2025-2026 COMPREHENSIVE HEALTH MANUAL

Curriculum & Instruction

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ORANGEBURG COUNTY SCHOOL DISTRICT





OCSD Mission

The mission of Orangeburg County School District, the catalyst of innovation and excellence, is to ensure all students discover and develop their person, purpose and platform through high-quality educational experiences distinguished by:

- a culture of collaboration, equity and inclusion
- a creative learning environment with inspiring opportunities
- a commitment to nurture the academic, physical, social and emotional well-being of all.

Beliefs

We believe that …

- honoring individuality through respect and empathy empowers and promotes acceptance, which builds family and community.
- effective communication is key to understanding others.
- purpose is the core of existence.
- moral values shape who we are.
- a servant's heart encompasses love that is manifested in action and deed toward self and mankind.
- freedom is an inherent right.
- time is life's most valuable asset.
- growth mindset is necessary to adapt and embrace change.

Strategic Objectives

- Every student will discover his/her inner self while creating a blueprint demonstrating his/her unique purpose.
- Every student will have the confidence and competency to use his/her voice to positively impact the community and world.
- Every student will live an extraordinary life dedicating his/her person to a noble purpose from his/her chosen platform.

Strategies

- We will sustain a culture that ensures collaboration, equity and inclusion.
- We will provide high-quality and engaging opportunities through academics, arts, athletics and activities.
- We will recruit, train, and retain highly effective faculty and staff.
- We will ensure stakeholders' voices are heard and honored in our school system.
- We will provide high-quality, state-of-the-art facilities for our students and community.

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Orangeburg County School District Comprehensive Health Plan

Today's state-of-the-art health education curricula reflect the growing body of research that emphasizes:

- Teaching functional health information (essential knowledge).
- Shaping personal values and beliefs that support healthy behaviors.
- Shaping group norms that value a healthy lifestyle.
- Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

Characteristics of an Effective Health Education Curriculum

- Focuses on clear health goals and related behavioral outcomes.
- Is research-based and theory-driven.
- Addresses individual values, attitudes, and beliefs.
- Addresses individual and group norms that support health-enhancing behaviors.
- Focuses on reinforcing protective factors and increasing perceptions of personal risk and harmfulness of engaging in specific unhealthy practices and behaviors.
- Addresses social pressures and influences.
- Builds personal competence, social competence, and self-efficacy by addressing skills.
- Provides functional health knowledge that is basic, accurate, and directly contributes to health-promoting decisions and behaviors.
- Uses strategies designed to personalize information and engage students.
- Provides age-appropriate and developmentally appropriate information, learning strategies, teaching methods, and materials.
- Incorporates learning strategies, teaching methods, and materials that are culturally inclusive.
- Provides adequate time for instruction and learning.
- Provides opportunities to reinforce skills and positive health behaviors.
- Provides opportunities to make positive connections with influential others.
- Includes teacher information and plans for professional development and training that enhance effectiveness of instruction and student learning.

The Orangeburg County School District Comprehensive Health plan is based on the National Health Education Standards (NHES) which establish, promote, and support health-enhancing behaviors for students in all grade levels—from pre-Kindergarten through grade 12.

The National Health Education Standards provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families and communities with concrete expectations for health education. Over the last decade, the NHES became an accepted reference on health education, providing a framework for the adoption of standards by most states.

The National and State Health Education standards are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. Additionally, the South Carolina Legislature added the Students Health and Fitness Act of 2005 to its health education effort, mandating that students engage in some form of physical activity at school on a regular basis and that students in kindergarten through grade 5 receive instruction in nutrition at least once a week.

South Carolina Code of Laws Unannotated

Title 59 - Education
CHAPTER 32
Comprehensive Health Education Program
SECTION 59-32-5. Short title. This may be cited as the "Comprehensive Health Education Act". HISTORY: 1988 Act No. 437, Section 1. SECTION 59-32-10. Definitions. As used in this chapter:

(1) "Comprehensive health education" means health education in a school setting that is planned and carried out with the purpose of maintaining, reinforcing, or enhancing the health, health-related skills, and health attitudes and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention. It includes age-appropriate, sequential instruction in health either as part of existing courses or as a special course.

