settings. Because the HYA applies to programs in Washington public schools, the review was limited to those materials. With the resources available, and the timeline to complete the review, not every single program that is available could be included. For locally-developed programs, and others that were not included in the review, districts will be able to use the Washington State Sexual Health HECAT instrument to assist them in determining alignment with the Healthy Youth Act.

2.3 Reviewer Training

All reviewers participated in a half-day training before reviewing and rating any of the curricula. The training covered the following topics:

- Understanding the purpose of the review and the OSPI/DOH collaboration;
- HECAT development and background;
- Characteristics of effective sexuality education curricula;
- Using the HECAT instrument; and
- Utilizing the rating criteria.

3 Data Analysis Approach

The purpose of this section is to describe the survey design, data collection, and analysis approach for the curriculum review.

3.1 Data Collection

Reviewers used an electronic form to collect comments, scores, and evidence. The scores were extracted and transferred to an Excel spreadsheet.

Several tests were conducted, including random validation of scores, to ensure that the data entry process was error-free.

The Reviewer Recommendation rubric used a 4-point Likert scale (Strongly Disagree, Disagree, Agree, Strongly Agree). The raw data from this rubric was coded as 1 for Strongly Disagree, 2 for Disagree, etc. All other rubrics used a 5-point rating scale, from 0 to 4. In order for visual comparisons to be made, the Reviewer Recommendation data was adjusted from a range of 1-4 to a range of 0-4 using the following formula.

$$AdjustedScore = (RawScore - 1) * \frac{4}{3}$$

All N/A values were coded as blanks, not zeros, to ensure that no skewing of the data occurred.

3.2 Data Description

The Washington State Sexual Health HECAT instrument utilizes the following primary rubrics:

- **Accuracy Analysis** identifies any medical or scientific errors, including errors of omission, which were found in the text. It identifies the degree of difficulty to correct the error, what needs to be done to correct the error (from the perspective of the teacher and school, not the publisher), and identifies whether the error is costly to correct.
- **Acceptability Analysis** identifies information in the materials that is deemed unacceptable, either by state law, local community standards, school district policies or local cultural norms. For the statewide review the focus for the acceptability analysis work was on compliance with state law.
- **Curriculum Fundamentals** contains several subscales, and measures the instructional supports provided to help the teacher successfully teach using the materials. Supports include learning objectives, teacher guidance and preparation, student assessments, and other tools.
- The **Sexual Health Education Module** evaluates the core content as it relates to sexual health.
 - Standard 1 measures **content coverage** and has separate versions for grades K-2, 3-5, 6-8 and 9-12.

- Standards 2-8 measures **skill expectations and skill practice**. The instrument is the same across all grade levels, but each grade level has different skill examples to ensure age-appropriateness.
- The Overall Comments and Rating Form measures the **reviewer’s interest** in using the curriculum, and includes a single question, “I would want to teach from these materials”. This instrument also has a place for the reviewer to express their overall comments about the curriculum.

3.2.1 Accuracy Analysis

All of the HECAT rubrics used a five-point rating system, from 0 to 4, with 4 being the highest and most positive rating. The Accuracy Analysis score definitions are shown below.

- 4 = No corrections are necessary.
- 3 = A few minor errors or problems are evident, but they are easy to correct.
- 2 = Many minor errors or problems are evident, but they are easy to correct.
- 1 = Major errors and problems are evident, and one would be difficult or costly to correct.
- 0 = Major errors and problems are evident, and more than one would be difficult or costly to correct.

In order to determine a score for accuracy, the reviewer listed errors of fact, omission or bias, and determined if each error would be very difficult, difficult, easy or very easy to correct. For example, many curricula do not contain up-to-date information on the HPV vaccine, and the fact that it is now approved for use for both girls and boys. This is an example of an error of omission that is easy or very easy to fix. In contrast, material that promotes abstinence only, and foregoes any discussion of other risk reduction methods would typically be rated difficult or very difficult to correct. This is because the state’s Healthy Youth Act requires that sexual health education programs, if offered, must be comprehensive, and it would take significant effort on the part of the teacher to obtain additional materials not found in the curriculum.

