

Rochester Community Schools

Processes, Programming, and
Administrative Guidelines for
Reproductive Health



ROCHESTER
COMMUNITY SCHOOLS

PRIDE IN EXCELLENCE

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I. Introduction

Purpose

The Rochester Community School District offers instruction on sex education, including HIV and STI prevention, as approved by the Rochester Community Schools Board of Education. The Board appreciates the work of and recommendations of the Sex Education Advisory Board (SEAB) regarding the recommended program content, materials, and evaluation strategies.

The purpose of this guide is to:

- Demonstrate how the district complies with state laws pertaining to HIV and sex education.
- Clearly define the overall goals and objectives, program philosophy, scope and sequence, and materials and methods used at specific grade levels.
- Orient new staff to make sure all are familiar with state law, as well as local district policy and practices.
- Orient parents about content and implementation of the program.
- Serve as an accountability tool that summarizes what is being done in the district if questions arise regarding sex education and HIV/STI prevention.

Program Philosophy

Our mission is to offer a comprehensive sex education and HIV/STI prevention curriculum that is medically accurate and age and developmentally appropriate for all students in grades K-12, including students with special needs. The curriculum is designed to recognize and represent the diversity of our students and community and tries to be inclusive of everyone regardless of their race, class, family structure, religion, sex, gender, sexual orientation, gender identity, and gender expression. Instruction will be implemented with a trauma-informed lens that avoids strategies that invoke fear, shame, or further traumatize the learner.

- Instruction is provided to increase knowledge and skills regarding personal health, human relationships and lifelong decision-making that promotes health. The curriculum promotes delaying sexual activity (abstinence) as a positive choice for students. We believe that sex education is most effective when part of comprehensive health education and results in students who are more likely to avoid risk behaviors that lead to negative outcomes, engage in their education, and succeed academically. Comprehensive health education is most effective when it is provided as one of the 10 components of the Whole School, Whole Community, Whole Child (WSCC) Model. See Appendix A, “The Whole School, Whole Community, Whole Child (WSCC) Model.”

The content and classroom instruction are designed to:

- Meet the needs of students.
- Adhere to state laws and district policies.

- Align with health education standards, research, and best practice regarding effective instruction.

Appendix B: “Instruction Evaluation Form” serves as a framework for considering these overarching factors when reviewing and recommending curricula.

We believe that parents are the first and primary sex educators of their children. Therefore, our program of instruction encourages on-going discussion between students and their parents and other trusted adults to assist them in making healthy decisions and accessing services and accurate information. Ideally, we will also equip parents to feel more prepared to have these important conversations with their children.

Our Rochester Community School District SEAB has developed the following to guide their work:

- Mission statement: “The mission of the Rochester Community School District’s Sex Education Advisory Board is to provide effective, age-appropriate sexuality education that teaches respect, safety, and healthy lifestyle choices with support from the family and community.”
- Vision statement: “We envision a community in which all young people are valued, respected, and treated with dignity; sexuality is accepted as a healthy part of being human; and youth sexual development is recognized as normal, so that all young people have the opportunity to lead sexually healthy lives and to become sexually healthy adults.”
- Definition of sex education: “Sexuality education provides knowledge and skills which empower students to make responsible decisions regarding the mental, emotional, social, physical, legal, and financial aspects of human sexuality.*”
*This definition excludes sexual harassment and child sexual abuse prevention which are taught as safety issues. (Outlines of grade-level appropriate curriculum will provide additional details to parents.)

II. State Law and Best Practices

The Rochester Community School District adheres to the state laws governing sex education and HIV/STI prevention as well as research and best practices. See Appendix C: “A Summary of HIV/STI and Sex Education Legal Obligations and Best Practices in Michigan Public Schools.”

Requirements and Options

School districts are required to teach about dangerous communicable diseases, including, but not limited to, HIV/AIDS. (§380.1169) Instruction regarding dangerous communicable diseases,

including, but not limited to, HIV/AIDS, must be offered at least once a year at every building level (elementary, middle/junior, senior high).

School districts can choose to teach sex education. If they do, they must do so in accordance with those sections of the Michigan Compiled Laws related to sex education and reproductive health. (§380.1506, §380.1507, §380.1507a, §380.1507b, §388.1766, §388.1766a)

Sex Education Advisory Board (SEAB)

As required by Michigan state law, the Rochester Community School District uses an advisory board to establish program goals and objectives, review and recommend instructional materials and teaching strategies; and establish a process for evaluating, measuring, and reporting the attainment of program goals and objectives.

