



INSTRUCTION

Health and Physical Education Program

Waivers and Exemptions

Individual students may be excused by the principal from required physical education ([RCW 28A.230.050](#)) for the following reasons:

1. Physical disability with a note from the student's physician indicating the requested reason for the waiver and the length of time for the waiver.
2. Religious belief with a note from the leader of the student's church, synagogue, temple, or mosque indicating the doctrine that prevents the student's participation in physical education.
3. Participation in directed athletics, military science or tactics, or marching band ([WAC 180-51-061](#)).
 - a. High school students participating in directed athletics, including community-based organized athletics, are eligible to receive up to 1.0 of the physical education requirement waiver for their participation time. Seventy-five (75) hours of participation time must be documented to qualify for 0.5 credits or participation on one (1) school-based athletic team to qualify for 0.5 credits upon successful completion of the season.
 - b. Eighth grade students participating in directed athletics, including community-based organized athletics, must document one hundred (100) average minutes per week per year or participate on two (2) school-based athletic teams.
4. Other good cause as determined by the principal.

Students who are excused by the principal from physical education must demonstrate that proficiency/competency in the knowledge portion of the fitness requirement.

Physical Activity in Schools

Schools shall avoid the use of physical activity and the withholding of physical education class and/or other forms of physical activity as a corrective action.

District Facilities

Access to school sites will be provided through permitting the use of facilities to community youth sports groups consistent with the district's facilities use policy, municipal joint use agreements and partnerships with organizations so additional opportunities are available for all youth in our communities to participate in quality physical activity, fitness, sports, and recreation programs.

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Program Evaluation—**MOVED UP FROM END OF PROCEDURE**

District physical activity/health and fitness programs will be monitored and assessed in conjunction with other district academic and health-related programs. Results of these surveys and assessments will be reported to the board, school sites, and made available to the public.

Annual Review—**MOVED UP FROM END OF PROCEDURE**

The district must conduct an annual review ([RCW 28A.230.055](#)) of its PE programs that includes:

- a. The number of individual students completing a PE class during the school year;
- b. The average number of minutes per week of PE received by students in grades one through eight, expressed in appropriate reporting ranges;
- c. The number of students granted waivers from PE requirements;
- d. An indication of whether all PE classes are taught by instructors who possess a valid health and fitness endorsement;
- e. The PE class sizes, expressed in appropriate reporting ranges;
- f. The frequency with which PE is provided to students;
- g. An indication of whether there is sufficient dedicated gym space and sheltered areas to support the minimum amount of physical activity required of students by law or agency rule;
- h. An indication of whether the physical education curriculum of the district addresses the Washington state K-12 learning standards;
- i. An indication of whether, as a matter of policy or procedure, the district routinely modifies and adapts its physical education curriculum for students with disabilities; and
- j. An indication of whether the district routinely excludes students from physical education classes for disciplinary reasons.

The results of the annual review must be submitted to the district's wellness committee and to the Office of Superintendent of Public Instruction (OSPI).

Comprehensive Sexual Health Education

All instruction and materials for the district's comprehensive sexual health education program, will meet the following criteria:

- A. Medically and scientifically accurate;
- B. Age appropriate;
- C. Inclusive for all students regardless of their protected class status;
- D. Consistent with the Health Education K-12 Learning Standards adopted by OSPI; and

E. Consistent with the [Guidelines for Sexual Health Information and Disease Prevention](#).

In grades K-3 instruction will be in social and emotional learning (SEL), provided at least once, that is consistent with the social and emotional standards and benchmarks adopted by OSPI.

Comprehensive sexual health education will be provided at least once in grades 4-5, at least twice in grades 6-8, at least twice in grades 9-12, and will include information about:

- **The physiological, psychological, and sociological developmental processes experienced by an individual;**
- **Abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases; abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention;**
- **Health care and prevention resources;**
- **The development of intrapersonal and interpersonal skills to communicate, respectfully and effectively, to reduce health risks and choose healthy behaviors and relationships based on mutual respect and affection, and free from violence, coercion, and intimidation;**
- **The development of meaningful relationships and avoidance of exploitative relationships;**
- **Understanding the influences of family, peers, community and the media throughout life on healthy sexual relationships; and**
- **Affirmative consent and recognizing and responding safely and effectively when violence or a risk of violence is or may be present, with strategies that include bystander training.**

Definitions

The district's program will provide comprehensive sexual health education as defined by [RCW 28A.300.475](#).