3.2.2 Acceptability Analysis

The Acceptability Analysis score definitions are shown below.

- 4 = All information and materials are acceptable, and no corrections are necessary.
- 3 = A few minor pieces of information or material are unacceptable, but they can be easily corrected or eliminated.
- 2 = Many pieces of information and material are unacceptable, but they can be easily corrected or eliminated
- 1 = Many pieces of information and material are unacceptable, and one is difficult or costly to correct or eliminate.
- 0 = Many pieces of information and material are unacceptable, and more than one is difficult or costly to correct or eliminate.

For the purposes of the statewide review, acceptability was limited to compliance with the Healthy Youth Act. Local school districts, when performing their own review, would evaluate acceptability in the context of local cultural norms, school district policy and state law.

3.2.3 Curriculum Fundamentals

The seven subscales used in the Curriculum Fundamentals rubric measure aspects of the overall design and the tools available for successful delivery of the materials in the classroom. They include:

- Curriculum Design
- Learning Objectives
- Teacher Guidance and Preparation
- Instructional Strategies and Materials
- Teaching Health Skills
- Student Assessment
- Promoting Healthy Norms

The HECAT provides another subscale, Continuity and Uniformity of Comprehensive Health Education Curriculum. OSPI did not use this subscale, because the scope of the review related to sexual health education curricula or content only.

The Curriculum Fundamentals rubric also utilizes a 5 point scale, from 0-4 for each of the subscales.

3.2.4 Sexual Health Education Module

The Sexual Health Education Module measures eight content-related standards.

Standard 1: Core Concepts	Students will comprehend concepts related to health promotion and disease prevention
Standard 2: Analyzing Influences	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
Standard 3: Accessing Information	Students will demonstrate the ability to access valid information and products and services to enhance health.
Standard 4: Interpersonal Communication	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Standard 5: Decision-Making	Students will demonstrate the ability to use decision-making skills to enhance health.
Standard 6: Goal-Setting	Students will demonstrate the ability to use goal-setting skills to enhance health.
Standard 7: Self-Management	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8: Advocacy

Students will demonstrate the ability to advocate for personal, family, and community health.

Each of the standards in the Sexual Health Education Module utilizes a 5-point scale from 0-4 to identify the depth of coverage for that particular standard.

3.2.5 Overall Comments and Reviewer Rating

The Overall Comments and Reviewer Rating instrument measured a single item: “I would want to teach from these materials”, and used a Likert response of Strongly Disagree, Disagree, Agree, and Strongly Agree.

No analysis was done on the narrative comments provided by the reviewers aside from formatting and minor grammatical editing. Reviewer comments can be seen along with the individual program results on the OSPI website, at

www.k12.wa.us/CurriculumInstruct/InstructionalMaterialsReview.aspx.

4 Comprehensive Review Results

Eleven comprehensive curricula were reviewed in this cycle. The products are shown below.

Table 1. Comprehensive curricula reviewed during the 2014-15 cycle.

Publisher	Curriculum Title	Short Title	Grade
Select Media	<i>Be Proud, Be Responsible</i>	Be Proud	9-12
Choosing the Best	<i>Choosing the Best JOURNEY for grades 9-10, Choosing the Best SOUL MATE for grades 11-12</i>	Choosing the Best	9-12
ETR Associates	<i>Get Real</i>	Get Real HS	9-12
ETR Associates	<i>Get Real</i>	Get Real MS	6-8
ETR Associates	<i>Health Smart</i>	Health Smart	5
Realityworks	<i>Life Skills and Healthy Choices</i>	Healthy Choices	6-8
Population Council	<i>It's All One</i>	It's All One	9-12
Positive Prevention, LLC	<i>Positive Prevention PLUS</i>	Positive Prev +	9-12
Select Media	<i>Making Proud Choices! School Edition</i>	Proud Choices	6-8
The Center for Relationship Education (CRE)	<i>REAL Essentials</i>	REAL Essentials	6-12
Glencoe/ McGraw-Hill	<i>Teen Health with Healthy Relationships and Sexuality (student edition; teacher edition titled "Teen Health")</i>	Teen Health	6-8

