## Sexual Health Education Scope and Sequence Processing Guide

## Purpose

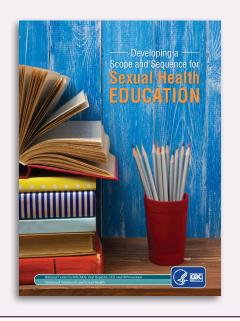
The purpose of the sexual health education scope and sequence (S&S) processing guide is to help local education agencies (e.g., schools) and similar youth-serving entities describe the process of developing a S&S. The processing guide includes a set of questions and prompts to help individuals or groups reflect on S&S development and implementation and the answers may highlight areas where additional support and revisions are needed, now and in the future. Contents of the guide are aligned with the Centers for Disease Control and Prevention (CDC) resource titled, <u>Developing a Scope and Sequence for Sexual Health Education</u>, which outlines an 11-step process for creating a S&S to guide school-based instruction.¹ Questions and prompts used in this guide are specific to sexual health, one of the core content areas within a broader health education curriculum; however, similar questions can be used to reflect a comprehensive health education S&S (e.g., mental health, violence/victimization, or substance use).

#### What is a S&S?

- An essential element of a curriculum framework; guides curriculum directors and administrators in choosing curricula; and can help teachers ensure systematic delivery of instruction.
- Outlines the breadth and arrangement of health concepts/topics across grade levels (**scope**).
- Outlines logical progression of health concepts/topics, skills, and behaviors to be addressed at each grade level (**sequence**) from pre-kindergarten through the 12th grade.

#### How a S&S contributes to curricula

- One of the first steps in identifying target health behavior outcomes, health concepts/topics and skills to be addressed in health education curricula.
- Provides a map or guide for selecting, revising, or creating developmentally appropriate curricular materials and resources aligned to health behavior outcomes, health concept/topics and skills.
- Can help administrators, curriculum directors, and teachers make decisions about health behavior outcomes, health concept/topics and skills presented in commercially available curricula and determine appropriateness of curricula in addressing youth health needs and local priorities.



<sup>1</sup>Although the questions below are tailored to sexual health, a critical health education content area, users can substitute other health-related topics (e.g., substance use) as needed and complete S&S development using the relevant questions and prompts. Creating a sexual health education S&S requires collaboration and input from multiple stakeholders; using a team-based approach to complete S&S development or revision is recommended.



CS317902\_D

## Who can use the guide?

The guide is designed primarily for use by (1) individuals or groups engaged in the S&S development process (e.g., school health advisory council or team). Others, such as groups providing technical support to schools (e.g., community-based partner or national non-governmental organization) may use the guide to help schools reflect on their S&S and tailor approaches to technical assistance.

### How to use the guide

To begin, review the 11-step process for creating a sexual health education S&S outlined in CDC's <u>Developing a Scope and Sequence for Sexual Health</u> <u>Education</u>. The first two columns align with the four major stages (i.e., *Getting Ready, Choose & Prioritize Goals, Review & Validate, and Next Steps*) and 11 steps of S&S development. A set of tailored reflection questions and prompts are provided for each step of the process. Not all questions or prompts may be relevant; users can modify, add, or delete questions based on local priorities and needs. The far right-hand column, labeled **Responses and comments**, is a space to capture relevant information and notes. Record and save all responses in a secured, easily accessible location.

Users should make the notes available to school district staff (e.g., school health coordinators or committees, teachers, administrators, or instructional staff). The processing guide is meant to be flexible — users should update questions and prompts as needed. Any time the sexual health education S&S is revised, individuals or groups are encouraged to reference the processing questions and prompts to help inform the process. There is no pre-determined time limit for using the processing guide; it is intended to be used at the conclusion of the development or revision process, based on needs of those engaged in the S&S process.

# Health Education Scope and Sequence Processing Guide

Questions and prompts			
11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments	
1. Choose a facilitator and assemble a committee to participate in the development process. Committee members should have knowledge and experience in curriculum development, sexual health education, and the sexual health needs of youth.	<ul> <li>Who was involved in the S&amp;S development process?</li> <li>Include name and job title(s) (e.g., school nurse) of people involved</li> <li>How was a committee assembled?</li> <li>Were members of the School Health Advisory Council (SHAC), or similar advisory committee involved?</li> <li>If no, why not?</li> <li>Who led the S&amp;S development process?</li> <li>Was a school health/wellness coordinator involved?</li> <li>Did the facilitator or committee members have experience in any of the following areas?</li> <li>Curriculum development?</li> <li>Sexual health education? Health education?</li> <li>Sexual health needs of youth in the [district, school]?</li> <li>Other area(s), specify:</li> </ul>		