(2) "Reproductive health education" means instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care, but does not include instruction concerning sexual practices outside marriage or practices unrelated to reproduction except within the context of the risk of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized.

(3) "Family life education" means instruction intended to:

(a) develop an understanding of the physical, mental, emotional, social, economic, and psychological aspects of close personal relationships and an understanding of the physiological, psychological, and cultural foundations of human development;

(b) provide instruction that will support the development of responsible personal values and behavior and aid in establishing a strong family life for themselves in the future and emphasize the responsibilities of marriage.

(c) provide instruction as to the laws of this State relating to the sexual conduct of minors, including criminal sexual conduct.

(4) "Pregnancy prevention education" means instruction intended to:

(a) stress the importance of abstaining from sexual activity until marriage;

(b) help students develop skills to enable them to resist peer pressure and abstain from sexual activity;

(c) explain methods of contraception and the risks and benefits of each method. Abortion must not be included as a method of birth control. Instruction explaining the methods of contraception must not be included in any education program for grades kindergarten through fifth. Contraceptive information must be given in the context of future family planning.

(5) "Local school board" means the governing board of public school districts as well as those of other state-supported institutions which provide educational services to students at the elementary and secondary school level. For purposes of this chapter, programs or services provided by the Department of Health and Environmental Control in educational settings must be approved by the local school board.

(6) "Board" means the State Board of Education.

(7) "Department" means the State Department of Education.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-20. Selection or adoption of instruction units by state board required. (A) Before August 1, 1988, the board, through the department, shall select or develop an instructional unit with separate components addressing the subjects of reproductive health education, family life education, pregnancy prevention education, and sexually transmitted diseases and make the instructional unit available to local school districts. The board, through the department, also shall make available information about other programs developed by other states upon request of a local school district. (B) In addition to the provisions of subsection (A), before September 1, 2015, the board, through the department, shall select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four-year-old kindergarten through twelfth grade.
(C) Before August 1, 2018, and through the cyclical review process, if deemed necessary, the board shall include instruction on prescription opioid abuse prevention, with an
emphasis on the prescription drug epidemic and the connection between opioid abuse and addiction to other drugs, such as heroin, in the health standards. In addition, the board shall make available to districts a list of instructional materials that meet state standards. Districts shall continue to adopt or develop curriculum locally. HISTORY: 1988 Act No. 437, Section 3; 2014 Act No. 293 (H.4061), Section 1, eff June 23, 2014; 2018 Act No. 185 (S.302), Section 3, eff May 17, 2018.
Effect of Amendment
2014 Act No. 293, Section 1, inserted subsection designator (A), and added subsection (B). 2018 Act No. 185, Section 3, added (C), relating to instruction on prescription opioid abuse prevention.

SECTION 59-32-30.

Local school boards to implement comprehensive health education program; guidelines and restrictions.

(A) Pursuant to guidelines developed by the board, each local school board shall implement the following program of instruction:

(1) Beginning with the 1988-89 school year, for grades kindergarten through five, instruction in comprehensive health education must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, and mental and emotional health. Sexually transmitted diseases as defined in the annual Department of Health and Environmental Control List of Reportable Diseases are to be excluded from instruction on the prevention and control of diseases and disorders. At the discretion of the local board, age-appropriate instruction in reproductive health may be included.

(2) Beginning with the 1988-1989 school year, for grades six through eight, instruction in comprehensive health must include the following subjects: community health, consumer health, environmental health, growth and development, nutritional health, personal health, prevention and control of diseases and disorders, safety and accident prevention, substance use and abuse, dental health, mental and emotional health, and reproductive health education. Sexually transmitted diseases are to be included as a part of instruction. At the discretion of the local board, instruction in family life education or pregnancy prevention education or both may be included, but instruction in these subjects may not include an explanation of the methods of contraception before the sixth grade. Beginning with the 2016-2017 school year, for grades six through eight, instruction in comprehensive health education also must include the subject of domestic violence.