SEAB members are pupils of the school district, parents of pupils of the school district, educators, local clergy, and community health professionals. The advisory board membership for our district is in compliance with state law.¹ The advisory board is led by the sex education supervisor and two co-chairs as per Michigan law. The qualifications of the sex education supervisor are described in Appendix D: “Request for Approval of Sex Education/Reproductive Health Supervisor.” At least one of the co-chairs is a parent of a child attending a school in the Rochester Community School District (§380.1507).

Per state law, the school board or their designee determines the Sex Education Advisory Board membership size, selection process, terms of service, and co-chairs. The board will reasonably reflect the diversity that exists in our school community. We use multiple channels to recruit members, including word of mouth, nominations, and school communications such as the website and school-wide events. Terms are for a minimum of one school year.

Our district asks each advisory board candidate to submit an application form to the advisory board leadership. New members will be determined using the process determined by the SEAB. See Appendix E: “Health Advisory Board Application” and the accompanying letter of interest.

The advisory board convenes at least two times each year.² Written or electronic notice of an advisory board meeting is sent to each member at least two weeks before the date of the meeting as per Michigan law.

¹ The advisory board membership is prescribed by state law. The minimum membership is eight people if no one served a dual role (e.g., one person taking the roles of parent and educator). Maximum membership is not prescribed, but best practice is to limit the size of the group, with additional people serving as non-voting advisors as needed.

² The law doesn’t prescribe the number of times a SEAB must meet each year. However, active SEABs that maintain updated sex education programs typically meet two to four times per year.

Needs Assessment

The SEAB takes into consideration the school district's needs, demographics, and trends as part of its commitment to data-driven decision making. To this end, the Rochester Community School District collects or uses existing data, such as the Michigan Profile for Healthy Youth (MiPHY), local health department data, student feedback, educator feedback, and parent surveys.

Resources to Guide Curricula Selection

Numerous resources were utilized to guide program selection and adoption:

- The Rochester Community School District's philosophy regarding sex education, including HIV/STI prevention
- A Summary of Legal Obligations and Best Practices⁴. See Appendix C. "A Summary of HIV/STI and Sex Education Legal Obligations and Best Practices in Michigan Public Schools".
- Needs assessment results, including Michigan Youth Risk Behavior Survey (YRBS) and MiPHY data
- Grade Level Content Expectations (GLCEs) and Michigan Merit Curriculum Credit Guidelines for Health Education, Strands 6 & 7. See Appendix F.
- The National Sexuality Education Standards
- Research about characteristics of effective sex education and HIV/STI prevention

The SEAB engages in a thoughtful process³ for adoption of and updates to curricula, including materials and methods. This includes:

- Reviewing needs assessment results.
- Establishing programs goals and objectives for pupil knowledge and skills at specific grade levels.
- Reviewing resource materials listed above.
- Reviewing available curricular options^{4, 5} and narrow to those which meet district criteria, including the state-recommended *Michigan Model for Health*TM.
- Determining recommendations of curricula, materials, and methods for specific grades and special needs populations.
- Conducting two public hearings held at least one week apart.⁶
- Making a presentation to the RCS Board of Education outlining the recommendations of the SEAB.

⁴ Available on the Future of Sex Education website at <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>

⁵ Best practice is to select curricula to recommend to the school board, and then review any needed supplemental materials and methods.

⁶ Steps 2, 5 and 6 are required by law.

- Pending approval, prepare for implementation of the curriculum, acquire instructional materials, and provide professional development for educators.

Program Evaluation

An evaluation to measure and report the attainment of program goals and objectives is completed every two years. (§380.1507) Administrators and teachers responsible for the instruction, and the advisory board, review the evaluation results and make recommendations for program improvements. The evaluation results are presented to the Board of Education, and the report is available to parents and the community on the school district website.

Professional Development

To teach sex education, educators must be qualified to teach health. (§380.1507) At the elementary level and in special education, teachers are qualified to teach health with their “all subjects” endorsement, and they must have their students in a self-contained classroom for more than half of the school day. At the secondary level, teachers are qualified if they possess one of the three endorsements that permit them to teach health.⁷ Because the classroom teacher is ultimately responsible for all instruction, the qualified teacher must always be in the classroom if guest speakers are presenting.

