

Sex Education Advisory Board Membership Application

Date _____

Name _____

Telephone _____

Address _____

City _____

Occupation _____

Work Phone _____

Email _____

Fax _____

Please check all categories that apply:

Parent:

Other Roles:

____ Elementary Parent

____ Clergy

____ Middle School Parent

____ Community Health Professional

____ High School Parent

____ Educator

____ Ages of children

____ Student ____ Grade

1. Overall, what are your thoughts and ideas regarding health and sexuality education within public schools?

2. Do you have any comments about sexuality education within this district in particular?

3. Why are you interested in serving on this committee?

4. What specific issues do you believe this committee should address? Please list in order of priority.

5. What assets, background, past experiences, useful knowledge, etc., do you have that may assist this committee?

6. Are you willing to attend approximately four evening meetings per school year for a period of three years?

_____ YES

_____ NO

Information for the Applicant

The Sex Education Advisory Board has been charged with the following responsibilities:

1. Review and recommend instructional materials, guest speakers, and program which are a part of the comprehensive sexual health program.
2. On a regular basis, review methods of instruction and assist in evaluation of the comprehensive sexual health program, reporting to the Board of Education as required.
3. Work closely with the school administration in the implementation of this program
4. Review with policy and/or State guidelines and make recommendations to the Board of Education for needed changes.
5. Perform other duties as suggested by the Sex Education Supervisor, Board of Education, or the Superintendent of Schools.

A reasonable effort shall be made to ensure that the advisory board shall consist of members representing a cross-section of community viewpoints.

Thank you for your interest. When there is an appropriate vacancy on the Sex Education Advisory Board, you will be contacted.

Please return your completed form to:

Bruce Rivera
brivera@livoniapublicschools.org