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## Improving Sexuality Education: The Development of Teacher-Preparation Standards

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GENERAL ARTICLE

# Improving Sexuality Education: The Development of Teacher-Preparation Standards\*

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## ABSTRACT

**BACKGROUND:** Teaching sexuality education to support young people's sexual development and overall sexual health is both needed and supported. Data continue to highlight the high rates of teen pregnancy, sexually transmitted disease, including human immunodeficiency virus (HIV) infections, among young people in the United States as well as the overwhelming public support for sexuality education instruction. In support of the implementation of the National Sexuality Education Standards, the current effort focuses on better preparing teachers to deliver sexuality education.

**METHODS:** An expert panel was convened by the Future of Sex Education Initiative to develop teacher-preparation standards for sexuality education. Their task was to develop standards and indicators that addressed the unique elements intrinsic to sexuality education instruction.

**RESULTS:** Seven standards and associated indicators were developed that address professional disposition, diversity and equity, content knowledge, legal and professional ethics, planning, implementation, and assessment.

**CONCLUSIONS:** The *National Teacher-Preparation Standards for Sexuality Education* represent an unprecedented unified effort to enable prospective health education teachers to become competent in teaching methodology, theory, practice of pedagogy, content, and skills, specific to sexuality education. Higher education will play a key role in ensuring the success of these standards.

**Keywords:** adolescent sexual health; National Sexuality Education Standards; sexuality education; teacher education.

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As early as the 1970s, health-education professional organizations identified generic responsibilities and competencies of health educators. Over the ensuing decades, the American Association for Health Education (AAHE) released and updated these professional standards for teacher preparation. In 2005, AAHE revised the Professional Standards for Health Education Teacher Preparation that became the basis for many health education professional programs.<sup>1</sup>

While these standards sufficiently address most of the competencies expected of health education teachers, they fail to reflect the unique preparation required of teacher candidates who will teach sexuality education in schools. The *National Teacher-Preparation Standards for Sexuality Education* directly align with the Professional Standards for Health Education Teacher Preparation; however, these standards aim to address what is unique about teaching sexuality education.

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In addition, these standards provide guidance to institutions of higher education to create more robust and effective course content to better prepare undergraduate students pursuing careers in teaching health education.

## TEACHER PREPARATION

Well-prepared teachers are the key to effective sexuality instruction. Research indicates that teachers of sexuality may face barriers such as restrictive policies or concern about student, parent, or administrator response.<sup>2</sup> Moreover, they need to be able to assess students' relevant needs and assets, design activities that meet these needs, and deliver content consistent with community values. They must create a safe learning environment and foster student comfort in discussing sensitive topics.<sup>3-5</sup>

When investigating teacher-preparation program requirements, Eisenberg, Madsen, Oliphant, Sieving, and Resnick<sup>6</sup> found that only 61% of colleges and universities require sexuality education courses for health education certification, and nearly one third of teachers responsible for sexuality education report receiving no pre-service or in-service training in this area.<sup>6</sup> In *Pre-Service Teacher Training for School-Based Sexuality Educators: An Exploratory Study* (unpublished data, 2013), Heitel, Ike, and Schroeder reported that little change has occurred: 57% of higher-education institutions with school health programs reported that they did not require sexuality courses, content, or teaching methodology for pre-service students. Among the 41% of institutions that did have a pre-service teacher requirement, the majority (77%) required a human sexuality survey course. While the survey courses covered a range of sexuality-related topics, a few courses did so in-depth or addressed pedagogy.

Research indicates that a consequence of little to no pre-service training is that teachers typically avoid teaching subjects that they consider controversial, despite their belief that it is important for sexuality curricula to cover a variety of topics. Educators most commonly reported excluding such topics as condom use and other contraceptive options, reproductive health services access, pregnancy options, sexual orientation, and sexual violence from their teaching. Their most common reasons for not addressing these topics were structural barriers, concerns about potential parent, administrator, and student responses, and perceived restrictive policies.<sup>2,6</sup> Research suggests that teacher training can influence educators' knowledge and perceptions about the importance of teaching health as well as their comfort level, intentions for teaching in the discipline, and actions for implementing sexuality education.<sup>7-14</sup> In fact, teacher training is the most significant indicator in

determining the comprehensiveness of the sexuality education instruction and the number of sexuality topics taught within any curriculum.<sup>9</sup>

## WHY SEXUALITY EDUCATION: NEED, POTENTIAL, AND OPPORTUNITY

There is a documented need for and benefits to implementing comprehensive sexuality education to improve student health and academic outcomes. Currently, 65% of 12th-grade US students report having had sexual intercourse and almost 34% report being currently sexually active.<sup>15</sup> Specifically, approximately 17% of high school students (~1 in 6) has had sexual intercourse with 4 or more persons, nearly 40% did not use a condom during last sexual intercourse, and more than 1 in 5 consumed alcohol or other drugs before last sexual intercourse.<sup>15</sup> Engaging in sexual intercourse with multiple partners, and doing so without using protection, and/or using alcohol or other drugs puts a young person at significant risk for an unplanned pregnancy and/or sexually transmitted infections (STIs), as well as other, less obvious consequences, such as emotional distress. Fortunately, research has shown that sexuality education and STI/human immunodeficiency virus (HIV) infection-prevention programs can improve health by delaying first sexual intercourse, reducing frequency of sexual intercourse, reducing the number of sexual partners, and/or increasing condom and other contraceptive use during intercourse.<sup>16-19</sup>

