

RealCare Program: Life Skills and Healthy Choices for Middle School Students Curriculum



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The *Life Skills and Healthy Choices for Middle School Students Curriculum* is a unique program, which combines a structured curriculum with an infant care simulation experience. The authentic childcare activities allow the student to experience the actual amount of care an infant requires. The goal of this program is two-fold: to help students realize the importance of waiting to engage in sexual activity, and thereby delay becoming a parent until they are emotionally, financially, psychologically, and socially ready to take on the heavy demands of parenting; and second, to introduce the importance and variety of skills needed in caring for an infant.

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Curriculum Structure

The *Life Skills and Healthy Choices for Middle School Students Curriculum* is composed of the following lessons. Approximate lesson times are included.

Lesson	Title	Approximate Time
One	Changes, Puberty, and Adolescence	55 minutes
Two	The Human Reproductive System	45 minutes
Three	Does the Media Influence My Sexual Decision-Making?	40-50 minutes
Four	Healthy Relationships	45 minutes
Five	Where Could Relationships Go?	35-40 minutes
Six	Sexual Wellness and the Law	40 minutes
Seven	Sexual Harassment	45 minutes
Eight	Sexually Transmitted Infections	45 minutes
Nine	Birth Control	50-55 minutes
Ten	An Abstinent Lifestyle Rocks	105-110 minutes
Eleven	Pregnancy and Birth	25 minutes
Twelve	RealCare Baby® Simulation Experience: Part 1	45 minutes
Thirteen	RealCare Baby® Simulation Experience: Part 2	45 minutes
Fourteen	Handling Stress and Preventing Shaken Baby Syndrome	45 minutes
Fifteen	Questions, Summary, and Assessment	45 minutes
	Total	11-13 hours

Lesson Structure

Each lesson begins with a Lesson Overview, Lesson Objectives, and a Lesson at a Glance table, which lists lesson activities, materials required, suggested preparation steps, and approximate class time.

Lesson Sections

The actual lesson follows the overview, which contains some of the sections described below.

FOCUS

Every lesson begins with a FOCUS activity intended to capture participants' attention. This may be in the form of a small or large class discussion, a game, a demonstration, or a review of previous lesson information. During this activity, participants are introduced to the topic of the lesson.

LEARN

The LEARN activity in each lesson varies in its presentation mode. It may be a slide presentation, group activity, or demonstration.

REVIEW

The majority of lessons end with a REVIEW activity intended to briefly review the lesson's key messages or main points.



Lesson One – Changes, Puberty, and Adolescence

Lesson Overview:

In this lesson, students take a survey, which requires them to consider their goals, view of themselves, and views about sex education, sexual activity, and parenting. They also prioritize their values and compare their views with those of classmates.

Lesson Objectives

After completing this lesson, students will:

- Understand the difference between human and animal reproduction
- Understand that puberty is a time of life that results in physical changes in the body
- Understand that adolescence is a time of life that results in mental, emotional, and social changes in a person

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Middle School Student Survey and Self-Assessment Tool</i>	1. Print/photocopy the <i>Middle School Student Survey and Self-Assessment Tool</i> (one per participant).	15 minutes
LEARN	• <i>Changes, Puberty, and Adolescence</i> slide presentation • Whiteboard or smartboard • Writing utensils and paper	1. Prepare the slide presentation for viewing.	20 minutes
REVIEW	• <i>Course Schedule</i> • <i>Parent/Guardian/Caring Adult Letter</i> • <i>Parent/Guardian/Caring Adult Adolescent Growing Up Interview</i>	1. Print the <i>Course Schedule</i> (one per participant). 2. Make additions/changes to the <i>Parent/Guardian/Caring Adult Letter</i> as needed, then print/photocopy. 3. Print the <i>Parent/Guardian/Caring Adult Adolescent Growing Up Interview</i> (one per participant).	20 minutes

Lesson One – Changes, Puberty, and Adolescence

FOCUS: Middle School Student Survey

15 minutes

Purpose:

In this activity, students complete a survey and self-assessment tool. This tool is designed to get students thinking about their future, and the influences outside of themselves that impact their views.

The questions in the tool will elicit answers that are topics you will discuss in the class throughout the unit. When this survey and self-assessment tool is given at the end of the unit, you and the students will be able to track changes in their views prior to and after the learning experience.