To teach HIV/STI prevention, educators must meet one of the following criteria:

- Licensed health care professional who has received training on HIV/AIDS
- Certified teacher who has completed professional development on HIV/AIDS provided by Oakland County Intermediate School District

All Rochester Community School District educators assigned to teach sex education and/or HIV/STI prevention are qualified to teach these topics and have received additional professional development regarding content, instructional strategies, program evaluation, parent communication, community resources, and legal obligations. The Rochester Community School District accesses professional development provided by the Oakland County Intermediate School District on sex education and HIV/STI prevention and curriculum implementation.

Parental Rights

Parents have many rights as prescribed by Michigan law: notification, review of curriculum, right to exempt their child without penalty, and observation of instruction.

In our district, parents will be notified each school year before the sex education and/or HIV/STI prevention curriculum is taught. The notification includes a description of the lessons, an

⁷ Health endorsements are MA (health), MX (health, physical education, recreation and dance), or KH (family and consumer science) endorsement.

outline of the student learning objectives, and the process for exempting a child from part or all of the instruction. See Appendix G “Parent Notification and Opt-Out Form to Excuse Child from Instruction for Sex Education, Reproductive Health, and HIV/STI Prevention.”

If a parent chooses to have their child opt out of sex education and/or HIV/STI prevention lessons, they must notify the school in writing each year. If a parent chooses to have their child opt out of sex education on a permanent and continuing basis (beyond one year), that must be specified in writing. In the case of a continuing written notice to excuse the student from sex education, the child will not be re-enrolled in the classes unless the parent submits a written authorization. See Appendix G “Parent Notification and Opt-Out Form to Excuse Child from Instruction for Sex Education, Reproductive Health, and HIV/STI Prevention.”

A student not participating in sex education will not be penalized. The teacher, in collaboration with the parent, will make alternative arrangements for this student. These arrangements will minimize disruption for the student.

Parents may make arrangements to:

- Review curriculum content and instructional materials.
- Observe the sex education and/or HIV/STI prevention lessons.

To do so, contact the teacher who will be providing the instruction or the building principal.

III. Program Implementation

Instructional and Non-Instructional Program Delivery

Any sex education that is taught during instructional time must be approved by the school board whether it is delivered in a classroom, an auditorium, or other large-group setting. Approved curricula are taught consistently at each grade level, regardless of teacher or building.

All instruction is delivered by qualified and prepared educators. As with all curricular subjects, instruction will be adapted to meet the needs of all learners. However, the lessons, activities, and materials that have been approved by the school board will not be omitted without additional school board approval.

Sex education topics might be addressed during non-instruction times. While sex education that is not part of the formal instructional time doesn’t have to go through the formal school board approval process specified in state law, our district expects these situations to be brought to the attention of the Sex Education Advisory Board and parents to be notified prior to

implementation. Examples of some non-instructional situation include:

- Programs occurring during the lunch period or after school
- Grant programs that include sex education topics, such as teen pregnancy prevention or dating violence programs
- Seminars or forums that address sexuality issues and/or HIV/STI education
- Athletic team meetings

Sex education content may appear in a variety of venues throughout the school. The following are not considered part of the instructional program; therefore, they do not require the approval required by state law. Each has its own process for approval:

- School newspapers: The content of school newspapers conforms with the policy for student publications.
- School library holdings: These are governed by library policies.
- Classroom book collections: These are not subject to the sex education laws.
- Research papers, debates, or speeches: Topics chosen by students that pertain to sexuality issues are allowable in non-health classes in accordance with the class teacher's parameters, without formal school board approval.
- Resource materials in public areas of the school: This might include, but is not limited to, student-created or recommended posters in the hallways or restrooms, pamphlets in the counseling or nursing office, or artwork. These are not subject to sex education laws but will be approved by the principal or designee.
- Clothing or items with messages: These are governed by the dress code.

Guidelines for Answering Student Questions

Students have many questions regarding sex education and HIV/STI prevention. Questions may arise in the classroom during instructional time or may be asked in other settings, such as in the counseling office. Trusted adults are responsible to guide students in getting answers to their questions.

If a teacher who is qualified⁸ is asked a question during class, the teacher will give a brief, factual, developmentally appropriate answer that is aligned with RCS guidelines.