In addition to improving sexual health, sexuality education may improve student academic performance. The Centers for Disease Control and Prevention (CDC) link student health behaviors and academic success. While the CDC conclusions do not prove causation, they do show the connection between academic success and health outcomes of young people.<sup>20</sup> Furthermore, schools and classrooms are known sources of valid and reliable information for youth, and sex education delivered in schools has an impact on student knowledge, skills, and behaviors, including reducing risky sexual health behaviors.<sup>21</sup>

The need for and potential opportunity to address student sexual health in schools underscores the importance of effective sexuality education instruction. Establishing national standards and indicators for teacher candidates in sexuality education will improve the quality of sexuality education delivered in schools and impact the health and academic outcomes of youth.<sup>6,22</sup>

## SEXUALITY EDUCATION POLICIES AND PUBLIC SUPPORT

The long, complicated history of delivering sexuality education in US schools has resulted in a lack of uniformity in program content and approaches as

well as the terminology used to describe it, including sex education, family life or family living education, comprehensive sexuality education, or relationship education.<sup>23</sup> Varying state- and district-level sexuality education policies reflect this inconsistency. Twenty-two states and the District of Columbia (DC) currently have mandates for sexuality education, whereas 33 states require the provision of HIV education. Twenty-five states have policies stating that all sexuality education must stress abstinence, and 12 other states require that abstinence be covered. Eighteen states plus DC require that sexuality education include information on contraception, and 19 states require that HIV education include information on condoms and contraception. Twelve states require the discussion of sexual orientation (9 requiring that discussion be inclusive and 3 that only negative information be included); 26 states and DC require the provision of information about skills for healthy sexuality (including avoiding coerced sex), healthy decision-making, and family communication; and 37 states and DC require school districts to involve parents in students' sexuality education.<sup>24</sup>

Variation of policies both reflects and results in a range of sexuality education approaches that fall into 3 categories. The first 2, abstinence-only and abstinence-based education, concentrate almost exclusively on pregnancy and sexually transmitted disease (STD)/HIV prevention. Abstinence-only (sometimes referred to as "abstinence-only-until-marriage") does this by teaching young people to abstain from or postpone sexual intercourse. Focused entirely on preventing risky behaviors, the abstinence-only approach does not include information about contraception or condoms, other than to discuss failure rates, and has been shown to be ineffective.<sup>25,26</sup> They also exclude information about abortion, safer sex, and related topics.<sup>27</sup> The second approach, abstinence-based (sometimes referred to as "abstinence-plus"), stresses abstinence but is notably different from abstinence-only programs in its inclusion of instruction about contraception and safer sex. Its aim is to reduce sexual behaviors that can put youth at risk for pregnancy or disease by using a disease-prevention or harm-reduction approach. The third approach, comprehensive sexuality education, takes a positive view of healthy sexuality that includes, but is broader than, pregnancy and disease prevention and employs a health promotion and human development approach. Comprehensive sexuality education programs address a range of issues, including growth and development, gender roles and stereotypes, sexual orientation and identity, critical thinking, media literacy, love, sexual attraction, communication, relationship skills, and parenting as well as contraception, safer sex, and abstinence.<sup>27</sup>

Despite the perceived controversy over sexuality education, research consistently shows that the public

overwhelmingly supports sexuality education in public schools that includes information about abstinence as well as contraception and safer sex, but extends to other topics sometimes considered to be more controversial.<sup>28,29,30</sup> Strong support for such programs, typical of an abstinence-based or comprehensive sexuality education, has been repeatedly documented at the local, state, and national levels.<sup>3,31-36</sup> A statewide assessment of Florida parents' attitudes toward sexuality education uniquely documented support for age-appropriate content at the elementary level in addition to middle and high school levels.<sup>38</sup>

The medical and public health communities, including national organizations such as the American Academy of Pediatrics, American Medical Association, American Psychological Association, and American Public Health Association, also support a more comprehensive approach to sexuality education.<sup>39-42</sup> In addition, 8 specific religious denominations have policies that support sexuality education in public schools.<sup>43</sup>

To address the inconsistent implementation of sexuality education in schools throughout the United States, 3 national organizations—Advocates for Youth, Answer, and the Sexuality Information and Education Council of the United States (SIECUS)—created the Future of Sexuality Education (FoSE) Initiative in 2007 to "create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools."<sup>22</sup> Following the completion of a strategic plan that engaged leaders in the fields of health education, sexuality education, public health, public policy, philanthropy, and advocacy, 2 key strategic priorities emerged: (1) the development of national sexuality education standards to advance the implementation of sexuality education in public schools; and (2) the development of teacher-preparation standards to help teachers implement the standards.

In January 2012, the National Sexuality Education Standards, Core Content and Skills, K-12 (NSES) were released in a supplemental publication to the *Journal of School Health*.<sup>22</sup> The NSES set forth the minimum, essential sexuality education core content and skills that are responsive to and in service of students' overall academic achievement and sexual health. The standards include 7 topic areas: anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, STDs and HIV, healthy relationships, and personal safety.<sup>22</sup>

#### **THE CURRENT INITIATIVE: DEVELOPING NATIONAL GUIDELINES**

In support of the implementation of the National Sexuality Education Standards and to advance the consistency and quality of teacher preparation, 10



leaders in the fields of health education, teacher preparation, and sexuality education representing higher education institutions, state departments of education, and national organizations and associations, as well as governmental agencies were invited to serve on the Teacher-Preparation Standards for Sexuality Education Advisory Committee.