The following section shows overall results for the comprehensive products reviewed in 2014-15. Additional individual detail for specific products can be seen on the OSPI website.

Table 2. Product comparison for all rubrics.

Curriculum	Accuracy	Acceptability	Curriculum Fundamentals	Standard 1	Standards 2-8	Reviewer Rec
Be Proud	4.00	3.00	2.67	2.33	2.11	2.67
Choosing the Best	0.00	1.33	1.90	2.00	1.80	1.33
Get Real HS	4.00	3.25	3.57	3.33	3.50	4.00
Get Real MS	4.00	3.67	3.29	3.50	3.21	2.67
Health Smart	4.00	3.00	2.52	1.67	1.30	1.78
Healthy Choices	3.00	2.00	3.05	2.50	2.71	1.33
It's All One	3.00	2.50	2.25	2.50	2.38	2.33
Positive Prev +	4.00	2.67	2.95	2.33	2.75	2.67
Proud Choices	1.00	2.67	3.10	2.67	2.48	2.67
Real Essentials	0.00	1.33	2.38	2.50	2.05	0.44
Teen Health	1.00	3.25	3.43	3.25	3.21	3.00
Rubric Average	2.55	2.64	2.82	2.59	2.52	2.33

Both Curriculum Fundamentals and Standards 2-8 contain multiple subscales. Detailed results for both are shown below.

Table 3. Curriculum Fundamentals results.

Curriculum	Curriculum Design	Learning Objs	Teacher Guidance	Instruct Strat/ Materials	Teaching Health Skills	Student Assesmt	Promote Healthy Norms	Curriculum Average
Get Real HS	3.67	3.67	3.33	3.67	3.33	3.33	4.00	3.57
Teen Health	4.00	2.75	2.75	3.50	3.75	3.75	3.50	3.43
Get Real MS	3.00	3.50	3.00	3.00	4.00	3.00	3.50	3.29
Proud Choices	4.00	3.67	3.33	3.67	3.00	1.67	2.33	3.10
Healthy Choices	3.33	2.67	2.33	3.00	3.33	3.67	3.00	3.05
Positive Prev +	3.67	3.67	3.33	2.33	3.00	2.67	2.00	2.95
Be Proud	3.33	3.33	3.00	2.33	3.00	1.00	2.67	2.67
Health Smart	3.00	3.00	3.67	2.33	2.33	1.67	1.67	2.52
Real Essentials	2.67	2.00	2.33	2.33	2.67	2.00	2.67	2.38
It's All One	3.00	3.00	2.00	3.25	2.00	0.50	2.00	2.25
Choosing the Best	3.00	1.33	2.00	2.33	2.00	1.00	1.67	1.90
Scale Average	3.35	2.94	2.79	2.91	2.91	2.18	2.62	2.82

Data from the Curriculum Fundamentals rubric shows that all of the reviewed products had strong scores related to curriculum design. In contrast, most products had limited student assessment support.

Table 4. Standards 2-8 product comparison.