A. Comprehensive sexual health education is recurring instruction in human development and reproduction as defined by [RCW 28A.300.475](#).

B. Comprehensive sexual health education for students in grades K-3 is defined as instruction in social-emotional learning that is consistent with learning standards and benchmarks adopted by the office of the superintendent of public instruction under [RCW 28A.300.478](#).

C. Affirmative consent is defined as a conscious and voluntary agreement to engage in sexual activity as a requirement before sexual activity.

D. Medically and scientifically accurate is defined as information that is verified or supported by research in compliance with scientific methods, is published in peer review journals, where appropriate, and is recognized as accurate and objective by professional organizations and agencies with expertise in the field of sexual health including but not limited to, the American College of Obstetricians and Gynecologists, the Washington State Department of Health (DOH) and the Federal Centers for Disease Control and Prevention.

E. The 2005 Guidelines for Sexual Health Information and Disease Prevention publication, prepared by the Department of Health (DOH) and OSPI, provides the fundamental framework for establishing a medically and scientifically accurate comprehensive sexual health education program for students. A copy of the [Guidelines for Sexual Health Information and Disease Prevention](#) is located on the DOH and OSPI websites.

Adoption of a Sexual Health Education Program

Everett Public Schools will involve parents and community groups in the planning, development, evaluation and revision of any instruction in comprehensive sexual health education offered as a part of the school program.

The district must ensure that all instructional materials are medically and scientifically accurate. The DOH is available to provide technical assistance in determining medical and scientific accuracy. When choosing curriculum, district staff may examine the list of materials reviewed for medical and scientific accuracy that are located on the OSPI website at <https://www.k12.wa.us/>.

In determining curriculum, the district staff are encouraged to review OSPI's list of sexual health education curricula that were reviewed for their alignment with the guidelines, standards and other state requirements. Although the list is not exhaustive, the list is updated regularly and is posted on the OSPI website at www.k12.wa.us. If the district chooses or develops a curriculum that is not from OSPI's list, the district must conduct a review of the selected or developed curriculum using the comprehensive sexual health curriculum analysis tools provided by OSPI. Ultimately, the district's comprehensive sexual health education program will ensure that in the K-12 life of a child, the comprehensive sexual health education program is consistent with the [2005 Guidelines for Sexual Health Information and Disease Prevention](#), the [Health Education K-12 Learning Standards](#) and the provisions of [RCW 28A.300.475](#).

Guest Speakers

Guest speakers may deliver comprehensive sexual health education as long as they and all instruction materials used are consistent with state law.

Parental/Guardian Notification Process

At least one month prior to teaching a program in sexual health education, each school will provide written notice to parents/guardians of the planned instruction.

Parent/Guardian Material Review Process

At least one month prior to providing instruction in sexual health education, the district will notify parents that all instructional materials are available to parents/guardians for inspection. The notice must include, or provide a means for electronic access to, all course materials, by grade, that will be used at the school during the instruction. The opportunity for inspection will be provided at a time and place convenient for parent/guardian participation such as evenings or weekends.

Excluding Student from a Program/Opt-Out

A parent/guardian who wishes to have their student excused from any planned instruction in comprehensive sexual health education must complete a Request to [Excuse from HIV/AIDS Education and/or Comprehensive Sexual Health Education](#) form. Excused students will be provided with appropriate alternative educational opportunities.

Identification of Curricula Used

The district will annually identify to OSPI, using OSPI's reporting tool, any curricula used to provide comprehensive sexual health education and how the provided classroom instruction aligns with requirements of [RCW 28A.300.475](#).

Health, Family Life, and HIV-AIDS, and Sex Prevention Education

The superintendent or designee shall appoint a committee of teachers, school health persons, ~~and~~ administrators and other community members to develop an instructional approach for students in grades five (5) through twelve (12), including standards and assessments to the teaching of health, family life, and HIV (human immunodeficiency virus)-AIDS (acquired immunodeficiency syndrome), ~~and sex prevention~~ education, or to revise present programs as necessary.

