



Oregon

Tina Kotek, Governor



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EDUCATION

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Colt Gill

Director of the Oregon Department of Education

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Dear Superintendents and Principals,

Many school districts are revising and adopting curricula to meet the 2016 [Health Education Standards and Performance Indicators](#). As these processes evolve and questions arise, I want to support your work by reminding our education community of ODE's resources and guidance. Consistent implementation of the sexuality education laws allows us to meet the needs of all of our students.

Guidance For Sexuality Education

The key laws that guide our sexuality education efforts are:

- [Human Sexuality Education \(2009\)](#),
- [Healthy Teen Relationships \(2013\)](#),
- [Child Sexual Abuse Prevention Education \(2015\)](#), and
- [Menstrual Dignity Act \(2021\)](#).

These laws provide for consistent instruction, are based on the most current evidence and best practices, and equip students with the knowledge and skills to realize their health, well-being, and educational goals. Sexuality education supports young people with skills to delay sexual initiation, prevent unintended pregnancies and sexually transmitted infections (STIs), promote their own health, and reduce sexual violence, harassment, and bullying.

The full range of information provided by [comprehensive sexuality education](#) includes key components of health and well-being, such as being able to communicate needs and values; developing healthy relationships; setting and respecting boundaries; and learning that students all have the right to be treated with dignity and respect, no matter their identity.

Clarification of the sexuality education laws is summarized below:

- Comprehensive sexuality education is part of Health Education, which is a core subject. The implementation of sexuality education is required in at least **four class sessions per year**, every year from kindergarten through twelfth grade.
- **“Comprehensive”** means that instruction may be abstinence-based while also providing medically accurate information on other methods of preventing STIs and pregnancy. Instruction must “enhance students’ understanding of sexuality as a normal and healthy aspect of human development.” “Abstinence-only” sexual education, which offers abstinence as the only option for preventing STIs and unintended pregnancy, is not permitted in Oregon public schools.
- Instruction must be **inclusive of all students** in a classroom, regardless of race, ethnicity, ability, gender identity, sexual orientation, socio-economic status and past or current sexual experiences.

- This instruction shall follow the [Health Education Standards and Performance Indicators](#), passed by the State Board of Education in 2016. [These standards](#) and performance indicators reflect medically accurate and age-appropriate content for each grade level from kindergarten through twelfth grade. This resource can help guide curriculum selection and determine a teacher’s scope and sequence.
- **Supplemental sexuality education materials are required** to meet the new Oregon Standards. Please note that [ODE’s currently adopted instructional materials](#) for Health **do not fully** meet the Sexuality Education portion of the Standards.
- Through [Division 22 Assurance of Compliance](#), each school district is required to outline how it delivers this material in a [Comprehensive Plan of Instruction](#) every two years. This plan should be developed collaboratively with “parents, teachers, school administrators, local health department staff, other community representatives and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies... in alignment with the Oregon Health Education Standards and Performance Indicators.”
- **Parent/guardian engagement and notification** is required for sexuality education. Parents/guardians can opt their children out of any or all sexuality education sessions.

Supported by Parents and the Medical Community

Surveyed parents of middle and high school students have demonstrated [overwhelming support](#) (93.5% in middle school and 96% in high school) for comprehensive sexuality education over the last 15 years. Additionally, leading medical and public health professional organizations, including the [American Medical Association](#), [the American Academy of Pediatrics](#), the [American College of Obstetricians and Gynecologists](#), the [American Public Health Association](#) and many more, support comprehensive sexuality education. [Research shows](#) that sexuality education is effective and beneficial in improving student health, well-being and academic outcomes. [A research study spanning three decades](#), illuminated the strength of comprehensive sexuality education, stating that comprehensive sexuality education has been found to lower homophobic-related bullying, increase understanding of gender, foster healthy relationships, and can help prevent child sexual abuse and intimate partner violence.

If you have any questions regarding this subject, please visit the [Oregon Department of Education Sexuality Education webpage](#), or contact ODE.SexEd@ode.oregon.gov.

Thank you for all you do to support our students.

Colt Gill

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Director, Oregon Department of Education
 255 Capitol Street NE | Salem, Oregon 97310
 Phone (503) 947-5740 | Colt.Gill@ode.state.or.us
[@ORDeptED Colt](https://www.oregon.gov/ode) | www.oregon.gov/ode