While this advisory committee and FoSE partners recognize the need for core competencies among practicing teachers of sexuality education, the goal was to write standards specifically for faculty in teacher-preparation programs, focusing on the pre-service teacher for each standard and indicator. FoSE partners developed draft standards from which the committee began its work. These standards were based on a literature review and analysis of the AAHE/National Council for Accreditation in Teacher Education (NCATE) Health Education Teacher-Preparation Standards, the Interstate Teacher Assessment and Support Consortium (InTASC) Standards, National Board for Professional Teaching Standards, Core Competencies for Adolescent Sexual and Reproductive Health, Family Life and Sexual Health (FLASH) Sexual Health Guidelines, and state professional standards, to name a few.

The work resulted in 7 standards addressing 4 factors that are unique to sexuality education (professional disposition, diversity and equity, content knowledge, and legal and professional ethics) as well as 3 that, while not as unique to sexuality education, still require specific prerequisite knowledge, careful consideration, adaptation, and planning that may be atypical in comparison with teaching other health education core concepts (planning, implementation, and assessment).

Committee members developed and revised indicators for each standard using a rotational Delphi technique. In applying this technique, subpanels produced indicator drafts with rotations through additional subpanels for review and feedback until consensus was reached. A FoSE partner facilitated the modified Delphi process and revised draft standards for consensus among the advisory committee members and other FoSE partners. Final revisions were made after the advisory committee submitted its last round of feedback. Collectively, these experts developed the standards and indicators (see Appendices 1 and 2), entitled the *National Teacher-Preparation Standards for Sexuality Education*. These standards should guide curriculum, instruction, and assessment decisions in teacher-preparation programs serving candidates who will be responsible for teaching sexuality education. Additionally, they may help guide the development of new policies, or the revision of existing policies regarding sexuality education at the district or state level.

## IMPLICATIONS FOR SCHOOL HEALTH

The *National Teacher-Preparation Standards for Sexuality Education* represent an unprecedented unified effort to enable prospective health education teachers to become competent in teaching methods, theory, the practice of pedagogy, content, and skills, specifically within sexuality education. Higher education will play a key role in ensuring the success of these standards. This section details an action agenda for several tasks related to the implementation of The *National Teacher-Preparation Standards for Sexuality Education* in health education teacher-preparation programs.<sup>42-47,7</sup>

Task #1: Create awareness and dialogue about the need for the *National Teacher-Preparation Standards for Sexuality Education* in teacher education.

- Engage administrators and faculty who are responsible for teacher-preparation programs in health education and combined health and physical education—both in methodology, theory, and practice as well as health education content and skills-related courses—in a dialogue to increase awareness of the new standards.
- Open a dialogue between program chairs and faculty to review the standards and discuss the importance and need for integrating them into the existing curriculum. The dialogue will need to bring together chairs and faculty from a variety of schools, departments, and programs—for example the school of education's teacher preparation, health education, and health/physical education programs.
- Extend the dialogue and create awareness about the Standards with local educators. This may include school faculty and others responsible for teaching health education, especially sexuality education, teachers who are serving as mentor teachers, supervisors of student teachers, and those offering practicum experiences for prospective health education teachers. Take the opportunity to learn from practicing teachers how the professional preparation courses for future and practicing teachers can better address the standards.

Task #2: Align the teacher-preparation curriculum with the *National Teacher-Preparation Standards for Sexuality Education*.

- Adapt health education- and sexuality education-related courses, revise curricula, and develop new courses as necessary. This will require a cross-curriculum, cross-discipline review of the coursework currently required for completion of the professional preparation of health educators. Appendix 1, "Assessing the Application of

the National Teacher-Preparation Standards for Sexuality Education in a Professional Preparation Program,” provides a template for guiding the curriculum review process. The purpose of this assessment is to determine how well the health education or physical education curriculum addresses the National Teacher-Preparation Standards for Sexuality Education in the Professional Preparation Program. This process is a team effort that compels all faculty involved in the professional-preparation program to participate, including those with direct involvement (eg faculty for the health education teaching credential) and indirect involvement (eg faculty of such courses as human psychology, sociology, and physiology).

Task #3: Review and revise curricula to fully meet the *National Teacher-Preparation Standards for Sexuality Education*.

- Revise curricula, professional preparation coursework and experiences (eg portfolios), and work in partnership with local districts offering student-teaching experiences, as needed.

Task #4: Implement the revised curricula that integrate the *National Teacher-Preparation Standards for Sexuality Education* and educate prospective teachers.

- Assess the implementation progress of the Standards throughout the teacher-preparation curriculum and in the student teaching, mentorship, internship, and/or field experiences.

Task #5: Offer professional development on the *National Teacher-Preparation Standards for Sexuality Education* to local middle- and high-school practicing health education teachers.

- Provide opportunities to develop the skills of practicing teachers.

Task #6: Develop a series of lessons that define, describe, and suggest applications of the *National Teacher-Preparation Standards for Sexuality Education*.

- Use these lessons in an introductory or pre-service course or courses in the professional teacher-preparation program in health education. Each lesson might address one standard and provide examples, modeling student practice and feedback.