Materials:

- *Middle School Student Survey and Self-Assessment Tool*

Facilitation Steps:

1. Distribute the *Middle School Student Survey and Self-Assessment Tool*. Explain that the tool is designed to get students thinking about their future as they relate to having children, their views about having children, and the influences outside of themselves that impact their views.
2. Explain that students will complete a survey about what their plans are for having children in the future. Think about what might impact their views for having children.
3. After 10 minutes, have students report back to the group to compare their answers.

Name _____

Class _____

Middle School Student Survey and Self-Assessment Tool

Instructions: Answer the following questions by placing an “x” in the appropriate box, writing your response in the space provided, or circling the best answer.

For the following statements, indicate your level of agreement from strongly disagree to strongly agree.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
I would be very upset if I found out I or my partner were pregnant in middle/high school.				
Having a baby negatively affects a teen’s growth mentally emotionally, and socially.				
Parenting is a skill that takes time and patience to learn.				
Parenting involves a great deal of commitment and time.				
If someone chooses to have sexual intercourse, there are birth control methods that work very well to protect against pregnancy.				
Caring for a baby does not require much money.				
I could easily raise a child and continue my education.				
There are many ways to show that you care for someone without being sexually active.				
Peer pressure causes most teens to become sexually active.				
The best way to avoid pregnancy and getting a sexually transmitted infection is through abstinence.				
Hormones can interfere with clear thinking when it comes to sexual activity.				
Taking care of an infant is a large responsibility.				
Hormones can be as dangerous as drugs/alcohol in a sexual relationship.				
Teens don’t think of the many unhealthy possible outcomes of sexual activity.				
Media (all forms) may influence your sexual decision-making.				
Knowing the laws regarding sexual activity may prevent teens from being sexually active.				
I have discussed my sexual limits with my peers.				
My attitude regarding sexual activity is important when it comes to my decisions.				

1. I have discussed human growth and development issues at: (Check all that apply)

- ☐ Home
- ☐ School
- ☐ Church
- ☐ ~~Home and Church~~
- ☐ Other

2. The best age at which one might want to start being sexually active is:

- ☐ 14-16
- ☐ 17-19
- ☐ 20-22
- ☐ 23-25
- ☐ When in a committed, life-long relationship

3. What is the best age to start a family?

- ☐ 17-19
- ☐ 20-22
- ☐ 23-25
- ☐ 26 or older
- ☐ when in a committed life-long relationship

4. What percentage of your teenage friends are sexually active?

- ☐ Almost everyone (90% or more)
- ☐ Most (50% to 89%)
- ☐ Many (25% to 49%)
- ☐ Some (10% to 24%)
- ☐ Few (less than 10%)

5. What would you do if you became pregnant or got someone pregnant?

- ☐ Keep the baby
- ☐ Put the baby up for adoption or open adoption
- ☐ Have an abortion
- ☐ Place the baby in foster care

6. To what degree does your faith affect your sexual behavior?

- ☐ Very much
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all

7. What skills do you think you would need to be a good parent? _____

8. Could you be a good parent now or in high school? ☐ Yes ☐ No

9. Are there areas of your life that you feel you have good control over? ☐ Yes ☐ No

If so, what are they? _____



10. Do you feel that your decisions now affect your future? ☐ Yes ☐ No

If so, to what extent: ☐ Minimally ☐ To some extent ☐ To a large extent

Give examples: _____

11. Order the following according to their level of influence on your decisions and the way you live your life.

___ Parents/family (1 having the most influence and 5 or 6 having the least influence).

___ Friends

___ Media

___ Church/faith

___ School

___ Other (fill in) _____

Lesson One – Changes, Puberty, and Adolescence

LEARN: Physical, Emotional, Intellectual, and Social Changes

20 minutes

Purpose:

Students work in groups to identify the physical, emotional, intellectual and social changes that occur during puberty and adolescence.

Materials:

- Whiteboard/smartboard
- *Changes, Puberty, and Adolescence* slide presentation
- Paper and writing utensil for each group

Facilitation Steps:

1. Go through the first couple slides in the slide presentation, while discussing the content with students.

Slide 1: Changes, Puberty, and Adolescence

Discuss the meaning of the title of the unit, that the word “sexuality” is used instead of “sex.” Explain that sex is based on one’s biological traits – male or female, and sexuality is about your sexual feelings, thoughts, attractions and behaviors towards other people.

