

501 Garfield Ave
 PO Box 428
 Moffat, CO 81143

Reaching and Achieving

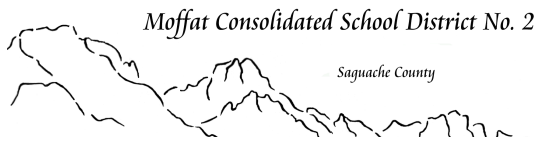
Parent Notification Letter for Comprehensive Health Education

Dear Parents/Guardian:

This school year, starting on **Monday, March 24, 2025**, your student has the option to receive human sexuality education as part of the Moffat Consolidated Schools' overall comprehensive health education curriculum, per state statute HB 19-1032. The chart below lists the topics that will be covered.

Please check any of the following boxes that you would like your student to attend. Leave blank anything you **DO NOT** want your student to attend.

Lesson Number	Lesson Title	Topic	OPT IN
1	It Wasn't My Fault	Personal Safety	
2	What If.....?	Pregnancy and Reproduction	
3	STI Smarts	Sexually Transmitted Diseases	
4	Creating Condom Confidence	Pregnancy and Reproduction	
5	Rights, Respect, Responsibility	Healthy Relationships	
6	Know Your Options	Pregnancy and Reproduction	
7	Using Technology Respectfully and Responsibly	Healthy Relationships	
8	Is It Abuse If?	Healthy Relationships/Personal Safety	
9	Gender and Sexual Orientation: Understand the Difference	Identity	
10	Sexual Rights: Who Decides?	Personal Safety	



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You are welcome to contact the front office, me, or Ms. Catherine Silva, the Health Teacher, to preview the lessons. The lessons are also available on the district website.

Moffat Schools acknowledges that parents/guardians are the primary sexuality educators for their child/children. We are fully committed to partnering with you to provide supplementary resources to support you in this role.

Parents/guardians have the option of excluding their child from any portion of sexuality education instruction if it conflicts with their conscience, moral, or religious beliefs. If this is the case with your child, please leave the OPT-IN section blank, sign below, and send it to your child's health education teacher. Students who are excused will be assigned alternative assignments for the period.

Sincerely,

Kathy Garcia

Principal

Moffat Consolidated School District #2

I OPT-IN for my child, _____, to attend the classes that I have checked above for the human sexuality education units.

Parent/Guardian Signature _____

Date _____