If a school employee who is not qualified⁹ is asked a question, they will connect the student to the school counselor or nurse¹⁰ for follow-up. If a school employee, including the health teacher, is uncertain whether or how to respond to a student question, they will tell the

⁸ to teach sex education and/or HIV/STI prevention

⁹ to teach sex education and/or HIV/STI prevention

¹⁰ School counselors and nurses have a broader scope of practice than teachers. They may respond to student questions in greater depth, in accordance with their professional code of ethics and applicable policies and guidelines. If they don't have the answer, they may seek information from a qualified health teacher or reliable community resource.

student that they will follow up and get back to them with a response. They will seek guidance from the person responsible for sex education program oversight in the district, usually the Sex Education Supervisor and/or building principal.

Effective strategies for managing discussion and responding to student questions are addressed in the professional development that RCS teachers receive. Note that professional development stresses that it is not appropriate to ask or answer personal questions or to disclose personal sexual behavior.

Facilitating Student Access to Information and Services

Students may request help or teachers may identify student health needs that go beyond the scope of the classroom. The first referral will be to the school counselor, school nurse, school social worker, or other appropriate professional support staff. Additional referrals will be made if needed. Staff will refer the list of community providers. See Appendix H: “Community Providers.”

Resolving Questions and Concerns

Any parent who has questions and/or concerns about their child’s sex education and/or HIV/STI prevention instruction is encouraged to discuss them with the classroom teacher. Usually, this discussion will resolve any potential issues in a positive manner. If, however, the concerns remain unresolved, the parent will follow the chain of command within the school building and district: principal, SEAB Co-Chair or Health Education Supervisor, Superintendent, RCS Board of Education.

The law provides a formal, written complaint process if concerns are not resolved by district leadership. See Appendix C: “A Summary of HIV/STI and Sex Education Legal Obligations and Best Practices in Michigan Public Schools.”

IV. Roles and Responsibilities

Sex Education Advisory Board

The SEAB is responsible for:

1. Establishing program goals and objectives for student knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases (STDs).
2. Reviewing and recommending materials and methods to the board, taking into consideration the district’s needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment.

3. Evaluating, measuring, and reporting the attainment of program goals and objectives and making the resulting report available to parents in the district at least once every two years.

Beyond the requirements of the law, the SEAB will:

- Develop a safe and collaborative environment in which the SEAB work can thrive, including establishing group norms and a decision-making model.
- Use processes that draw upon all the voices and unique expertise of the members to reach group decisions.
- Identify the desired student outcomes at each grade, including cognitive and skills-based objectives.
- Seek out developmentally appropriate, medically accurate, evidence informed curricula to review that are likely to lead to the desired student outcomes.
- Select curricula that focus primarily on teaching student skills and providing opportunities for practice and application.
- Seek expertise from outside the SEAB for decision-making as needed. For example, invite teachers to advise the group on their experiences implementing the sex education curriculum.
- Seek input from students and parents (e.g., conducting focus groups and/or surveys).
- Determine whether guest presenters will be recommended as part of the program to enhance the instruction and how they will be utilized.

Advisory board members are asked to:

1. Attend and participate in advisory board meetings.
2. Subscribe to the program philosophy and processes of the SEAB.
3. Represent a constituent role on the SEAB, rather than focusing on one's personal beliefs.
4. Become familiar with Michigan laws pertaining to sex education and HIV/STI prevention.
5. Seek current and accurate information regarding sex education and HIV/STI prevention content and instructional strategies that will help the SEAB make informed decisions.
6. Share ideas and concerns and work cooperatively toward the goals and objectives of the sex education and HIV/STI prevention program.
7. Support the public hearing and school board approval process for the proposed program.
8. Become familiar with the adopted curriculum and the implementation procedures for the sex education and HIV/STI prevention program in the Rochester Community Schools.
9. Be an advocate and spokesperson for the board decisions and the adopted program.

District Supervisor and Co-Chairs

Every district choosing to have a sex education program must have a sex education supervisor, approved by the Michigan Department of Education, who oversees the program of instruction. (§380.1506 and §380.1507) Our school board must also appoint two co-chairs, one being a

parent of a student in our district. While the law requires both roles, their division of responsibilities is not fully delineated, and the supervisor can serve as a co-chair.