Sexual intercourse is sexual activity involving penetration, especially of the vagina by the penis, for sexual pleasure, reproduction, or both.

Slide 2: Physical, Emotional, Intellectual, and Social Changes

To learn about how teens sexually mature, grow, develop, and then reproduce, we must discuss the major differences between how humans and other animals reproduce. Animals find another animal of their species and mate. Humans can use their brain and their heart to wait for this mating process until they are in a committed, life-long relationship or until they marry. Note that alcohol, drugs, and/or out-of-control hormones can impact your ability to think clearly and can be culprits in the occurrence.

The human life cycle has a period in it called, “puberty”. This is the time between ages 10 and 16 during which one physically begins to change. All changes are initiated from a small, pea-sized gland in the base of the brain, called, “pituitary gland”.

The human life cycle also has a period in it called, “adolescence”. This is a time when one mentally, emotionally and socially begins to mature.

Ask students, “What does maturity mean?”
Take responses.

Possible Answers: The body changes to an adult; physical, mental, and emotional development; becoming more responsible; being able to make informed decisions

2. Have students get into groups of four (boys get into groups with boys and girls get into groups with girls) and brainstorm as many **physical** changes they can think of that the opposite sex goes through during puberty.

Each group should have a recorder and a reporter. After two minutes, one girl and one boy group report their brainstormed list. After both reports, other groups can add any additional changes.

3. Have the same groups brainstorm as many **mental, emotional, and social** changes that they can think of that the opposite sex goes through during adolescence.

The recorder records and the reporter will be asked to share a brainstormed list with the class. Other groups not asked to report can share any items on their list that were not reported.

4. Share slides three through five and see if anyone missed changes that occur during puberty and adolescence.

5. Share slides six and seven to introduce the topic of intersex individuals and expected changes during puberty.
6. Share a brief video or several on changes during adolescence. Here are a few to consider:

Introduction to Puberty and Adolescence (6:39)
<https://www.youtube.com/watch?v=2RPrbi2n0Zw>

Emotional and Social Changes During Puberty (3:00)
<https://www.youtube.com/watch?v=Bjee0QggC10>

Reaching Adolescence: Puberty (3:27)
<https://www.youtube.com/watch?v=Nw2yHKxrij7o>

What is Intersex? (1:24) [What is Intersex? #AskAMAZE \(youtube.com\)](#)

Lesson One – Changes, Puberty, and Adolescence

REVIEW: Parent/Guardian Letter

20 minutes

Purpose:

In this activity, participants will review the parent/guardian letter and interview to be sent home for students to discuss with their parent/guardian.

Materials:

- *Parent/Guardian Letter*
- *Parent/Guardian/Caring Adult Adolescent Growing Up Interview*

Facilitation Steps:

1. Summarize the lesson by explaining how decision-making skills and values play an important role in your future. Tell students that the next lesson will help us better understand how we are influenced by the people and things around us.
2. Distribute the *Course Schedule* and discuss briefly. Ask if there are any questions or concerns about the topics that will be covered in this course.
3. Distribute the *Parent/Guardian/Caring Adult Letter*. Have students read it. Explain that the purpose of the letter is to inform parents/guardians about the topics that will be discussed in the course, and the purpose of these topics.

Parental/guardian involvement is an important part of this course and will help to ensure that communication between the parent/guardian, participant, and school/teacher remains open and productive. Answer any questions or concerns.
4. Distribute the *Parent/Guardian/Caring Adult Adolescent Growing Up Interview* to be taken home as homework/extension activity.

Parent/Guardian/Caring Adult Letter

Dear Parent/Guardian/Caring Adult,

Your child will participate in a health unit titled, *Life Skills and Healthy Choices for Middle School Students*. Your child will receive age-appropriate, medically accurate information on puberty and adolescence, goal setting, identifying values and the impact of various influences, communication, abstinence, STI prevention, and unplanned pregnancy.

In addition to this information, life skills are infused into the knowledge aspect of the curriculum. At the conclusion of this unit, students will bring home an infant simulator, the RealCare® Baby. This will give them an idea of the large amount of time, effort, and finances involved in parenting. To help with the success of this learning experience, I would like to invite you to participate in several activities during this unit. As we come to those activities, your child will bring home the necessary worksheet or questions that will initiate discussion.