(3) Beginning with the 1989-90 school year, at least one time during the four years of grades nine through twelve, each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.

(4) The South Carolina Educational Television Commission shall work with the department in developing instructional programs and materials that may be available to the school districts. Films and other materials may be designed for the purpose of explaining bodily functions or the human reproductive process. These materials may not contain actual or simulated portrayals of sexual activities or sexual intercourse.

(5) The program of instruction provided for in this section may not include a discussion of alternate sexual lifestyles from heterosexual relationships including, but not limited to, homosexual relationships except in the context of instruction concerning sexually transmitted diseases.

(6) In grades nine through twelve, students must also be given appropriate instruction that adoption is a positive alternative.

(7) At least one time during the entire four years of grades nine through twelve, each student shall receive instruction in cardiopulmonary resuscitation (CPR), which must include, but not be limited to, hands-only CPR and must include awareness in the use of an automated external defibrillator (AED). Each school district shall use a program that incorporates the instruction of the psychomotor skills necessary to perform CPR developed by the American Heart Association, the American Red Cross, or an instructional program that is nationally recognized and based on the most current national evidence-based emergency cardiovascular care guidelines for CPR and awareness in the use of an AED. Local and statewide school districts shall coordinate with entities that have the experience and necessary equipment for the instruction of CPR and awareness in the use of AEDs; provided, however, that virtual schools may administer the instruction virtually and are exempt from any in-person instructional requirements. A school district must adopt a policy providing a waiver for this requirement for a student absent on the day the instruction occurred, a student with a disability whose individualized education program indicates such student is unable to complete all or a portion of the hands-only CPR requirement, or a student whose parent or guardian completes, in writing, a form approved by the school district opting out of hands-only CPR instruction and AED awareness.

The State Board of Education shall incorporate CPR training and AED awareness into the South Carolina Health and Safety Education Curriculum Standards and promulgate regulations to implement this section.

(B) Local school boards may use the instructional unit made available by the board pursuant to Section 59-32-20, or local boards may develop or select their own instructional materials addressing the subjects of reproductive health education, family life education, and pregnancy prevention education. To assist in the selection of components and curriculum materials, each local school board shall appoint a thirteen-member local advisory committee consisting of two parents, three clergy, two health professionals, two teachers, two students, one being the president of the student body of a high school, and two other persons not employed by the local school district. (C) The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades nine through twelve may be given either as part of an existing course or as a special course.

(D) No contraceptive device or contraceptive medication may be distributed in or on the school grounds of any public elementary or secondary school. No school district may contract with any contraceptive provider for their distribution in or on the school grounds. Except as to that instruction provided by this chapter relating to complications which may develop from all types of abortions, school districts may not offer programs, instruction, or activities including abortion counseling, information about abortion services, or assist in obtaining abortion, and materials containing this information must not be distributed in schools. Nothing in this section prevents school authorities from

referring students to a physician for medical reasons after making reasonable efforts to notify the student's parents or legal guardians or the appropriate court, if applicable.

(E) Any course or instruction in sexually transmitted diseases must be taught within the reproductive health, family life, or pregnancy prevention education components or it must be presented as a separate component.

(F) Instruction in pregnancy prevention education must be presented separately to male and female students.

(G) Beginning with the 2015-2016 school year, districts annually shall provide age-appropriate instruction in sexual abuse and assault awareness and prevention to all students in four-year-old kindergarten, where offered, through twelfth grade. This instruction must be based on the units developed by the board, through the department, pursuant to Section 59-32-20(B).
HISTORY: 1988 Act No. 437, Section 3; 2014 Act No. 293 (H.4061), Section 2, eff June 23, 2014; 2015 Act No. 58 (S.3), Pt IV, Section 22, eff June 4, 2015; 2016 Act No. 152 (H.3265), Section 2, eff April 21, 2016.

Editor's Note 2016 Act No. 152, Sections 1, 3 to 5 provide as follows:

"SECTION 1. This act may be referred to and cited as 'Ronald Rouse's Law'." "SECTION 3. Students who have already completed the requisite health course will not be required to take the course a second time.