The law states that the sex education supervisor will oversee the program of instruction in reproductive health. The co-chairs facilitate the SEAB work. In addition, the district supervisor and/or co-chairs perform essential roles for the success of the program by:

1. Serving as a liaison among the advisory board, our school leadership, parents and community, the intermediate school district, and the Michigan Department of Education.
2. Maintaining records related to SEAB meetings, board of education adoptions, and district policies and procedures.
3. Communicating the legal roles and responsibilities related to sex education and HIV/STI prevention to all school staff, including parent notification and opt-out procedures.
4. Ensuring the district has current procedures and administrative guidelines to ensure transparency, alignment with state laws, and smooth program implementation.
5. Preparing teaching staff by notifying them of currently approved materials and methods, providing them with teaching materials, and offering professional development.
6. Ensuring that the goals and objectives of the sex education program are evaluated every two years and the resulting report is made available to parents in the school district.¹¹
7. Providing support to parents, administrators, and teaching staff in the event of questions and/or concerns.

Administrators

Administrators, such as building principals and curriculum directors, have an important role in the implementation of the sex education and HIV/STI prevention program. In our school district, administrators are expected to:

1. Adhere to Michigan laws pertaining to sex education and HIV/STI prevention.
 2. Support implementation of district-adopted curricula and administrative guidelines for implementing the program.
 3. Collaborate with teachers in following the procedures for parent notification, review of curriculum and instructional materials, and classroom observation.
 4. Identify teachers to provide instruction and ensure that the teachers have the appropriate credentials and preparation.
 5. Facilitate access to professional development and technical assistance offered by the intermediate school district and other reputable sources.
 6. Assist in maintenance of a district-wide tracking system to honor any continuing written notices to excuse students from sex education.
 7. Collaborate in providing support to parents, administrators and teaching staff in the event of questions and/or concerns.
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8. Ensure fidelity of program implementation through strategies such as teacher observations and implementation logs.
9. Support student assessment and program evaluation plans.

Teachers

Teachers play a vital role in teaching students the knowledge and skills they need to form healthy relationships and make informed decisions now and for the future. A majority of the content in any course must be taught by a certified teacher that holds an endorsement which permits the teacher to teach that content. See Appendix I: “Qualifications of Teachers of Sexuality and HIV/AIDS Education.”

In our school district, teachers are expected to:

1. Adhere to Michigan laws and district administrative guidelines pertaining to sex education and HIV/STI prevention.
2. Obtain district-approved curricula and materials and seek professional development and/or technical assistance to be prepared for implementation.
3. Understand how each grade-level curriculum fits into the district’s K-12 scope and sequence for health education; advise the SEAB of any gaps or redundancies.
4. Follow the district’s procedures for parent notification, review of curriculum and instructional materials, and classroom observation.
5. Implement the district-adopted curricula and instructional materials with fidelity.
6. Differentiate instruction to meet the needs of all students, especially those who may be at greater risk for negative outcomes due to their situational context and/or behavioral factors.¹²
7. Refer students to school professional support staff (school guidance counselor, social worker, nurse) or link to community resources as necessary, in accordance with state law and district administrative guidelines.
8. Collaborate with colleagues to provide the SEAB with feedback on program implementation and unmet student needs.¹³
9. Teach the majority of the content in the course. Use guest speakers to enhance, but not supplant, classroom instruction. Prepare any guest speakers and observe their instruction to ensure quality and compliance with the board-approved program of instruction.
10. Implement formative and summative assessments to improve instruction and guide student progress toward attainment of standards and learning objectives.
11. Provide relevant information for program evaluation.

¹² Including those who identify as lesbian, gay, bisexual, transgender, questioning, plus (LGBTQ+); have disabilities; have experienced trauma; are runaway or homeless; are students of color; live in poverty; live in communities with a high prevalence of HIV/STIs; attend alternative education programs; and/or have other needs.

¹³ For example, if students ask questions that teachers are not allowed to answer because of district guidelines, this information could guide a change in future approvals.

Guest Speakers

Ideally, the classroom teacher will possess the knowledge and skills to implement the approved curriculum. If the classroom teacher is not delivering the instruction, they must remain in the classroom while the instruction is being delivered. See Appendix J, “State of Michigan Department of Education Health Teacher - Guest Presenter Policy Memorandum.” See Appendix K: “HIV/STI and Sex Education in Michigan Schools Guidelines for Using Guest Speakers.”