Parents/guardians play a critical role in helping their teens avoid becoming sexually active, and communication is key. Nine out of ten students surveyed said it would be easier to postpone sexual activity if they were able to have open, honest conversations with their parents or guardians. Teens who feel closely connected to their parents/guardians are more likely to abstain from sex, wait until they are older to begin having sex, have fewer sexual partners, and use contraception more consistently.¹

Parent-child connectedness is a condition characterized by the quality of the emotional bond between parents and children and the degree to which this bond is both mutual and sustained over time. The underlying factors that contribute to a state of connectedness between parent and child are:

- Physiological behaviors – provide basic needs: food, clothing, shelter, etc.
- Build and maintain trust
- Demonstrate love, care, and affection
- Share activities
- Establish and maintain structure in the home
- Maintain effective verbal communication
- Prevent, negotiate, and resolve family conflicts

Some ideas for helping you to continue or expand the learning experience by keeping the communication open:

- Choose a time that's good.
- Create a moment. For example, say, "I just want three minutes," and then stop after three minutes.
- Expand a moment. If you see a sexual situation on television that your child is watching, don't turn the channel; talk about it. Ask what they think about the situation shown and provide an opportunity for them to ask you questions or to share your values.
- Turn a moment. For example, while driving in the car, sprinkle your values and messages often and in short spurts during your conversations with your child.

1. Blum, R.W. & Rinehard, P.M. (1998). Reducing the Risk: Connections that make a difference in the lives of youth. Center for Adolescent Health and Development, University of Minnesota, Minneapolis. MN. http://www.teenpregnancy.org/works/pdf/Parental_Influence.pdf



Consider your child's age, life experiences, and level of knowledge when you discuss sex-related topics as they come up from age four until they leave your home.

Sort through all the grey areas of a specific topic, particularly as they relate to your values. Are you clear about your own values? Might you send any mixed messages? For example, what would you say if your 12-year-old asked, "When do you think it's okay for two people have sex?" What would you say if your child were 16? 20? Would your answer be different if your 12-year-old were a girl or a boy?

If you have any questions regarding the upcoming lessons, please contact me at (phone number) or (e-mail address).

Sincerely,

Health teacher

Parent/Guardian/Caring Adult Adolescent Growing Up Interview

Dear Parent/Guardian/Caring Adult,

Presently we are amid our human growth and development unit. Communication is a key element in establishing a good relationship between adolescents and their families at this time in their lives. Your child will be asked to interview you using the questions below.

Note: This information **will not** be shared, nor will you turn it in. It may be personal and private and we respect that. Simply fill out the form as you interview your parent(s)/guardian(s)/caring adult and ask them to sign it at the bottom.

1. Was growing up during junior high or middle school difficult for you?
2. What do you remember about going through puberty?
3. What made people start treating you more like an adult?
4. What did you do when your feelings/emotions got out of control during puberty?
5. How did you show your parent(s)/guardian(s) that you could be trusted?
6. Why is being trustworthy so important during adolescence?
7. What things do you remember doing to show you had respect for the opposite sex?
8. Why do you think it is important to be "friends" with guys and girls and not be going together/dating at our age?
9. Why do you think it is important to communicate about how we grow and develop?

Cut the bottom off and return the bottom portion only to class tomorrow.

Parent/Guardian/Caring Adult Growing Up Interview

Name: _____

Hour: _____

_____ Yes, my child did interview me on the adolescent growing up questions.

_____ No, my child did not interview me on the adolescent growing up questions.

Comments: _____

Parent/Guardian/Caring Adult Signature

Parent/Guardian/Caring Adult Signature



Lesson Two – The Human Reproductive System

Lesson Overview

In this lesson, students review what they know and are introduced to new and relevant terms relating to sexuality, human growth, and reproduction. Talking about these terms begins to de-sensitize them and makes it easier to discuss the concepts and terms within the curriculum as they use the terms in a matter-of-fact way.