This committee shall consult with parents/guardians and other community representatives to aid in the completion of this work.

The curricula and materials used in the HIV/AIDS education program may be the model curricula and resources available from OSPI or, developed (or purchased) by the district and approved for medical accuracy by the Department of Health office on HIV/AIDS.

District-developed (or purchased) HIV/AIDS prevention curricula must be submitted to the DOH office on HIV/AIDS accompanied by an affidavit of medical accuracy stating that the material has been compared to the model curricula for medical accuracy and that in the opinion of the district, the materials are medically accurate. After submission of these materials to the DOH Office on HIV/AIDS, the district may use the materials until the approval procedure by the DOH Office on HIV/AIDS has been completed.

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~~The AIDS prevention education program shall be reviewed for medical accuracy by the State Office on AIDS, Department of Social and Health Services. This language is from RCW 70.24.250 which was repealed in 2020.~~

- 1.—At least one (1) month before teaching HIV/AIDS prevention education in any classroom, the district must notify parents/guardians that instruction will take place and conduct at least one (1) presentation, during weekend and evening hours, for parents/guardians of students concerning the curricula and materials that will be used for such education. ~~adopted for classroom use will be conducted annually in the school.~~
 - a. ~~The presentation(s) must occur on weekend or evening hours.~~
 - b. ~~The presentation(s) must occur at least one (1) month prior to teaching AIDS prevention education in any classroom.~~
 - c. ~~Parents or guardians shall be notified by the school of the presentation and that the curricula and materials will be available for inspection.~~
- 2.—No students will be required to participate in HIV/AIDS prevention education if the student's parent or guardian, after having attended one of the school presentations, objects in writing to the student's participation. (Request to Excuse from HIV/AIDS Education and/or Comprehensive Sexual Health Education form)
3. ~~The district will use the most current, medically accurate AIDS prevention education curriculum materials made available by the Office of the Superintendent of Public Instruction.~~
- 4.—The district curriculum for HIV/AIDS prevention education shall be designed to teach students ~~the life-threatening dangers of contracting AIDS, the~~ which behaviors that place a person dangerously at risk of infection with ~~the human immunodeficiency virus~~ HIV, and methods to avoid such risk including, at least:
 - A. The dangers of drug abuse, especially the use of hypodermic needles; and
 - B. The dangers of sexual intercourse, with or without condoms.

The program of HIV/AIDS prevention education will stress the life-threatening dangers of contracting HIV/AIDS and will stress that abstinence from sexual activity is the only certain means for preventing the transmission of HIV through sexual contact. The instruction will also stress that condoms and other artificial means of birth control are not a certain means of preventing the transmission of HIV, and reliance on condoms puts an individual at risk for exposure to the disease.

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Program Evaluation

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Annual Review

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- ~~l. The average number of minutes per week of PE received by students in grades one through eight, expressed in appropriate reporting ranges;~~
- ~~m. The number of students granted waivers from PE requirements;~~
- ~~n. An indication of whether all PE classes are taught by instructors who possess a valid health and fitness endorsement;~~
- ~~o. The PE class sizes, expressed in appropriate reporting ranges;~~
- ~~p. The frequency with which PE is provided to students;~~
- ~~q. An indication of whether there is sufficient dedicated gym space and sheltered areas to support the minimum amount of physical activity required of students by law or agency rule;~~
- ~~r. An indication of whether the physical education curriculum of the district addresses the Washington state K-12 learning standards;~~
- ~~s. An indication of whether, as a matter of policy or procedure, the district routinely modifies and adapts its physical education curriculum for students with disabilities; and~~
- ~~t. An indication of whether the district routinely excludes students from physical education classes for disciplinary reasons.~~

~~The results of the annual review must be submitted to the district's wellness committee and to OSPI.~~

Cross reference:

[Board Policy 2123](#)

Health and Fitness Curriculum

Adopted: August 2006
Updated: November 2011
Revised: June 2014
Revised: April 2016
Updated: July 2017
Revised: November 2017
Revised: June 2018
PROPOSED: March 2021