Any instruction delivered by a guest speaker must be part of the board-approved program of instruction. Guest speakers will:

- Have the appropriate expertise and training in the content and teaching methods.
- Understand how their contributions fit into the curriculum at that grade level.
- Adhere to Michigan laws and the district-approved curriculum and administrative guidelines related to sex education and HIV/STI prevention.

Professional Support Staff

Professional support staff, including but not limited to the school nurse, school counselors, library media specialists, psychologists, social workers, and liaison officers have a broader scope of practice than classroom teachers. They can provide support and resources that go beyond what can be provided in the classroom. In our district, professional support staff will:

1. Adhere to Michigan laws that prohibit making a referral for or assisting in obtaining an abortion and dispensing a family planning drug or device in a school or on school property.
2. Be familiar with the district-approved curricula and materials.¹⁴
3. Collaborate with classroom teachers to provide supports for program instruction, follow-up, and referral.
4. Facilitate access to information with medically accurate and developmentally appropriate information.
5. Identify community services that align with district’s program philosophy, goals, and objectives.
6. Support students and their families in accessing information and community services.

When assisting students and families regarding needs beyond the approved classroom instruction, professional support staff will consider district administrative guidelines, Family Educational Rights and Privacy Act (FERPA), confidentiality, their professional codes of ethics, and the need to keep the student physically safe.

¹⁴ School library holdings are governed by their own policies. Library holdings are not classroom instruction; therefore, they are not governed by sex education laws.

Parents and Legal Guardians

Parents and legal guardians are the first and primary sexuality educators for their children. They can provide their children with a positive view of sexuality and relationships, as well as information and skills needed to make healthy decisions. Moreover, parents can teach children their own family's values and communicate clear expectations regarding safety, relationships, and sexual behavior.

We believe that school-based sex education and HIV/STI prevention is most effective when parents and teachers work together. In our district, we encourage parents to:

- Find out what your child is learning in class.
- Talk to your child's teacher about how you can reinforce classroom lessons.
- Learn more about the subject matter.
- Listen to your child and give them a chance to express feelings and ideas.
- Encourage your child to ask questions.
- Answer your child's questions as honestly and openly as possible.
- Don't be afraid to say, "I don't know" and seek guidance and information as needed.
- Share your values with your child in a series of discussions that begin early, happen often, and continue over time.
- Role model healthy relationships.
- Help your child set goals and plans for the future.
- Students Support the classroom instruction by engaging your children in the homework activities.

Students

We believe that any educational efforts for students must include input from and participation by students in order to be more relevant. This is done in a developmentally appropriate way with student engagement increasing with the age of the students. Michigan laws emphasize the importance of this philosophy by requiring the SEAB to include students as members.

Students are engaged in the following ways:

- Classroom participation and feedback during sex education classes
- Classroom assessment and evaluation of student outcomes resulting from sex education and/or HIV/STI prevention lessons
- One-on-one conversations with key stakeholders including parents, teachers, school nurses, and school counselors
- Student surveys
- Participation on the SEAB¹⁵

¹⁵ We strive to involve students who represent the diversity of the student body, including students at greatest risk.

Community Partners

Community partners, such as media, elected officials, youth-serving agencies, local businesses, medical health and well-being providers, and faith-based organizations, can reinforce what is being taught about sex education and HIV/STI curricula in school and at home. Students are best equipped when they hear clear and consistent messages about abstinence, relationships, risk reduction, and sexual decision-making from multiple sources in their community.

In our district, we encourage our community partners to:

- Learn about Michigan law on sex education and HIV/STI prevention education.
- Be familiar with the district-approved curricula and materials.
- Provide parent and family education opportunities.
- Provide supplemental instruction through faith-based organizations, youth-serving agencies and medical health and well-being providers, to reinforce school-based sex education instruction.
- Participate in health fairs and other school-based events to build relationships with students and families.
- Organize and train student peer educators to talk with other students about prevention.
- Provide meaningful out-of-school activities for students that build developmental assets.
- Provide youth leadership opportunities.
- Implement evidence-based mentoring practices with students.
- Engage media outlets in highlighting success stories of local efforts that make a difference in promoting healthy choices.
- Form coalitions among community organizations and local schools with common goals to identify solutions for local issues