Lesson Objectives

After completing this lesson, students will:

- Understand the basic structure of the male and female reproductive systems

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Glossary of Terms</i>	1. Print/photocopy the <i>Glossary of Terms</i> (one per participants).	5 minutes
LEARN	• <i>What I Need to Know...</i> • <i>The Human Reproductive System</i> slide presentation • <i>My Plan for Puberty</i>	1. Print/photocopy <i>What I Need to Know...</i> and <i>My Plan for Puberty</i> (one of each per participant). 2. Prepare <i>The Human Reproductive System</i> slide presentation for viewing.	25 minutes
REVIEW	• <i>Glossary of Terms</i> and definitions cut out • Box • Fake money copies • Tape/magnets • Scissors	1. Print and cut out each glossary term and its definition, separately. 2. Determine how to affix the terms to the front board and assemble them into four to five columns. 3. Place definitions (cut up separately) in a box and place it at the front of the room. 4. Obtain tape for students to use in placing the definition they draw next to the correct term it defines.	15 minutes

Lesson Two – The Human Reproductive System

FOCUS: What I Need to Know...

5 minutes

Purpose:

This activity provides a review of the previous day's lesson and presents a glossary of terms that will be used throughout the curriculum.

Materials:

- *Glossary of Terms*

Facilitation Steps:

1. Collect the interview slips from the previous day's homework/extension activity.
2. Briefly review the changes that come with puberty and adolescence from the previous day's lesson.
3. Distribute the *Glossary of Terms* to each student. Explain that they will refer to this throughout this activity.

4. Explain that we will briefly review the changes that come with puberty and adolescence from the previous lesson. Some physical changes for males include their voices getting deeper, shoulders getting broader, muscles development, and hair growth on face and chest. For females, some physical changes include breast development, starting their menstrual cycle, and widening of their hips. Physical changes in both males and females include developing acne and hair growth on armpits, legs, and genitals, and an increased appetite.

Some mental changes can include increased awareness of others, thinking more independently, and developing respect for self/others.

Some emotional changes for both males and females include developing self-confidence and communicating better. Social changes may include being more independent from parents/guardians, craving peer belonging and connectedness and feeling safe in groups.

Glossary of Terms

Abstinence	Refraining from something; not participating in intimate, sexual behavior or drug/alcohol use
Adolescence	Transitional period between childhood and adulthood, during which changes may occur mentally, emotionally, physically, and socially
Adoption	The process of a birth mother giving up her child to a family to love and care for as their own
AIDS	Acquired immune deficiency syndrome; a disease cause by HIV (human immunodeficiency virus), which damages the immune system; the fatal stage is sometimes called “full-blown AIDS”
Birth Canal	Another term for the vagina, the exit passage for the baby during delivery
Body Fluids	Liquids of the body, including blood, semen, vaginal secretions, urine, lymph, feces, sweat, tears, and breast milk
Body Language	Conscious or unconscious messages or signals given by a person without speaking
Cervix	The narrow, lower end of the uterus that opens into the vagina; sometimes called the “neck” of the uterus because of its shape
Chlamydia	Bacterial STI, which inflames linings of reproductive organs; often causes sterility if not treated
Cilia	The tiny hair-like projections on the inside of the fallopian tubes
Circumcision	Removal of the foreskin on the penis
Commitment	Long-term physical and emotional bond between two people with a strong desire to maintain the relationship
Conception	Also called fertilization, the uniting of sperm and ovum
Contraception	Use of devices or drugs to prevent pregnancy
Ejaculation	The release of semen from the penis
Epididymis	The place where sperm mature and are stored
Erection	The spongy tissue around the penis becomes engorged with blood and becomes upright and stiff
Fallopian Tubes	The narrow tubes that are the passageway from the ovaries to the uterus and the place where the sperm can fertilize the ovum
Fertilization	The moment an egg and sperm unite, generally takes place in the fallopian tubes
Fetus	The term used to refer to the unborn child from the ninth week of pregnancy until birth
Genitals	External sex organs, which include penis and scrotum and labia and vaginal opening