Curriculum	2 Analyzing Influences	3 Accessing Info	4 Interpers Comm	5 Decision- Making	6 Goal Setting	7 Self Mgmt	8 Advocacy	Curriculum Average
Get Real HS	3.83	3.50	3.67	3.83	2.33	3.83	3.50	3.50
Teen Health	3.38	2.88	3.25	3.13	3.38	3.25	3.25	3.21
Get Real MS	3.00	3.50	3.50	3.50	2.00	3.50	3.50	3.21
Positive Prev +	2.67	2.67	2.50	2.33	3.67	3.17	2.00	2.75
Healthy Choices	2.50	1.83	3.50	3.17	1.83	3.50	2.67	2.71
Proud Choices	2.17	1.33	2.83	2.83	3.33	3.17	1.67	2.48
It's All One	2.75	1.00	2.88	2.75	1.71	2.50	3.00	2.38
Be Proud	2.50	2.00	2.50	2.00	1.33	2.67	1.83	2.11
Real Essentials	2.00	1.33	2.33	2.33	2.40	2.33	1.67	2.05
Choosing the Best	1.33	1.33	2.17	2.83	2.17	1.60	1.00	1.80
Health Smart	1.40	1.20	1.67	1.60	1.25	1.17	0.83	1.30
Scale Average	2.54	2.02	2.79	2.76	2.38	2.79	2.31	2.52

The Standards 2-8 comparison shows where each product stands in terms of the assessed standards. This chart can help teachers understand where supplementation may be needed to address a particular standard. For example, Get Real HS received high scores in all standards except goal setting, which had a more moderate, although still good score. A teacher using these products may want to consider supplementation as necessary.

5 Supplemental Results

In addition to the comprehensive programs listed above, the 2015 Review Team examined three supplemental programs. The results from their supplemental review are shown below.

Supplemental programs are typically a single unit or topic, and often do not have the range of instructional supports found in a comprehensive curriculum.

Reviewers used an evaluation tool that was based upon the Washington Sexual Health Education HECAT instrument. It contained abbreviated rubrics for:

- Topical Areas Covered
- Preliminary Curriculum Considerations
- Instructional Materials Fundamentals
- Healthy Behavior Outcomes
- Recommendations and Comments

Table 5. Supplemental products reviewed.

Publisher	Title	Grade Level
Redefine Positive	HIV and Me: Marissa's Story	5th
Sociometrics	<i>SHARP (Sexual Health and Adolescent Risk Prevention)</i>	grades 9-12
Northwest Family Services	<i>Deceptions</i>	grades 6-12

Table 6. Topical areas covered.

Topical Areas Covered	Deceptions	HIV and Me	SHARP
Anatomy & Physiology			
Puberty & Adolescent Dev			
Identity			
Pregnancy & Reproduction			
STD & HIV			
Healthy Relationships			
Personal Safety			

Table 6 shows the estimated percent of respondents who indicated that the supplemental product covered the topical area. For example, 60% of the respondents indicated that Deceptions covered Healthy Relationships. See the individual results on the OSPI website for additional detail.

The following Healthy Behavior Outcomes were addressed in each of the products. Respondents were asked to indicate if the outcome was addressed, relative to the content of the supplemental product.

Table 7. Healthy behavior outcomes addressed by the supplemental product.

Healthy Behavior Outcomes	Deceptions	HIV and Me	SHARP
Establish Healthy Relationships			
Be Sexually Abstinent			
Reduce STD/HIV			
Reduce Unintended Pregnancy			
Avoid Pressuring Others			
Support Others			
Use Courtesy & Respect			
Use Appropriate Health Services			

