



**Family Life and Human Sexuality (FLHS)
and Disease Prevention And Control (DPC) Worksheet
Annual Report—Elementary School**

Department of Curriculum and Instruction
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

**MCPS Form 345-30A
July 2011
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INSTRUCTIONS: Maryland State Board of Education Regulation (COMAR 13A. 04.18) requires that all public schools provide instruction to students on Family Life and Human Sexuality and HIV/AIDS Prevention Education. This worksheet is to be used to complete the annual report required by state mandate. For more information, please see MCPS Regulation IGP-RA.

Please return the completed worksheet to the Supervisor of Health and Physical Education, CESC, Room 253

School _____ Date ____/____/____ School Year _____
Respondent _____ Title _____

PART I: Instruction information for Family Life and Human Sexuality Focus Area II: Physiological and Personality Changes

Dates of FLHS unit instruction From ____/____/____ through ____/____/____

Total hours of FLHS unit instruction _____

Number of students who received FLHS unit instruction _____

Number of students who were excused (opt-out) from FLHS unit instruction _____

Type of alternative instruction for students who were excused (opt-out) from the FLHS unit:

Describe _____

Parents were informed of their right to have their child excused (opt-out) from the FLHS unit instruction by:

- Letter including FLHS standard, performance indicators, and parent permission form
- Newsletter
- Other (specify) _____

The FLHS unit was taught in a coeducational setting: Yes No Partially (explain) _____

Instruction about menstruation to the girls who did not participate in the FLHS unit was provided by: Parent Teacher

Principal Nurse or Health Aide Other (specify) _____

MATERIALS

Date(s) of the Parent Information Meeting and review of FLHS/DPC instructional materials: ____/____/____, ____/____/____

Parents were notified about the Parent Information Meeting to review FLHS/DPC instructional materials by:

- Newsletter Memo Other (specify) _____

COMMUNITY INVOLVEMENT

Each school is required to have a local school-community planning group. An administrator, parent(s), and teacher(s) must be included in each school's planning group. Please list names of the members of your local school-community planning group for Family Life and Human Sexuality and Disease Prevention and Control. Indicate whether each person is a parent, teacher, media specialist, or administrator.

MEETING PARTICIPANTS

Date of Meeting ____/____/____

| Required Participants/Name | Other Participants/Name/Title |
|----------------------------|-------------------------------|
| Administrator _____ | _____ |
| Parent(s) _____ | _____ |
| _____ | _____ |
| Teacher(s) _____ | _____ |
| _____ | _____ |

