



Office of Teaching and Learning
Education Center
Cincinnati Public Schools
P.O. Box 5381
Cincinnati, Ohio 45201-5381
Phone: (513) 363-0310
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Dear Guardian,

This letter is to inform you that your student will receive instruction this school year on dating violence prevention, sexual violence prevention, and sexually transmitted infections, a requirement by the Ohio Department of Education and Workforce, under [policy 3313.60](#). Dating violence warning signs and characteristics of healthy relationships will be taught as well. As the guardian you may request to view instructional materials presented to your student. The materials used will be provided to you by the school within 48 hours of the request.

Per Ohio policy you, as the guardian, are allowed to opt-out of instruction surrounding sexual violence prevention and sexually transmitted infections.

If you would like to OPT-OUT of this instruction for your student for either of these topics please complete the appropriate section in section A.

If you want your child to receive instruction on these topics please skip this section (section A) and complete section B.

- A. Name of Student: _____
I, _____ (Guardian Printed Name), *do not want*
my student to receive instruction in:
- ☐ Sexual Violence Prevention
 - ☐ Sexually Transmitted Infections

Additional instruction on sexually transmitted infections and sexual education can be provided by the district or school on topics such as pregnancy prevention, healthy pregnancies, etc. but requires guardian approval, as required by policy [3313.6011](#). Instructional materials can be viewed by the guardian within 48 hours of the request made to the school. Your student will not receive instruction outside of this policy without your permission. The instructional materials being used for this instruction:

- District Adopted Curriculum Company: Goodheart-Willcox
- Supplemental Curriculum (if applicable): McGraw Hill
- Partner/Vendor Name (if applicable): Healthy Visions
- Please complete section B below.

B. Name of student: _____

I, _____ (Guardian Printed Name),

☐ Yes. I want my student to receive instruction on items outside of Ohio Policy 3313.6011.

☐ No. I do not want my student to receive instruction outside of Ohio Policy 3313.6011

If you have questions or concerns please connect with your student's teacher or the school's principal.

Guardian Signature: _____

Date: _____