



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

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

**MCPS Form 345-30C
July 2011
Page 1 of 2**

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 Unit of Grades 10 Comprehensive Health Education

	Average Instruction Time In Hours Per Marking Period (Total classroom hours for FLHS instruction)	# of Students Opt-In (Receiving Instruction)	# of Students Not Opt-In (Receiving Alternative Unit)
First Semester			
Second Semester			

Grade 10 Alternative Unit A was provided for students assigned to Not Opt-In FLHS unit: Yes No

Location (specify) _____

Is instruction on Family Life and Human Sexuality included as part of any other course in this school? Yes No

If yes, please list the course(s) _____

Parents were informed of their right to have their child Not Opt-In (excused) from FLHS unit of instruction by:

- Letter including FLHS standard, performance indicators, and parent permission form Newsletter
- 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 via:

- 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 student, parent, teacher, media specialist, or administrator.

MEETING PARTICIPANTS **Date of Meeting** ____/____/____

	Required Participants/Name		Other Participants/Name/Title
Administrator	_____	Student Representative(s)	_____
Parent(s)	_____		_____
Teacher(s)	_____		_____
	_____		_____
	_____		_____