"SECTION 4. The State Department of Education may include language from any section of this act in the South Carolina Health and Safety Education Curriculum Standards. "SECTION 5. School districts must begin complying with the provisions of this act no later than the 2017-2018 school year."

Effect of Amendment

2014 Act No. 293, Section 2, added subsection (G).

2015 Act No. 58, Section 22, in (A)(2), substituted "1988-1989 school year" for "1988-89 school year", and added the last sentence, relating to the 2016-2017 school year. 2016 Act No. 152, Section 2, added (A)(7), relating to instruction in CPR and AED use awareness in high schools.

SECTION 59-32-40. Staff development.

As part of their program for staff development, the department and local school boards shall provide appropriate staff development activities for educational personnel participating in the comprehensive health education program. Local school boards are encouraged to coordinate the activities with the department and institutions of higher learning. HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-50. Notice to parents; right to have child exempted from comprehensive health education program classes.
Pursuant to policies and guidelines adopted by the local school board, public school principals shall develop a method of notifying parents of students in the relevant grades of the content of the instructional materials concerning reproductive health, family life, pregnancy prevention, and of their option to exempt their child from this instruction, and sexually transmitted diseases if instruction in the diseases is presented as a separate component. Notice must be provided sufficiently in advance of a student's enrollment in courses using these instructional materials to allow parents and legal guardians the opportunity to preview the materials and exempt their children.

A public school principal, upon receipt of a statement signed by a student's parent or legal guardian stating that participation by the student in the health education program conflicts with the family's beliefs, shall exempt that student from any portion or all of the units on reproductive health, family life, and pregnancy prevention where any conflicts occur. No student must be penalized as a result of an exemption. School districts shall use procedures to ensure that students exempted from the program by their parents or guardians are not embarrassed by the exemption.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-60. Department to ensure compliance; annual district report.
The department shall assure district compliance with this chapter. Each local school board shall consider the programs addressed in this chapter in developing its annual district report.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-70. Applicability to private schools.
The provisions of this chapter do not apply to private schools.

HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-80. Penalty for teachers' violation of or refusal to comply with chapter.
Any teacher violating the provisions of this chapter or who refuses to comply with the curriculum prescribed by the school board as provided by this chapter is subject to dismissal.
HISTORY: 1988 Act No. 437, Section 3.

SECTION 59-32-90. Restrictions on use of films, pictures, or diagrams.
Films, pictures, or diagrams in any comprehensive health education program in public schools must be designed solely for the purpose of explaining bodily functions or the human reproduction process and may not include actual or simulated portrayals of sexual activities or sexual intercourse.
HISTORY: 1988 Act No. 437, Section 3.

https://ed.sc.gov/scdoe/assets/File/instruction/standards/Health/Erin's%20Law%20Memorandum%20072516.pdf

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ED.SC.GOV MEMORANDUM TO: District Superintendents District Instructional Leaders

FROM: Dr. Anne Pressley, Director Office of Standards and Learning

DATE: July 25, 2016

RE: **Erin's Law**

Section 59-32-20(B) of the South Carolina Code of Laws was amended June 2014 (H.4061, Act 293) to read that the State Board of Education through the South Carolina Department of Education (SCDE) shall support districts in providing age-appropriate instruction in sexual abuse and assault awareness and prevention to all students in four-year-old kindergarten, where offered, through twelfth grade as referenced in the excerpt below.

Select or develop instructional units in sexual abuse and assault awareness and prevention, with separate units appropriate for each age level from four-year-old kindergarten through twelfth grade; and to amend section 59-32-30, relating to the requirement that local school districts implement the comprehensive health education program, among other things, so as to provide that beginning with the 2015-2016 school year, the districts annually shall provide age appropriate instruction in sexual abuse and assault awareness and prevention to all students in four-year-old kindergarten, where offered, through twelfth grade.