Genital Warts	A viral STI associated with cervical cancer and unsightly growths on the genitals; warts can be treated, but not cured
Gonorrhea	Bacterial STD, which causes sterility, blindness, and arthritis if not treated; females usually have no symptoms
Helper T-Cells	White blood cells, which recognize the pathogens and signal the production of antibodies to destroy them; HIV, the virus that causes AIDS kills helper T-cells
Herpes Simplex II (Genital Herpes)	Viral STI, which is incurable and causes recurring blisters, miscarriages, and still births; may be related to cervical cancer
HIV (HTLV-III, LSV)	Human immunodeficiency virus, the scientific name for the AIDS virus, which attacks helper T-cells of the immune system
Hymen	The thin, connective membrane over all or part of the opening of the vagina
Intersex	When an individual may have both male and female sex characteristics. These include genitalia, hormones, chromosomes, and reproductive organs.
Lines	Insincere verbal communication used to persuade another person to do something they are reluctant to do
Maturity	Physical, mental, emotional, and social development as one gets older
Menarche	First menstruation
Menstruation	The cyclic discharge of the uterine lining when pregnancy does not occur
Monogamy	Having one sexual partner only
Nocturnal Emission	An involuntary releasing of semen occurring during sleep, frequently called a wet dream
Ovaries	The glands that produce the eggs and sex hormones
Ovulation	The release of mature ovum from the follicle of an ovary, this process happens approximately one a month from the onset of puberty
Ovum	The egg cell produced in the ovary, it is a single cell about the size of a grain of sand (ova is the plural)
Penis	A sex organ used for sexual intercourse as well as for the elimination of urine from the body
Pituitary Gland	A small, pea-sized gland in the base of the brain that gives off hormones to begin the changes that occur during puberty
Prenatal Care	Medical attention by a doctor before birth occurs
Primary Sex Characteristics	The reproductive organs and structures directly involved in reproduction (sex organs)
Prostate Gland	A gland that secretes a clear fluid, which makes up about one third of all the fluid in an ejaculation; the fluid from the prostate provides nourishment to the sperm on their journey through the reproductive tract

Puberty	The stage during which secondary sex characteristics develop and the reproductive system becomes functional
Scrotum	The pouch or sac of skin that contains the testes
Secondary Sex Characteristics	The physical features related to a person's sex that emerge during puberty (e.g., body hair, breasts, muscle development, etc.)
Semen	Sperm mixed with fluids, the fluid expelled from the body during ejaculation, it contains millions of sperm along with the fluid used to provide nutrients to the sperm
Seminal Vesicles	Glands that store the fluid to carry the sperm out of the body
Sex	Biological state of male, female, or intersex; often confused with sexual intercourse
Sexual Intercourse	Process of reproduction; sexual union via penetration, especially of a penis into a vagina
Sexuality	The physical, mental, social, emotional, and moral expression of sexual feelings
Signs/Symptoms	An observable indication or feeling of an illness or condition.
Sperm	The sex cells that are capable of fertilizing an egg
STI	Sexually transmitted infection, STD (sexually transmitted disease, contagious diseases communicated mainly by sexual intercourse and other sexual behaviors
Syphilis	Bacterial STI that starts with a chancre sore and, if untreated, can cause mental illness, heart disease, and even death
Testes/Testicles	The glands in which the sperm cells and testosterone are produced, located in the scrotum
Urethra	The tube that leads outside of the body, carrying urine and semen
Uterus	The pear-shaped, muscular-walled, hollow organ where developing fetuses reside
Vagina	Birth canal and reproductive organ; tunnel-like structure through which menstrual blood and babies leave the body; receives the penis during sexual intercourse
Vaginitis	Bacterial infection (such as yeast) of the vagina, protistan STIs can also cause itching, burning, and swelling of the vagina and vulva
Vas Deferens	The tube through which sperm travels after leaving the epididymis on the way to the urethra
Virgin	Person who has not had sexual intercourse
Womb	Another term for the uterus

Lesson Two – The Human Reproductive System

LEARN: The Human Reproductive System

25 minutes

Purpose:

In this activity, learners identify the vocabulary terms associated with the unit and the anatomy and physiology of the reproductive systems.

Materials:

- *What I Need to Know*
- *What I Need to Know* – Answer Key
- *My Plan for Puberty*
- *The Human Reproductive System* slide presentation

Facilitation Steps:

1. Distribute the *What I Need to Know* worksheet to each student.
2. Have students work in teams of three to four. They should work together, using each other's knowledge and/or *Glossary of Terms* to fill in the blank worksheet. They will make corrections or fill in any blank spaces as you give the slide presentation.
3. Present *The Human Reproductive System* slides. As you discuss the various slides, incorporate information from the *What I Need to Know* – Answer Key.
4. Have students correct any errors they made on the worksheet as you present the correct information. Also, use as much of the following information as you like during the presentation. Take time to answer any questions that may arise.

