

Superintendent's Regulation 4315.1-R

Reproductive Health Education Program



Approved by Superintendent

6/14/13

Date

Statement of Purpose

The Rochester City School District ("the District") is alarmed by the reported increases in the instances of HIV/AIDS among urban youth and among youth in the City of Rochester in particular. It has been determined that steps need to be taken to help reduce the spread of HIV/AIDS and to provide options to students who wish to protect themselves from this disease.

To that end, the Board of Education has determined that condom availability shall be made part of the District's AIDS instruction program. Additionally, School Based Health Clinics ("SBHC") shall not be prohibited from making condoms available to high school students pursuant to this regulation and the requirements of the Regulations of the Commissioner of Education.

Definitions:

1. Eligible Student – a student who has participated in an appropriate AIDS instruction program and whose parent(s) has not opted out of the availability program
2. Personnel Health Guidance – Guidance provided to students who participate in the availability program as to the risks of disease that may result from the student's use or misuse of condoms and appropriately takes into account the student's age
3. Opt-out - submission to the District by the Parent of written notice that the Parent does not authorize his or her child to receive condoms from School Personnel.
4. Health Service Personnel – employee of District who has received training to provide required personal health guidance, which has been approved by the Commissioner of Education
5. Advisory Council – Board appointed body, consisting of parents, school board members, appropriate school personnel, and community representatives, responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instruction program
6. Approved Training – Training for health service personnel who will provide personal health guidance to students participating in the availability program. Such training shall be approved by the Commissioner of Education

AIDS Instruction Program:

Each Eligible Student shall be required to participate in an appropriate AIDS instruction program which is part of the District's Health education curriculum. The AIDS instruction program shall be developed adopted and pursuant to 8 N.Y.C.R.R. § 135.3 and Board Policy No. 4315.1.

Parental Notice

No later than August 1 of each school year, the District's Office of Communications shall distribute a letter to the parent(s)/guardian(s) of all students under the age of 18 attending grades 9 - 12 [Exhibit A]. Such letter shall advise parents of the District's condom availability program ("the Program") and include information about the Program. Such letter also shall inform parents/guardians that they have a right to request that their child(ren) not participate in the Program during the school year.

Opt-Out Procedures

Parent(s)/Guardian(s) who do not wish their child(ren) to participate in the Program must return the opt-out form [Exhibit B] to the Coordinator of Student Health Services. The Coordinator of Student Health Services shall maintain a database of each student who has been opted-out of the Program for the school year.

Availability Guidelines

Condoms may be made available only by Health Service Personnel. In secondary schools having an SBHC, condoms may also be available at the SBHC. For all other secondary schools, condoms shall be made available only at the School Nurse's office. Prior to making a condom available to a student for the first time, Health Service Personnel shall:

- Ensure that such student completed an appropriate AIDS instruction program. Completion of an appropriate program shall be assumed if a student's record in Chancery indicates that the student has participated in a secondary Health class which includes required AIDS instruction.
- Provide a student with age appropriate, accurate and complete Personal Health Guidance. Such guidance shall emphasize that abstinence is the best method to protect oneself from sexually transmitted diseases.

Additionally, each time a student requests a condom, the Health Service Personnel shall ensure that the student is not subject to a parental request to opt-out of the Program.

EXHIBIT A

Date: _____

Dear Parent or Guardian/Custodians:

The Rochester City School District offers an HIV/AIDS prevention program as part of an ongoing comprehensive health education program. As a parent or guardian, you may ask that School Health Personnel not to give your child condoms. This is referred to as a *parent opt-out*. You are **not** permitted to make this request if your child: 1) is 18 years of age or older; 2) has been or is currently married; 3) is a parent; and/or 4) is entitled under law to give consent for himself/herself.

To request that your daughter/son **not** be permitted to receive condoms during the 20__ - 20__ school year, **please complete the attached sheet and send it to the District's Coordinator of Student Health Services in an envelope marked "CONFIDENTIAL."** If you change your mind and decide that your child can request free condoms, send a letter to the Coordinator of Student Health Services during the school year.

The condom availability program for high school students offers an opportunity for you to talk to your child about health issues associated with HIV/AIDS. The most responsible decision a young person can make in this regard is to abstain from any high risk behaviors, including sexual intercourse and substance abuse. Please support your child in making positive health choices.

Sincerely,

EXHIBIT B

Sign and return only if you **DO NOT** want your daughter/son to participate in the Condom Availability component of the HIV/AIDS Prevention Program during the 20__ - 20__ school year. It must be noted that this option shall not apply to students who are 18 years or older, who are or who have been married, who are parents, or who are entitled under law to give consent for themselves. If you have more than one child enrolled in the school, please complete a separate form for each child.

My son/daughter _____,
Print full name of student

who is in grade 9 10 11 12 at _____ High School, **IS NOT**
to participate in the condom availability component of the program.

My daughter's/son's Student Identification Number is

(If you do not know your #, the school will enter it for you.)

Printed name of parent/guardian/custodian

Signature of parent/guardian/custodian

Date

Return this form to:

Coordinator of Student Health Services
[address]