Dear Parents,

Students enrolled in health classes will participate in a unit on Human Growth and Development near the end of the semester. This unit will utilize Choosing the Best Journey and Glencoe curriculum materials. The unit will last approximately two weeks, and will cover the following topics: 1) Goal Setting; 2) Decision Making; 3) Avoiding Risky Behavior (pregnancy/STD’s); 4) Developing Healthy Relationships; 5) Emotional Consequences; 6) Overcoming Peer Pressure; and 7) Assertiveness Skills.

Classes will be co-educational. A committee of parents, educators, ministers, representatives of the health professions, and the CCSD Board of Education has approved all materials. These materials may be reviewed by contacting your daughter/son’s health teacher and have been updated to insure the highest quality of instruction possible. Every effort has been made to remain sensitive to the developmental needs of high school aged students.

This program will help students avoid risky situations, make positive choices, ward off sexual advances and understand the benefits of remaining abstinent until marriage. A list of the Cobb County Performance Standards in this area can be found at:   
<http://picasso.cobbk12.org/index.php?module=curriculum&type=courses&func=display&CourseID=687>

We believe that parents and guardians are the primary resource for students in this area. We want to work with you in providing information on these vital subjects. Research shows that students do listen to parents in this most important area of their life. Parents have the right for your daughter or son not to participate in this unit of study. If this is your intention, you must put this request in writing to the principal of your school and return to your health teacher.

Students not attending classes in Human Growth and Development will research the health topics being studied in the media center on those days.

# HUMAN GROWTH AND DEVELOPMENT PERMISSION FORM

PLEASE RETURN THIS FORM TO YOUR HEALTH TEACHER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MAY** TAKE PART IN THE UNIT ON HUMAN GROWTH AND DEVELOPMENT. (Student’s name).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MAY NOT** TAKE PART IN THE UNIT ON HUMAN GROWTH AND DEVELOPMENT. Student’s name)

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have review the course syllabus and understand the requirements, procedures, and policies implemented in Health class.**

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_