Slide 1: The Human Reproductive System

Slide 2: Female Reproductive System

Slide 3: Menstrual Cycle

When we talk about the menstrual cycle, we are really talking about fertility. Fertility means two things: the ability to get pregnant and the ability to sustain that pregnancy through delivery. Understanding the menstrual cycle really means understanding when a person can and cannot get pregnant. That is the part of the cycle that can be seen and experienced directly. During each normal menstrual cycle, one egg (ovum) is usually released from one of the ovaries, about 14 days before the next menstrual period. The process of releasing the egg is known as ovulation.

Once the egg is released, it is swept into the funnel-shaped end of one of the fallopian tubes. The cells lining the fallopian tube facilitate fertilization. Hormones are responsible for the menstrual cycle and fertilization.

There are four main parts of the menstrual cycle

- Preparing the body to get pregnant
- Releasing an egg
- Protecting a possible pregnancy
- Getting ready to start the process again (the period)

A quick note about hormones: There are many important hormones that are a part of this process. Hormones are chemical messengers from one part of the body that tell the rest of the body that something is going on. When you hear people talk about the menstrual cycle, you might hear them talk about luteinizing hormones, follicular stimulating hormones, and others. For the sake of understanding your body on a basic level, you only need to know about two: estrogen and progesterone.

Slide 4: Preparing the Body for Pregnancy

Before an egg is released, the body needs to prepare to accept the egg and help the sperm meet the egg. The ovaries are inside the eggs; a structure called a follicle is around the eggs.

Every cycle, many follicles activate and start maturing the egg inside of them. The egg grows and gets ready to be released. Usually, only one egg is released per cycle, but sometimes more than one is released.

To let the body know that it is about to release an egg, the follicle releases the hormone estrogen. Estrogen causes the uterus to start filling up with blood and nutrients to host a possible pregnancy. It also causes the cervix to open a little more to help sperm enter. Additionally, it causes the cervix to produce a fluid that is thin and stretchy. This fluid helps keep sperm alive in the body as well as helps transport sperm to the waiting egg. A person can start producing this fluid, called fertile mucus, up to five or more days before ovulation. The sperm can live in the receiving body for up to five days if it produces fertile mucus.

Eventually, one of the many maturing eggs are released by the follicle. The egg travels from the ovary and rests in the fallopian tube. It will wait there for up to 24 hours.

If the egg is not fertilized by sperm within 24 hours of being released, the egg will dissolve and be absorbed through the fallopian tube.

Sometimes, a person releases more than one egg during the cycle. If this happens, the second egg will be released within 24 hours of the first egg. This means that the person might have two days in a cycle that an egg exists and could be fertilized.

The five days leading up to the egg being released, the day it is released, and the day after it is released are called the fertile time.

A person can only get pregnant for seven days out of the entire cycle. However, be careful! Most people do not have an accurate understanding of this process and do not know how to tell which seven days in their cycle are their fertile time.

If one is having sex and trying to prevent a pregnancy but has not had proper training in fertility awareness, it is wise to assume that a person can get pregnant at any time in the cycle and always use another method of birth control.

The follicle's job is not done after it releases an egg. Once the egg is released, the follicle becomes a new structure, called the corpus luteum (Latin for "yellow body").

The corpus luteum sends out two hormones. The first is estrogen, which continues to tell the body to produce blood and nutrients in the uterus for a possible pregnancy. The second is progesterone.

Progesterone is important because it causes the body to hold the endometrium in place. The endometrium is the lining of the uterus that fills up with blood and nutrients to support a possible pregnancy.

If an egg is fertilized, it will take seven or eight days to travel down into the uterus and attach to the endometrium. This is called implantation. The medical definition of a pregnancy is a fertilized egg that has implanted in the uterus.

The progesterone from the corpus luteum causes the body to close the cervix to keep out more sperm and bacteria. Both the holding of the endometrium in place and the closing of the cervix protect a possible pregnancy.

The corpus luteum will produce progesterone for about two weeks. If the corpus luteum does not receive a signal that there is an actual pregnancy, it will stop making progesterone.

