

Mondays beginning September 26<sup>th</sup>

During the regularly schedules science classes

8 sessions ending November 14th

OPT-OUT LETTER LON C. HARRIS

Making A Difference Curriculum

Dear Parent/Guardian:

Warren Woods Public School District will offer an abstinence based sexuality series to all health students. The "Making A Difference!" curriculum will be facilitated by myself, Lon C. Harris, an independent metro Detroit based motivational speaker and educator. I am certified in HIV prevention and reproductive health through the Macomb Intermediate School District and Wayne County Regional Educational Service Agency. I along with the M.A.D. curriculum promote a positive approach to abstinence from risky behaviors, and recognizes parents/guardians as the primary educators of their children. I encourage students to share with their parents/guardians what is discussed in these classes. Personal information will not be shared. The students may be asked to complete an anonymous student satisfaction survey for the purpose of improving the quality of the presentation. Completing the survey is optional and copies of the survey, as well as program materials, are available at your child's school for your review. You may also contact me any time with questions or concerns by email at loncharris@gmail.com.

It is understood that permission has been granted for your child to participate in the program with the following understandings (unless you decide to OPT-OUT your child by signing and returning the slip below):

- I understand that my child will be participating in a thorough curriculum that teaches about the dangers/risks associated with risky behaviors such as drugs, alcohol and adolescent sex.
- I understand that my child will be completing an anonymous & confidential student satisfaction survey.

We look forward to working with you and your child to prepare for a healthy, successful future.

If you **DO NOT** want your son/daughter to participate, please sign the form below and return it to your child's health teacher.

## Opt-Out Slip

Please return this form to your child's science teacher ONLY if you do not want your child to participate

in "Making A Difference".	
I have read the letter and I <u>DO NOT</u> want my child to participate in this program.	
Student's name:	
Parent's Signature:	7.