Task #7: Educate other professional-preparation faculty about the importance of sexuality education in the preparation of teachers (eg a professional

development opportunity) and the *National Teacher-Preparation Standards for Sexuality Education*.

- Create a slide presentation or video for use with faculty and/or participants at local or regional professional conferences. Make the presentation available via a university website. Use the standards to provide documentation about the need and importance of sexuality education should it be challenged and risk elimination from state mandates; from health education standards, regulations or guidelines; or from a local school district’s curriculum.

This agenda sets forth an ambitious role for higher education and teacher-preparation programs in health education to collaborate with school partners and other stakeholders to effectively implement the *National Teacher-Preparation Standards of Sexuality Education*. A successful undertaking of the tasks previously outlined requires mutual understanding and a long-term commitment among all partners and stakeholders. Higher education institutions should assume a leadership role into stewarding the action and enabling collaboration to ensure that the *National Teacher-Preparation Standards for Sexuality Education* become an integral component of the professional preparation of health educators. Such collaborative action has the potential to change sexuality education for the improvement of our nation’s students and schools.<sup>44,48</sup>

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## Appendix 1. Assessing the Application of the *National Teacher Professional Preparation Standards for Sexuality Education*

### **Overview:**

This assessment tool is designed for use by administrators, faculty, and instructors in institutions of higher education (IHE) who are responsible for professional teacher-preparation programs in health education and health education/physical education. The *National Teacher Preparation Standards for Sexuality Education* (referred to as “Standards” and “Indicators”) in this document are intended to be used with upper-division undergraduate, pre-service courses that focus on health education curricula and instruction, and in graduate-level health education courses. The purpose of this assessment is to determine how well your curriculum addresses the *Standards* in your Professional Preparation Program.

### **By committee:**

This assessment should be completed by a committee comprised of faculty and administrators responsible for the instruction in professional preparation courses in teaching and health education, including human sexuality; it should not be scored by one individual. A single score will be determined by consensus of the committee (those specifically responsible for the course content or skills related to the standards and indicators) for each indicator per related course.

### **Outcomes of this assessment:**

Several outcomes may be generated from this exercise. The degree to which the standard is being met should become obvious upon review of the scores for each indicator. The committee may want to review the course curriculum, consider the faculty expertise for teaching the curriculum, and modify the curriculum to address certain standards and specific indicators, among other actions. An action plan for modifying the program may be a next step in processing decisions to integrate these standards into the program.

### **Steps in completing this assessment:**

- (1) Select a committee comprised of faculty and administrators who are responsible for the professional preparation of health education teachers. Consider representatives from Schools of Education, Health/Health Science/Public Health and Human Sexuality, and other disciplines.
- (2) Select a leader for the committee.
- (3) Delegate committee members to assess standards and indicators that are best aligned with courses they teach and where these standards may be found.
- (4) Subcommittees may be formed among faculty members who are responsible for one or more of the course(s) that are the most well-matched or suited for implementation of the standard.
- (5) The committee will identify each course that is aligned with the standards. The program/school and course number should be entered in the top row (diagonally).
- (6) Using the scoring rubric, the committee or subcommittee should determine the level or degree to which the standard is being met.
- (7) Once the assessment is complete, the committee should regroup to review the results, determine next steps, and, if needed, complete an Action Plan. The plan will identify the specific task, those responsible, and the steps to be taken along with a timeline. A reporting mechanism to discuss progress and hold members accountable will be needed.

***National Teacher Professional Preparation Standards for Sexuality Education:  
Assessment of Courses Implementing Indicators***

**Purpose:** The purpose of this tool is to inform faculty and administrators about the extent to which standards and indicators are currently being met.

**Directions:** This form (pages 1-3) should be completed by a committee of administrators (program directors or coordinators), faculty, and those familiar with the professional preparation of health education, and faculty from related disciplines who teach required courses in the professional preparation or teacher credential program in sexuality education. Only faculty who can inform if and to what degree these standards are met in coursework and practicum/internship/student teaching at the undergraduate and graduate levels should participate in this assessment.

- Make copies(pages 1-3) for department faculty to work together on the analysis of their sexuality education–related courses.
- On the first page, write the school, department, program, and names of the faculty team members.
- List all relevant courses by number and title.
- On page 2, insert the school, department, and program in the top row. In the columns below, insert the course number (“C# \_\_\_\_\_”).
- Use the *Standards* and relevant indicators (left column) to determine the course/practicum for which the indicator is not met, partially met, or fully met.\*
- Total the sum for each standard and list in the right column.
- Write in additional standards that are related to the professional preparation standards for teaching sexuality education. Use the same scoring rubric.

**Scoring rubric:**

**2:** The indicator is fully met, students document learning and skills related to this indicator.

**1:** The indicator is partially met, students document limited or some learning and skills related to this indicator.

**0:** The indicator is not met.

*\*Note:* The degree to which the standard is met will be determined by the scoring of the indicators related to each standard. However, consider that a 0 for one indicator and a 2 for another indicator should not be inferred that the program is partially meeting the standard. All indicators must be at least partially met to judge that a standard is being at least minimally met.