11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments
2. Identify national, state, or local health education standards, benchmarks, and requirements. In some states or districts, they might be found under HIV education or sexuality education and could include specific sexual health education concepts (e.g., HIV/STD transmission, healthy relationships, or puberty) and/or skills that are required to be taught at a specific grade level.	<ul> <li>Did the committee understand the requirements needed to be met within sexual health education?</li> <li>State standards, benchmarks, requirements, etc. that are relevant to sexual health education</li> <li>What are the relevant state level requirements?</li> <li>How were they addressed?</li> <li>Local level requirements that are relevant to sexual health education</li> <li>What are the relevant local requirements?</li> <li>National education and health standards considered? (e.g., National Health Education Standards)</li> <li>How were they addressed?</li> <li>Did the committee use a systematic tool to help identify key health education standards, benchmarks, and requirements? (e.g., CDC/DASH's Health Education Curriculum Analysis Tool [HECAT])?</li> <li>If yes, which tool did they use?</li> </ul>	

-Step process for sexual health education S development <sup>2</sup>	Questions and prompts	Responses and comments
<b>3.</b> Clarify sexual health priorities by using local, state, and national health data on youth sexual health-related behaviors, including HIV, STD, or pregnancy rates and sexual risk-taking behaviors among school-aged youth.	Did the committee have a comprehensive understanding of their local needs?	
	<ul> <li>What is/was the process for identifying and selecting the data source(s)? Who was involved in this process?</li> </ul>	
	Did the committee review data on youth sexual health?	
	<ul><li>What data source(s) did they use?</li></ul>	
	<ul><li>How did the group select data source(s)?</li></ul>	
	<ul><li>How current is the data?</li></ul>	
	<ul> <li>How "local" is the data? (e.g., can it be logically/reasonably applied to their students?)</li> </ul>	
	<ul> <li>Do their students express or face any unique health concerns in particular? What are they?</li> </ul>	
	<ul> <li>Are there any subgroups of youth in particular need?</li> </ul>	
	Did the committee consider community culture, values, or norms?	
	<ul> <li>Did the committee have a comprehensive understanding of community support and concerns about sexual health education in schools?</li> </ul>	
	<ul> <li>Was the group able to use or leverage any of the community's support for sexual health education? If so, how was that done?</li> </ul>	
	<ul> <li>How did the group address existing concerns?</li> </ul>	
	<ul> <li>Does the scope &amp; sequence consider the health supports and concerns of the surrounding community?</li> </ul>	
	<ul><li>concerns?</li><li>Does the scope &amp; sequence consider the health supports and concerns of the</li></ul>	

11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments
4. Determine the general amount of instructional time available to teach sexual health education and at which grade levels.	<ul> <li>Did the committee understand the practical limitations of the [district, school]?</li> <li>During which grade levels will sexual health education be covered?</li> <li>How much instructional time per grade level is allotted for sexual health education specifically?</li> </ul>	

11-Step process for sexual health education S&S development <sup>2</sup>
5. Select and prioritize the healthy behavior outcomes (HBOs) related to sexual health. Use existing health education standards and benchmarks, local-level sexual health requirements, and priorities established through local data to inform your process.  Decide which HBOs will be addressed at each grade level.  Depending on how much time is allotted for sexual health education, it may not be realistic to address every HBO at every grade level.

11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments
6. Identify the sexual health knowledge expectations that are essential to be learned by students to meet the objectives of the selected HBOs.  The knowledge expectations should specify what students should know relevant to each of the key health topics and should be aligned with standards or benchmarks and health behavior outcomes (HBOs).  Identify any sexual health concepts that are taught as part of another school course (e.g., family and consumer sciences, biology) and determine if these courses provide sufficient coverage of a concept to warrant removal of that concept from the list of expectations for health education.	<ul> <li>What did the committee identify as appropriate knowledge expectations to cover?</li> <li>Do the knowledge expectations directly support the desired behavioral outcomes?</li> <li>Are the knowledge expectations aligned with standards or benchmarks?</li> <li>Are all knowledge expectations considered functional information for students?</li> <li>Does the number of knowledge expectations seem appropriate given available instructional time?</li> <li>Are these knowledge expectations adequately covered in other courses in the curriculum (e.g., biology)?</li> <li>If so, did the group consider other knowledge points that could be covered instead?</li> </ul>	