To support age-appropriate instruction that is prescriptive to the needs of individual districts, the SCDE, through the Office of Standards and Learning, has made available a comprehensive list of both community-based, direct service providers and programs related to instruction on sexual abuse and assault awareness and prevention offered around the state. This list of resources can be accessed via http://goo.gl/5YVtvd and http://goo.gl/jUwUIW. Additionally, districts can access resources and lessons available via http://goo.gl/r3m40Z. The SCDE encourages districts to work with their community partners and local health advisory committees required by section 59-32-30(B) in the selection process of instructional materials. If you have questions regarding Erin's Law, please contact Dr. Anne Pressley via apressley@ed.sc.g

The South Carolina State Board of Education approved the South Carolina Academic Standards for Health and Safety Education on August 8, 2017.

These Standards provide the scope and sequence for age-appropriate comprehensive health education. The South Carolina Standards are based on the 2007 National Health Education Standards.

Along with the Standards, the **Comprehensive Health Education Act of 1988** requires that each school board appoint a CHEA advisory committee to assist in the selection of curriculum components and materials. This committee must consist of two parents, three clergy, two health professionals, two teachers, two students, and two other persons not employed by the local school district. Each district advisory committee must carefully review all reproductive health education, family life education, and pregnancy prevention education materials before they are used in the schools.

Required Minutes of Instruction

The Comprehensive Health Education Act and Defined Minimum Program for South Carolina School Districts published by the South Carolina Department of Education in 1986 mandate the number of minutes health education is to be taught to students in grades kindergarten through twelve:

The time required for health instruction for students in kindergarten through eighth grade must not be reduced below the level required during the 1986-87 school year. Health instruction for students in grades 9 - 12 may be given either as part of an existing course or as a special course.

- Students in grades Kindergarten - 6 should receive 75 minutes per week of health instruction for 36 weeks or the equivalent, which must equal 45 hours per year.
- Students in grades 7 and 8 should receive 250 minutes of health instruction per week for nine weeks, which must equal 37.5 hours per year.
- At least one time during the four years of 9-12, each student shall receive instruction in comprehensive health education, including at least 750 minutes of reproductive health education and pregnancy prevention education.
- As a result of the Students Health and Fitness Act, students in Kindergarten -5th grade must be provided a minimum of 150 minutes a week of physical education and physical activity.

  - Additionally, a minimum of 60 minutes per week must be provided in physical education.
  - **Sexual Abuse and Assault Awareness and Prevention Instruction**
  - In 2014, the Comprehensive Health Education Act was amended to include requirements regarding sexual abuse and assault awareness and prevention.
  - **Domestic Violence Prevention Instruction**

- In 2016, the Comprehensive Health Education Act was amended to include requirements regarding domestic violence instruction for students in grades 6-8.
- **Cardiopulmonary Resuscitation (CPR)/Automated External Defibrillator (AED) Instruction** In 2016, the Comprehensive Health Education Act was amended to include requirements regarding cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED)

Academic Standards

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

The performance indicators serve as a blueprint for organizing student assessment. The performance indicators articulate specifically what students should *know or be able to do* in support of each standard by the conclusion of each of the following grade spans: Pre-K–Grade 2; Grade 3–Grade 5; Grade 6–Grade 8; and Grade 9–Grade 12.

The performance indicators are grouped by 10 Key Concepts.

Abbreviation Key Concept

D - Alcohol, Tobacco, and Other Drugs
G - Growth, Development, and Sexual Health and Responsibility
I - Injury Prevention and Safety
M - Mental, Emotional, and Social Health
N - Nutrition and Physical Activity
P - Personal and Community Health

What students are taught:

Grades Kindergarten through 5th (elementary school)

- Community health, nutrition, personal health, dental hygiene, growth and development, and accident prevention.
- Age-appropriate reproductive health instruction may be included at the discretion of the local school board. Discussing methods of contraception before the sixth grade is not permitted.
- Age-appropriate information on sexual abuse and assault awareness and prevention.