*National Teacher Preparation Standards for Sexuality Education*  
**School, Department, Program Representatives and Courses Identification**  
(page 1 of 3)

**Directions: Please fill in the following information:**

**School:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Faculty representatives and related course numbers he/she is responsible for teaching:**

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Course Nos.** \_\_\_\_\_

**Write the course number and corresponding title below:**

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

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**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_

**Course #** \_\_\_\_\_. **Title:** \_\_\_\_\_



**National Teacher Professional Preparation Standards for Sexuality Education: Course Assessment**  
(page 2 of 3)

Standards & Indicators	School: _____ Dept: _____												
	Program: _____												
	C# _____			C# _____			C# _____			C# _____			Total 1
<b>Successful Teacher Candidates will:</b>	2	1	0	2	1	0	2	1	0	2	1	0	
<b>1. PROFESSIONAL DISPOSITION: Demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education.</b>													
1.1 Demonstrate the ability to teach in ways that communicate that sexual development is an inherent part of child and adolescent development.													
1.2 Describe the importance of sexuality education as an integral part of K-12 health education.													
1.3 Demonstrate awareness of their own personal values, beliefs, biases, and experiences related to sexuality education.													
1.4 Demonstrate how their personal values, beliefs, biases, and experiences can influence the way they teach sexuality education.													
1.5 Model self-efficacy to teach sexuality education in age- and developmentally-appropriate ways													
1.6 Select their own continuing professional development needs relating to school-based sexuality education.													
<b>2. DIVERSITY AND EQUITY: Show respect for individual, family and cultural characteristics and experiences that may influence student learning about sexuality.</b>													
2.1 Demonstrate the ability to create a safe and inclusive classroom environment for all students.													
2.2 Describe how students' diverse backgrounds and experiences may affect students' personal beliefs, values, and knowledge about sexuality.													
2.3 Demonstrate the ability to select or adapt sexuality education materials that both reflect the range of characteristics of the students and community and respect the visible and invisible diversities that exist in every classroom.													

<b>3. CONTENT KNOWLEDGE: Have accurate knowledge of the biological, emotional and social aspects of human sexuality and the laws relating to sexuality and youth.</b>													
<b>3.1</b> Describe accurate and current content, as reflected in the <i>National Sexuality Education Standards</i> , in the following topic areas:													
a. anatomy and physiology;													
b. puberty and adolescent development;													
c. sexual orientation and gender identity and expression;													
d. pregnancy and reproduction;													
e. sexually transmitted diseases and HIV;													
f. healthy relationships; and													
g. personal safety.													
<b>3.2</b> Explain the stages of child and adolescent sexual development including cognitive, physical, and emotional changes.													
<b>3.3</b> Describe at least three health behavior theories relevant to sexual health promotion.													
<b>3.4</b> Describe current federal and state laws relating to sexuality that have an impact on youth.													
<b>3.5</b> Demonstrate the ability to identify accurate and reliable sources of information to keep their own sexuality related content knowledge current and relevant.													
<b>3.6</b> Demonstrate the ability to identify valid and reliable sexual health information, health products, and community services relevant to students.													

**National Teacher Professional Preparation Standards for Sexuality Education: Course Assessment**  
(page 3 of 3)

<i>Standards &amp; Indicators, continued</i>	School: _____ Dept: _____												
	Program: _____												
	C#			C#			C#			C#			Total
<b>Successful Teacher Candidates will:</b>	2	1	0	2	1	0	2	1	0	2	1	0	
<b>4. LEGAL AND PROFESSIONAL ETHICS: Make decisions based on applicable federal, state and local laws, regulations and policies as well as professional ethics.</b>													
4.1 Explain how to determine relevant state and school district reporting laws and procedures relating to student disclosure regarding sexual abuse, incest, dating violence, and other associated sexual health issues.													
4.2 Explain the policies and ethics associated with student confidentiality relating to sexuality and sexual health issues.													
4.3 Describe when and from whom to seek guidance on sexuality related ethical/legal matters when there is no policy or the policy is unclear.													
4.4 Differentiate between professional and unprofessional conduct with students, both in and outside of the classroom and school.													
<b>5. PLANNING: Plan developmentally and age- and developmentally-appropriate sexuality education that is aligned with standards, policies and laws and reflects the diversity of the community.</b>													
5.1 Apply learning and behavioral theories to sexuality education lesson planning.													
5.2 Apply state and/or district laws, policies, and standards to select and adapt curriculum content that is appropriate and permissible for a district.													
5.3 Identify appropriate resources and policies to guide instructional planning.													
5.4 Plan effective strategies to teach sexuality education in the cognitive, affective, and behavioral learning domains.													
5.5 Plan developmentally and age-appropriate sexuality education instruction.													

<b>6. IMPLEMENTATION: Use a variety of effective strategies to teach sexuality education.</b>												
6.1 Demonstrate strategies for creating a safe, respectful learning environment that fosters open discussion about a wide range of sexuality related topics.												
6.2 Demonstrate effective classroom management skills specific to sexuality education.												
6.3 Convey accurate and developmentally appropriate information about sexuality.												
6.4 Engage learners using realistic and relevant situations relating to sexuality education.												
<b>7. ASSESSMENT: Implement effective strategies to assess student knowledge, attitudes and skills in order to improve sexuality education instruction.</b>												
7.1 Use multiple strategies to assess knowledge, skills, and attitudes about sexuality that are measureable, observable, and aligned with learning objectives.												
7.2 Analyze assessment results and determine any necessary changes for future sexuality education instruction.												
7.3 Apply assessment results to the continuous improvement of their sexuality education instruction.												



