

**Arlington Public Schools
Family Life Education
Parent Opt-Out Form**

SCHOOL _____ DATE _____

STUDENT NAME _____ TEACHER NAME _____

STUDENTS HOME ADDRESS _____

PHONE NUMBER _____

I hereby exercise my option to have my child opt-out of the following objectives. I understand that my child will be given an alternative assignment to be completed independently in place of any objectives from which I opt-out my child. I also understand that the child is expected to comply with school rules and policies while working on the alternative assignment and that a grade will be given for this assignment.

DIRECTIONS: Please place your initials on the line next to each objective from which you opt-out your child.

- ____ 8.1 The student will relate stages of human development to his or her own developmental level.
- ____ 8.2 The student will recognize the development of sexuality as an aspect of the total personality.
- ____ 8.3 The student will become aware of the need to think through decisions and to take responsibility for them.
- ____ 8.4 The student will recognize the nature of dating during adolescence.
- ____ 8.5 The student will interpret the messages in society related to sexuality.
- ____ 8.6 The student will describe strategies for saying "no" to premarital sexual relations.
- ____ 8.7 The student will develop the coping skills needed to deal with stress.
- ____ 8.8 The student will identify the stresses related to changing relationships in the home, school, and community.
- ____ 8.9 The student will analyze the issues related to teenage pregnancy.
- ____ 8.10 The student will review facts about pregnancy prevention and disease control.
- ____ 8.11 The student will describe the effects of alcohol and drug use and abuse on families and peer relationships.
- ____ 8.12 The student will identify the effects and prevention of sexual assault, rape (including date rape), incestuous behavior, and molestation.
- ____ 8.13 The student will recall the ways in which the HIV virus is transmitted and prevented.

PLEASE RETURN THIS FORM TO THE PRINCIPAL BY THE DATE ESTABLISHED BY YOUR SCHOOL

PARENT/GUARDIAN SIGNATURE _____ DATE _____