Grades 6th through 8th (middle school)

- Health education MUST include all topics included in grades kindergarten through five in addition to environmental health, substance abuse, mental and emotional health, and reproductive health education. Information on sexually transmitted diseases is to be included.
- The local school board, guided by their local CHEA Advisory Committee, may include instruction on family life education and pregnancy prevention.
- Age-appropriate information on sexual abuse and assault awareness and prevention.

Grades 9th through 12th (high school)

- Age-appropriate information on sexual abuse and assault awareness and prevention.
- One time during their four years of high school, each student shall receive at least 12 ½ hours (750 minutes) of reproductive health education and pregnancy prevention education.

SC Office of Rural Health/Family Solutions of The Low Country and Orangeburg County School District has partnered to provide services whereas Family Solutions and Orangeburg School District provide supplemental reproductive health and contraception education to students in grades 5 through 12.

SC Office of Rural Health/Family Solutions of the Low Country and Orangeburg County School District mutually agree as follows:

Family Solutions agrees to:

- 1.1. Utilize trained/certified staff to deliver education
- 1.2. Employ instruction utilizing research and/or evidence-based techniques and materials
- 1.3. Provide sessions tailored to the needs of the students
- 1.4. Provide a calendar of and facilitate in-person and virtual group educational sessions
- 1.5. Maintain communication with designated point of contact

Orangeburg School District agrees to:

- 2.1. Provide male and female students for instruction
- 2.2. Provide classroom space and/or virtual platform for instruction
- 2.3. Designate a point of contact and serve as a member of the Family Solutions Community Action Network

Both parties understand that services provided by Family Solutions are free and that nothing included is intended to create an employer/employee relationship between Family Solutions and Orangeburg School District.

Local control of content In South Carolina, local school boards select the instructional materials that address reproductive health education, family life education and pregnancy prevention education.

The Comprehensive Health Education Act (CHEA)

1.Each school board appoints a 13-member committee to assist in the selection of instructional materials.

The committee must contain: parents (2), clergy (3), health professionals (2), teachers (2), students (2) — one being the president of a high school's student body, and non-school employees (2). • Parents are notified in advance of a student's enrollment in reproductive health or pregnancy prevention courses. Parents and guardians are given the opportunity to preview all materials and exempt their children. • Educational personnel teaching any parts of the comprehensive health education program must be appropriately trained.

2. Parents are notified IN ADVANCE of students' participation in sexuality education. They are given the opportunity to review all material and exempt their children.

3. All instruction, regardless of age-level, STRESSES ABSTINENCE until marriage as the best and first choice for all youth. Contraception is only discussed in the context of future family planning.

4. Sexuality education comprises only a small portion of comprehensive health.

5. Research shows that comprehensive sexuality education does not:

- Encourage sexual activity and in fact delays the onset of first intercourse.
- Discuss "alternate sexual lifestyles from heterosexual relationships" in health education classes.
- Distribute contraception on school grounds, or contract with any provider for distribution on school grounds.
- Offer programs that include abortion counseling or any information concerning abortions.
- Show films and other materials that contain actual or simulated portrayals of sexual activities or intercourse.

Comprehensive Health Education: Encompasses all aspects of a young person's life, not just sexuality. Included are, among other things: skills, attitudes, and practices of children and youth that are conducive to their good health and that promote wellness, health maintenance, and disease prevention.

Reproductive Health Education: "Instruction in human physiology, conception, prenatal care and development, childbirth, and postnatal care. Does not include instruction concerning sexual practices outside marriage or those unrelated to reproduction – except within context of disease. Abstinence and the risks associated with sexual activity outside of marriage must be strongly emphasized."

Orangeburg County School District Comprehensive Health Plan Resources

- 2017 South Carolina State Board of Education approved South Carolina Academic Standards for Health and Safety Education
- Health and Wellness - Macmillian/Mcgraw-hill
- Reducing the Risk- ETR
- Be Proud Be Responsible - ETR
- Making Proud Choices – ETR
- Nu Culture, Healthy Futures – Elevate New England
- Health and Fitness - Harcourt
- Personal Fitness - Kendall/Hunt
- Foundations of Personal Fitness - Glencoe
- Teen Health - Glencoe