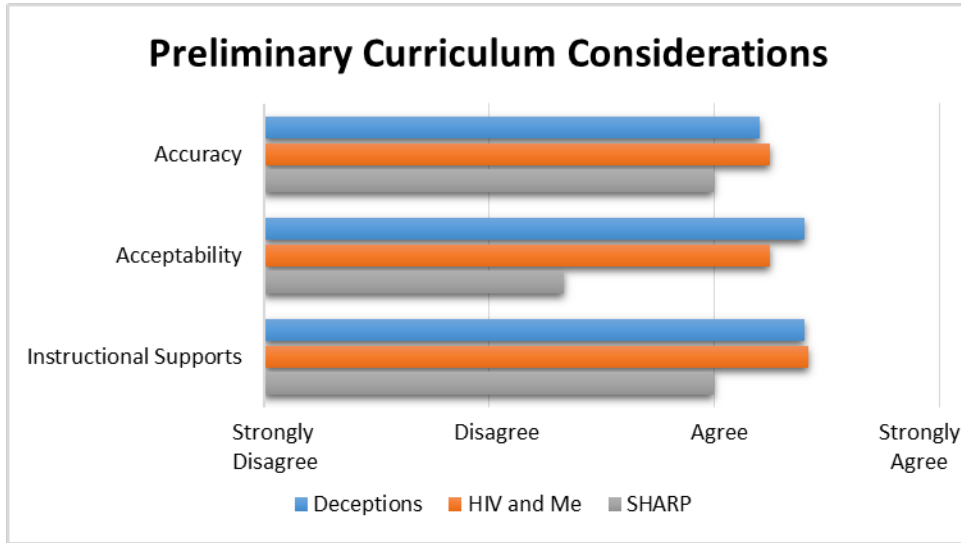


Figure 1. Preliminary curriculum considerations for the supplemental products.

The Preliminary Curriculum Considerations shows the average response for three items, Accuracy, Acceptability and Instructional Supports. Respondents selected from a Likert Scale with values of Strongly Disagree, Disagree, Agree or Strongly Agree.

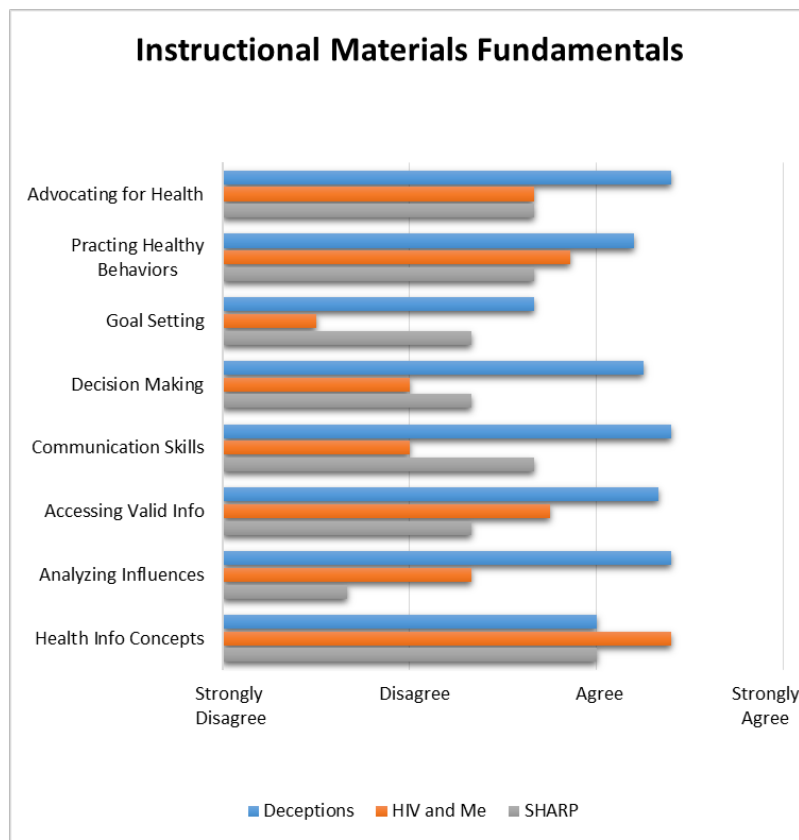


Figure 2. Instructional Materials Fundamentals for the supplemental products.

Figure 2 shows each product's average rating on eight subscales, corresponding with the National Sexuality Education Standards. Because supplemental materials are typically targeting a single topic or strategy, it is not unusual to see products score well in some areas and lower in others. Reviewers were asked to respond to the following statements, *relative to the content areas covered*, using a scale of Strongly Disagree, Disagree, Agree, and Strongly Agree. It is important to note that students would not be expected to have mastery of content outside of what was covered within the supplemental product.

