

## Coachella Valley Unified School District HIV / AIDS Awareness

Dear Parent/Guardian,

As part of your student's middle school and high school requirements, a presentation on HIV/AIDS prevention will be given. The presentation will follow the guidelines in the California Education Code.

California Education Code Section #51934 specifies that students shall receive HIV/AIDS prevention education once in middle school and once in high school. Instruction shall accurately reflect the latest information and recommendations from the United States Surgeon General, the federal Centers for Disease Control and Prevention, and the National Academy of Sciences and shall include:

- To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy;
- To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
- To promote understanding of sexuality as a normal part of human development;
- To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end;
- To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors

If you have questions, please see the PE Teacher or Administrator. State law allows you to remove your student from this comprehensive sexual health education or HIV/AIDS prevention education. If you do not want your student to participate in the comprehensive sexual health instructional program please sign below and have your student return the form to their teacher as soon as possible.

The instructional lessons will be presented on \_\_\_\_\_. The materials used in the presentation will be available for review in the school library. Students who do not participate will be given an alternate assignment. No penalty will be imposed on students who do not participate.

Sincerely,

Principal

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Please return the signed portion to your student's teacher as soon as possible. Thank you very much!

**NO. I do NOT wish to have my student participate in HIV/AIDS Prevention.**

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ PE Teacher \_\_\_\_\_