11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments
7. Decide on the 1-2 skills that should be taught in sexual health at each grade group.  It is important to remember that it takes significant time to teach a health skill, like decision making or communication; therefore, it is unrealistic to teach every skill in every health content area in every grade.  Review the sexual health skill expectations for each grade level span to help determine which skills will best support the selected HBOs for each grade level span.	<ul> <li>Did the committee identify a small number of skills that would help students achieve the behavioral outcomes?</li> <li>Do the skills directly support the desired outcomes? (e.g., refusal skills for delaying sex; communication skills for condom use)</li> <li>Are the skill expectations aligned with standards or benchmarks?</li> <li>Did the number of skills seem appropriate given available instructional time?</li> <li>Are these skills adequately covered in other courses in the curriculum (e.g., biology)?</li> <li>If so, did the committee consider other skills that could be covered instead?</li> </ul>	

11-Step process for sexual health education 6&S development <sup>2</sup>	Questions and prompts	Responses and comments
3. Review the amount of instructional time available to teach sexual health education and revise the scope and sequence to ensure complete coverage of priority content.  Allow sufficient time for each knowledge and skill expectation to be introduced, reinforced, and mastered; for students to successfully develop the breadth and depth of knowledge of all sexual health education concepts; and for students to demonstrate appropriate skills.  If it is determined that too many knowledge or skill expectations were selected for each grade level span, it may be necessary to remove some of them, so teachers have adequate time to teach the essential knowledge and skill expectations well.	<ul> <li>Did the committee review the S&amp;S to confirm that there would be adequate instructional time?</li> <li>Did this include adequate time for teachers to cover essential concepts?</li> <li>Did this include adequate time for students to integrate learning, including in-classroom exercises and practice of skills? (e.g., did they build in time for interactive exercises like role plays?)</li> <li>Did this include adequate time for evaluation of student learning objective (using various assessment strategies)?</li> <li>Did they allow for instructional time in which teachers can use the suggested 6-step process for teaching skills?</li> <li>Discuss the importance of the skill, its relevance, and relationship to other learned skills.</li> <li>Present steps for developing the skill.</li> <li>Model the skill.</li> <li>Provide opportunities to practice and rehearse the skill with monitoring and feedback.</li> <li>Facilitate discussion about experience of using the skill.</li> <li>Provide skill reinforcement with opportunities for independent practice outside of the classroom.</li> <li>If there was not enough instructional time, did the committee revise the S&amp;S, following the same systematic process above?</li> </ul>	

11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments
<b>9.</b> Review and validate the scope and sequence with all key stakeholders.	Did the committee review the knowledge and skill expectations to confirm?	
Ensure that all skills build progressively on one another and that students will have sufficient time and opportunity to successfully develop skills relevant to all essential concepts across topics and grade levels.	<ul> <li>Topics are ordered in a logical learning progression</li> </ul>	
	<ul> <li>The overall content meets all national, state, and/or local benchmarks, standards, or requirements?</li> </ul>	
Ensure that the specified HBOs and the knowledge and skill expectations to be learned at each grade are appropriate and meet the needs and maturity level of the students, as well as the needs of the community and school district.	<ul> <li>The overall content is matched to identified student health needs? Any other local needs?</li> </ul>	
	<ul> <li>The overall content fits within the practical limitations of the [district, school]?</li> </ul>	
	Did the committee revise accordingly if any of the knowledge and skills were not met?	
	Did the committee review the S&S document with key stakeholders such as:	
	<ul><li>School board members?</li></ul>	
	<ul> <li>School-level administrators/school-based decision-making teams?</li> </ul>	
	<ul><li>School health advisory councils?</li></ul>	
	<ul><li>Teachers/instructional staff?</li></ul>	
	<ul><li>Parents and other community members?</li></ul>	
	If there were suggestions or concerns from key stakeholders, how were they addressed?	

11-Step process for sexual health education S&S development <sup>2</sup>	Questions and prompts	Responses and comments
11. Establish a plan to help teachers implement the scope and sequence and related curriculum materials and disseminate the scope and sequence to all teachers who are teaching	Did the committee create a written scope & sequence document/chart/table?	
	<ul> <li>Where is it located? Is it accessible to health education staff?</li> </ul>	
sexual health.	<ul> <li>Did they share the scope and sequence with teachers?</li> </ul>	
	<ul> <li>Does the written copy have a footnote to indicate the last time it was reviewed?</li> </ul>	
	<ul> <li>Does the written copy have a footnote to indicate where it is available electronically?</li> </ul>	
	Did the committee develop a plan for informing teachers about the scope and sequence?	
	<ul> <li>Did they explain the reasoning behind the scope and sequence to teachers?</li> </ul>	
	<ul> <li>How did they do so? (e.g., in-person meeting, webinar)</li> </ul>	
	<ul> <li>Was there any follow-up with teachers to make sure they understood?</li> </ul>	