## APPENDIX 2. NATIONAL TEACHER PREPARATION STANDARDS FOR SEXUALITY EDUCATION

### Future of Sex Education Initiative

#### NATIONAL TEACHER PREPARATION STANDARDS FOR SEXUALITY EDUCATION ADVISORY COMMITTEE

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#### INTRODUCTION

The *National Teacher Preparation Standards for Sexuality Education* were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

The development of the *Teacher Preparation Standards* are part of the ongoing Future of Sex Education (FoSE) Initiative, which has as its goal that every young person in public school has high quality, comprehensive sexuality education that is developmentally-, culturally- and age-appropriate.

In the United States, sexuality education is most commonly taught within the health and/or physical education (PE) curriculum at the middle and high school levels. In the elementary grades, individual classroom teachers teach health in addition to every other subject area. So while the overall FoSE initiative is focused on instruction in grades K through 12, the *Teacher Preparation Standards* focus specifically on preparation programs that train health and PE teachers most likely to be teaching in middle and high school.

## ABOUT THE STANDARDS

There are seven standards in total:

### Standard 1: Professional Disposition

Teacher candidates demonstrate comfort with, commitment to, and self-efficacy in teaching sexuality education.

### Standard 2: Diversity and Equity

Teacher candidates show respect for individual, family, and cultural characteristics and experiences that may influence student learning about sexuality.

### Standard 3: Content Knowledge

Teacher candidates have accurate and current knowledge of the biological, emotional, social, and legal aspects of human sexuality.

### Standard 4: Legal and Professional Ethics

Teacher candidates make decisions based on applicable federal, state and local laws, regulations and policies, as well as professional ethics.

### Standard 5: Planning

Teacher candidates plan age- and developmentally-appropriate sexuality education that is aligned with standards, policies and laws and reflects the diversity of the community.

### Standard 6: Implementation

Teacher candidates use a variety of effective strategies to teach sexuality education.

### Standard 7: Assessment

Teacher candidates implement effective strategies to assess student knowledge, attitudes and skills in order to improve sexuality education instruction.

*Each of the Teacher Preparation Standards is presented below along with a rationale, set of indicators and examples.*

## TEACHER PREPARATION STANDARDS FOR SEXUALITY EDUCATION

### STANDARD 1: PROFESSIONAL DISPOSITION

**Teacher candidates demonstrate comfort with, commitment to, and self-efficacy in teaching sexuality education.**

Research shows that comfort with and commitment to sexuality education has a direct impact on teaching ability. Well-prepared teachers need to first and foremost appreciate the value of sexuality education and believe it is important for young people to have access to the information and skills they need to make healthy decisions. Research demonstrates that it is imperative that teachers demonstrate comfort with, commitment to, and self-efficacy in teaching sexuality education. Teachers without these qualities should not teach this topic.

### INDICATORS

Successful teacher candidates will:

1.1 Demonstrate the ability to teach in ways that communicate that sexual development is an inherent part of child and adolescent development.

1.2 Describe the importance of sexuality education as an integral part of K-12 health education.

1.3 Demonstrate awareness of their own personal values, beliefs, and experiences related to sexuality education.

1.4 Demonstrate how their personal values, beliefs, biases, and experiences can influence the way they teach sexuality education.

1.5 Model self-efficacy to teach sexuality education in age- and developmentally-appropriate ways.

1.6 Select their own continuing professional development needs relating to school-based sexuality education.

### EXAMPLES:

*In a health class, a teacher is required to cover the topics of condoms and contraception as part of the sexual health unit. He believes that students at this age should not be having sex, but refrains from expressing his personal views to ensure that students receive factual information about condoms and contraception and to fulfill his district's content requirements.*

-----  
*A teacher introduces a puberty lesson to a middle school class. When showing an image of male and female genitals, the classroom erupts in laughter and students shift in their seats, making jokes and blushing. The teacher calmly acknowledges the discomfort and moves on purposefully to teach the rest of the material in the lesson.*

## STANDARD 2: DIVERSITY AND EQUITY

**Teacher candidates show respect for individual, family, and cultural characteristics and experiences that may influence student learning about sexuality.**

There is tremendous diversity represented in US classrooms. Often, “diversity” refers to race, culture and ethnicity. Within sexuality education, however, there are other forms of diversity to consider as well, such as family structure (eg single parents, step parents, and teen parents); religious affiliation; social, emotional and physical developmental level; sexual orientation; gender identity and expression; sexual history; and relationship abuse. These visible and invisible diversities are present in every classroom and affect how students learn. Effective teachers are respectful of multiple dimensions of diversity and tailor instruction appropriately.

### INDICATORS

Successful teacher candidates will:

2.1 Demonstrate the ability to create a safe and inclusive classroom environment for all students.

2.2 Describe how students’ diverse backgrounds and experiences may affect students’ personal beliefs, values, and knowledge about sexuality.

2.3 Demonstrate the ability to select or adapt sexuality education materials that both reflect the range of characteristics of the students and community and respect the visible and invisible diversities that exist in every classroom.

