

Dear Parent or Guardian:

California state law, the California Healthy Youth Act (“CHYA”), requires that comprehensive sexual health education and HIV prevention education be provided to students at least once in middle school and once in high school, starting in 7th grade.

Per CHYA (California Education Code Sections 51930-51939), instruction must encourage students to communicate with parents, guardians or other trusted adults about human sexuality. Instruction must be medically accurate, age-appropriate and inclusive of all students. It must include the following:

- Information about HIV and other sexually transmitted infections (STIs), including transmission, FDA approved methods to prevent HIV and STIs, and treatment
- Information that abstinence is the only certain way to prevent unintended pregnancy and HIV and other STIs, and information about value of delaying sexual activity.
- Discussion about social views of HIV and AIDS.
- Information about accessing resources for sexual and reproductive health care.
- Information about pregnancy, including FDA approved prevention methods, pregnancy outcomes, prenatal care, and the newborn safe surrender law.
- Information about sexual orientation and gender, including the harm of negative gender stereotypes.
- Information about healthy relationships and avoiding unhealthy behaviors and situations.

The curriculum is available for review, upon request. More information is also available on the California Department of Education’s website at <https://www.cde.ca.gov/ls/he/se/>

If you do **NOT** wish your student to participate in the CHYA Workshop, please complete and sign the form below. Return the signed form to your student’s teacher as soon as possible prior to the date of the workshop. If you do not submit this form, the teacher will assume your student **has permission** to participate in this workshop.

If you have any questions or concerns about the CHYA curriculum, please do not hesitate to contact your student’s teacher.

I, _____, **do not give permission** for _____ to participate in the
Printed Name of Parent/ Guardian *Printed Name of Student*

California Healthy Youth Act Workshop that will take place on ____ / ____ / _____.
Date of Workshop

Signature of Parent/Guardian *Date*

Teacher *Resource Center*

School Use Only

Teacher Signature: _____ **Date Received:** ____ / ____ / _____