- **Health Information Concepts:** After reviewing the material, students will comprehend concepts related to the selected topics important to promote sexual health.
- **Analyzing Influences:** After reviewing the material, students will be able to analyze the influence of family, peers, culture, media, technology, and other factors on sexual health practices and behaviors.
- **Accessing Valid Information:** Students will be able to demonstrate the ability to access valid information, products, and services to promote sexual health.
- **Communication Skills:** After reviewing the material, students will be able to use interpersonal communication skills to avoid or reduce sexual risk behaviors.
- **Decision Making:** Students will be able to demonstrate the ability to use decision-making skills to promote sexual health.
- **Goal Setting:** Students will be able to demonstrate the ability to set personal goals to promote sexual health, take steps to achieve these goals, and monitor their progress in achieving them.
- **Practicing Healthy Behaviors:** Students will be able to demonstrate behaviors that avoid or reduce sexual health risks.
- **Advocating for Health:** Students will be able to demonstrate the ability to influence and support others to avoid or reduce sexual health risks.

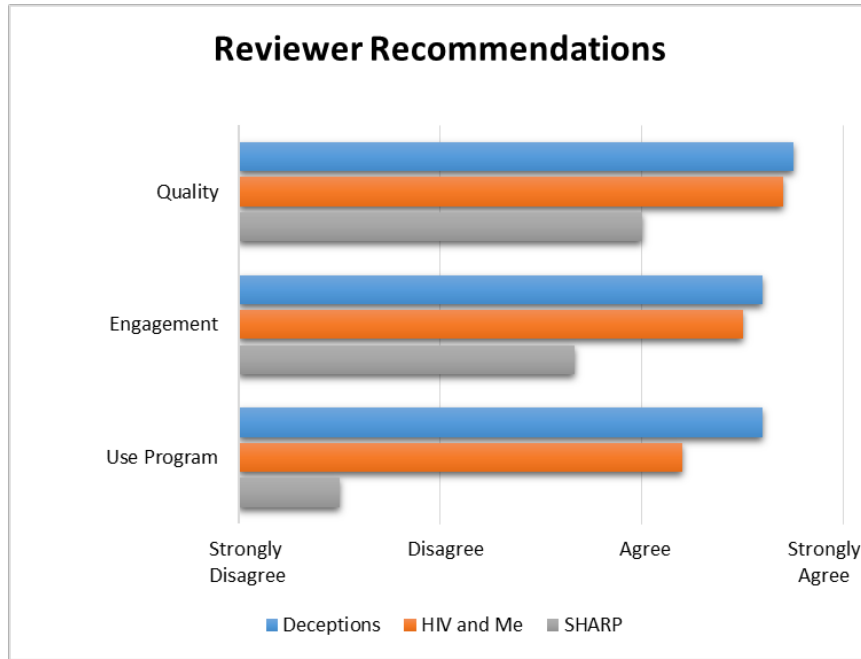


Figure 3. Reviewer recommendations for the supplemental products.

Reviewers were asked three questions related to their recommendation of the supplemental product.

- The supplemental material is high quality, including audio and visual quality.
- The supplemental material is engaging, appealing and appropriate for the intended audience.
- I would use this supplemental material in my classroom.

Reviewers also responded with open-ended comments related to their assessment of the supplemental product. Those comments can be found in the individual results section on the OSPI website.

Appendix A. Acknowledgements

We are indebted to the volunteers who thoughtfully assisted in conducting the 2015 Sexual Health Education Curriculum Review. The panel members endeavored to apply the scoring criteria objectively and with a commitment to providing a quality resource to school districts looking for guidance. They devoted many days out of their busy schedules to do this work. We are grateful for their efforts.

Sexual Health Education Curriculum Review Panel Members

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