### EXAMPLES:

*For a lesson on HIV, a teacher announces that she has invited an HIV-positive person from the community to talk to her class about what it is like to live with the virus. The teacher facilitates a discussion about the stigma and shame that can be related to HIV, the various ways in which someone can and cannot become infected with HIV and how stigma and shame can prevent people from getting tested.*

-----

*A health teacher is teaching about relationship issues. He uses language inclusive of lesbian, gay, and bisexual youth and includes scenarios involving same-sex couples for students to read and discuss as part of the lesson.*

## STANDARD 3: CONTENT KNOWLEDGE

**Teacher candidates have accurate knowledge of the biological, emotional, and social aspects of human sexuality and the laws relating to sexuality and youth.**

Many educators receive little or no professional preparation in sexuality education. This is highly

problematic, as human sexuality is a complex topic area. Sufficient and current knowledge of sexual development and the biological, emotional, and social aspects of sexuality is essential for the successful teaching of sexuality education. Effective sexuality education teachers, at a minimum, will have familiarity with all of the topic areas described in the *National Sexuality Education Standards, Core Content and Skills, K-12*.

In addition, effective sexuality education teachers will understand relevant federal and state laws specific to sexuality and youth (eg age of consent) and know the sexual health resources available to students in their community.

### INDICATORS

Successful teacher candidates will:

3.1 Describe accurate and current content, as reflected in the *National Sexuality Education Standards*, in the following topic areas:

- a. anatomy and physiology;
- b. puberty and adolescent development;
- c. sexual orientation and gender identity and expression;
- d. pregnancy and reproduction;
- e. sexually transmitted diseases (STDs) and HIV;
- f. healthy relationships; and
- g. personal safety.

3.2 Explain the stages of child and adolescent sexual development including cognitive, physical, and emotional changes.

3.3 Describe at least three health behavior theories relevant to sexual health promotion.

3.4 Describe current federal and state laws relating to sexuality that have an impact on youth.

3.5 Demonstrate the ability to identify accurate and reliable sources of information to keep their own sexuality-related content knowledge current and relevant.

3.6 Demonstrate the ability to identify valid and reliable sexual health information, health products, and community services relevant to students.

(Future of Sex Education Initiative. *National Sexuality Education Standards: Core Content and Skills, K-12*. (A special publication of the Journal of School Health.) Available at [www.futureofsexed.org/fosestandards.html](http://www.futureofsexed.org/fosestandards.html).)

### EXAMPLES:

*In a high school health class, some students raise questions about emergency contraception (EC). A few insist that only girls can obtain EC over the counter, and only if they are at least 21 years old. The teacher corrects the misinformation. He also tells students which web sites and other resources*

will give them medically- and legally-accurate information about EC.

-----

*A recent episode of a popular television show depicts a scenario in which a man is charged with statutory rape. The students are arguing about the accuracy of the show and whether or not laws exist that say how old one must be to consent to have sex. The teacher provides information about the law in their state.*

#### **STANDARD 4: LEGAL AND PROFESSIONAL ETHICS**

**Teacher candidates make decisions based on applicable federal, state, and local laws, regulations and policies as well as professional ethics.**

Teaching sexuality education can pose unique ethical and legal challenges for a teacher. This includes, but is not limited to, student disclosure or teacher suspicion of sexual abuse, incest, relationship abuse or other behaviors that threaten student health and well-being. Students may also disclose sexual activity, sexual orientation, gender identity, pregnancy or STD/HIV status, and more. In all instances, it is important for teachers to understand their professional obligations and adhere to state, federal, and district policies that pertain to confidentiality and reporting these types of disclosures.

Teachers also may be presented with situations in which the laws, policies, and/or regulations are unclear or lacking. Teachers need to have an ethical framework for decision-making about when to keep information confidential, when to make a referral, when to seek guidance within their school system, or when they should report a situation to law enforcement. In every instance, teachers should be knowledgeable about their school district policies and procedures and the resources that are available to them.

Finally, most states have a code of ethics for school professionals that describes how they should conduct themselves professionally in and out of the classroom. Teachers should be familiar with and follow these codes of ethics.

#### **INDICATORS**

Successful teacher candidates will:

4.1 Explain how to determine relevant state and school district reporting laws and procedures relating to student disclosure regarding sexual abuse, incest, dating violence, and other associated sexual health issues.

4.2 Explain the policies and ethics associated with student confidentiality relating to sexuality and sexual health issues.

4.3 Describe when and from whom to seek guidance on sexuality-related ethical/legal matters when there is no policy or the policy is unclear.

4.4 Differentiate between professional and unprofessional conduct with students, both in and outside of the classroom and school.

#### **EXAMPLES:**

*A student shares with her health teacher that she took a home pregnancy test and it was positive. Her teacher knows that while being pregnant is not something he is legally required to report to the student's parents, he seeks out guidance from his supervisor about how best to proceed.*

-----

*A middle school health teacher is approached after class by a student who asks, "If I tell you about something that happened to me, will you promise to keep it secret?" The teacher explains that she must report certain kinds of information by law, and the student says "Okay, then never mind," and walks away. The teacher feels unsure how to proceed, and consults with a supervisor, who suggests giving the student the contact information for a confidential adolescent help line.*

#### **STANDARD 5: PLANNING**

**Teacher candidates plan age- and developmentally-appropriate sexuality education that is aligned with standards, policies and laws and reflects the diversity of the community.**

There are numerous factors to consider when planning instruction in any subject area. Sexuality education, however, poses additional issues to consider given that some states have specific laws regarding what can and cannot be taught, what topics must be emphasized or how instruction should be delivered (eg same-gender classrooms). As such, it is especially important for teachers to plan lessons that meet state and local policies and standards, and to understand the process or protocol for getting these lessons approved.

