

Utah State Board of Education

Parent/Guardian Consent Form

Maturation Instruction

Parents must receive this form no later than two weeks prior to the beginning of instruction

Date of Planned Instruction: _____ Name of Student: _____

Course: _____ Teacher(s): _____

School: _____ Telephone Number: _____

Dear Parents/Guardian:

As part of your child's education, he/she will be invited along with the parents/guardians to participate in a maturation program of instruction, which includes Health Core Standards outlined by the Utah State Board of Education. Utah rule requires parental consent for instruction on maturation (R277-474-5).

Please read the form carefully, select **one option**, sign, and return to the teacher above. Your student will not be allowed to participate in class activities without this completed and signed form on file.

Thank you.

Presentation Outline for Physiology, Reproductive Anatomy, and Reproduction:

- Explain how the timing of puberty and adolescent development varies, including that there is a wide range of what is healthy or typical.
- Describe the basic structures of the reproductive and endocrine systems and identify their respective functions.
- Describe the body changes that accompany puberty and how puberty prepares human bodies for reproduction.
- Explain the physical, social, and emotional changes that occur during puberty and adolescence and healthy ways to manage these changes
- Identify trusted adults (for example, parent, guardian, relative, teacher, counselor, clergy) to talk with about puberty.

Options: Please read and check only one of the following. Parents are invited and encouraged to attend.

- Option 1:** I grant permission for my child to participate in the maturation discussions as described above.
- Option 2:** Prior to deciding, I will contact you at the school within the next two weeks to arrange a time to discuss the planned curriculum and review the materials
- Option 3:** I DENY permission for my child to participate in any of the maturation discussions as checked in the box above. I understand my child will not be involved in the maturation presentation. If the presentation is held during the school day my child will instead be provided a safe, supervised place and receive an alternate activity.

Please sign and return form to verify you reviewed it and have chosen one option from the preceding list.

Parent/Guardian Signature: _____

Phone Number: _____ **Date:** _____