It is also incumbent upon teachers to know what resources are available to them and are approved for use during the planning process. These include, but are not limited to: state and local policies, the Sexual Health Module within the Health Education Curriculum Analysis Tool (HECAT), district, state and/or national standards (including the *National Sexuality Education Standards*), and curricula and other materials that have already been approved or adopted by their state or local board of education.

Effective teachers will plan course content that takes into account the available local and state health and education data; developmental stages; physical and cognitive abilities and diversities of the students in the classroom, including family structure; religious



affiliation; sexual experience; parenting status (ie teen parents); sexual orientation; gender expression and identity; dating violence; sexual abuse and pregnancy/STD history, including HIV status.

Planning for sufficient time for students to practice skills—including analyzing influences, interpersonal communication and decision-making—is essential to effective sexuality education.

(The Sexual Health Module within the Health Education Curriculum Analysis Tool (HECAT), developed by the Centers for Disease Control and Prevention, can help schools conduct an analysis of sexual health education curricula based on the National Health Education Standards and Characteristics of Effective Health Education Curricula. [www.cdc.gov/healthyyouth/hecat/index.htm](http://www.cdc.gov/healthyyouth/hecat/index.htm).)

### INDICATORS

Successful teacher candidates will:

5.1 Apply learning and behavioral theories to sexuality education lesson planning.

5.2 Apply state and/or district laws, policies, and standards to select and adapt curriculum content that is appropriate and permissible for a district.

5.3 Identify appropriate resources and policies to guide instructional planning.

5.4 Plan effective strategies to teach sexuality education in the cognitive, affective, and behavioral learning domains.

5.5 Plan age- and developmentally-appropriate sexuality education instruction.

### EXAMPLES:

*A health teacher is planning lessons to address prevention of STDs and unintended pregnancy. Her state law says that if any sexual health topics beyond HIV are taught, the school must “stress abstinence.” She is confused about whether she can teach about safer sex practices, so during lesson planning, the teacher verifies that she can still teach about the health benefits of condoms even while emphasizing the benefits of postponing sexual activity.*

-----

*To teach about pregnancy options, a health teacher shows a video and organizes a panel of teen parents to talk about their experiences. As part of the planning, the teacher reviews school policy about inviting guest presenters, and screens the panel in advance to be sure that their presentations meet school guidelines.*

### STANDARD 6: IMPLEMENTATION

**Teacher candidates use a variety of effective strategies to teach sexuality education.**

For many students, taking a sexuality education class may be the first time they have had the

opportunity to discuss sexuality openly with a trusted adult. Teachers should be prepared for a range of student reactions, which may present unique classroom opportunities and challenges.

Effective teachers create a classroom environment that sets clear classroom ground rules and expectations while acknowledging that there may be reactions to the content material that cannot be addressed via ground rules or expectations. Effective teachers, therefore, also encourage open, honest and respectful communication in the classroom and facilitate discussions that engage learners appropriately.

### INDICATORS

Successful teacher candidates will:

6.1 Demonstrate strategies for creating a safe, respectful learning environment that fosters open discussion about a wide range of sexuality-related topics.

6.2 Demonstrate effective classroom management skills specific to sexuality education.

6.3 Convey accurate and developmentally appropriate information about sexuality.

6.4 Engage learners using realistic and relevant situations relating to sexuality education.

### EXAMPLES:

*A middle school health teacher posts some ground rules (also known as a group agreement) to introduce a multi-lesson unit on sexual health. One of the rules is that when students do not agree with someone else’s viewpoint, they will express their disagreement respectfully. During a lesson on STDs, a student ridicules another student who says he believes in abstinence. The teacher refers the class back to the ground rules and facilitates a brainstorm with the class on the pros and cons of choosing abstinence.*

-----

*During a lesson on communication in healthy relationships, a teacher realizes that an activity in the health textbook uses scenarios in which couples are communicating only in person or by phone. The teacher asks students for examples of how the communication would look if the couples were texting or using a social media site.*

### STANDARD 7: ASSESSMENT

**Teacher candidates implement effective strategies to assess student knowledge, attitudes, and skills in order to improve sexuality education instruction.**

All effective teachers assess student learning and revise their lesson plans accordingly. Assessing the sexuality education learning in the cognitive, affective,

and behavioral domains requires a wider repertoire of assessment strategies.

#### **INDICATORS**

Successful teacher candidates will:

7.1 Use multiple strategies to assess knowledge, skills, and attitudes about sexuality that are measurable, observable, and aligned with learning objectives.

7.2 Analyze assessment results and determine any necessary changes for future sexuality education instruction.

7.3 Apply assessment results to the continuous improvement of their sexuality education instruction.

#### **EXAMPLES:**

*A health teacher is deciding how to assess student learning for a unit on sexual health. She creates a variety of assessment and evaluation tools that reflect the learning objectives and take into account the variety of learning styles likely to be found among her students. The tools include pre- and post-tests to assess increases in knowledge; portfolios for archiving journal entries or artwork to address student beliefs and attitudes about sexuality issues; and rubrics for role-play activities to allow the teacher to observe students as they demonstrate their mastery of communication and boundary-setting skills.*