Without progesterone, the body will stop holding the endometrium in place, and all the blood and nutrients stored in the uterus are shed, or let go. This is the menstrual blood, also called a period. Now, the process can begin again.

If the corpus luteum does receive a signal that there is an actual pregnancy, it will continue to make progesterone. The body will hold the endometrium in place and support the pregnancy. There is no release of the blood and nutrients in the body because they are nourishing the pregnancy. There is no period.

Each milliliter of semen contains millions of sperm, but the majority of the volume consists of secretions of the glands in the male reproductive organs.

During each normal menstrual cycle, one egg (ovum) is usually released from one of the ovaries, about 14 days before the next menstrual period. Release of the egg is called ovulation.

The egg is swept into the funnel-shaped end of one of the fallopian tubes. At ovulation, the mucus in the cervix becomes more fluid and elastic, allowing sperm to enter the uterus rapidly.

Within five minutes, sperm may move from the vagina, through the cervix, into the uterus, and to the funnel-shaped end of a fallopian tube (the usual site of fertilization). The cells lining the fallopian tube facilitate fertilization.

Slide 5: Pregnancy

If a sperm penetrates the egg, fertilization results. Tiny, hair-like cilia lining the fallopian tube propel the fertilized egg (zygote) through the tube toward the uterus.

The cells of the zygote divide repeatedly as the zygote moves down the fallopian tube. The zygote enters the uterus in three to five days. In the uterus, the cells continue to divide, becoming a hollow ball of cells called a blastocyst.

If fertilization does not occur, the egg degenerates and passes through the uterus with the next menstrual period.

A person's fertile time can vary based on when they make fertile mucus, when the egg is present, and how long the sperm can survive. This can be a total of seven days in a cycle. A pregnancy can be planned by determining a person's ovulation schedule. However, if one is trying to prevent a pregnancy and has not received fertility awareness training, it is wise to assume that a person can get pregnant at any time in their cycle and should use another method of birth control.

Slide 6: Twins

If more than one egg is released and fertilized, the pregnancy involves more than one fetus, usually two (twins). Such twins are fraternal.

Identical twins result when one fertilized egg separates into two embryos after it starts to divide.

Slide 7: Unfertilized Egg

If the egg is not fertilized by the sperm within 24 hours of being released, it will dissolve and be absorbed through the fallopian tube. Progesterone hormone levels will drop around day 25. This signals the next menstrual cycle to begin all over again. The unfertilized egg, along with the uterine lining, sheds with the next period (menstruation).

Slide 8: Male Reproductive System

Sperm is produced in the testicles. They are stored in the epididymis and travel through the vas deferens to the seminal vesicles, where semen is picked up.

The semen transports the sperm to the prostate gland, where fluid provides nourishment to the sperm. Then, it travels through the urethra and is released outside the body through ejaculation.

Sperm are the sex cells that can fertilize an egg. They are produced in the testicles and can live for up to five days in the uterus if the female produces fertile mucus.

There are millions of sperm in one ejaculation (approximately 1 tablespoon), but it takes just one sperm to fertilize an egg. Sperm mixes with a fluid, called semen, to provide the sperm with nutrients and help transport it.

Circumcision is the removal of the foreskin on the penis. Circumcision is sometimes done as a preventative measure for reduced risk of infections.

Slides 9-14: What I Need to Know – Answer Key

Share the answers to the *What I Need to Know* worksheet.

Slide 15: My Plan for Puberty Homework
Preview the *My Plan for Puberty* activity.

5. Distribute the *My Plan for Puberty* worksheet to each student and have students complete it individually as an extension/homework activity.

Name _____

Class _____

What I Need to Know...

I am entering a time in my life of physical changes called _____. I am also mentally, emotionally, and socially beginning to change, and this time in my life is called _____. All these changes start due to an active gland in my brain, called the _____ gland. The word _____ is defined as my biological trait. A lot of people confuse this word with the process of human reproduction, which is _____. My parents/guardians/caring adults say that as I change mentally, emotionally, and socially, I am approaching _____.

Traditionally, the U.S. medical establishment promotes the removal of the foreskin on the _____, which is the male external reproductive organ. This surgical procedure is called _____. Male sex cells are called _____. They are produced in two glands called _____. These two glands are covered by a protective sac, called the _____. The sperm is then mixed with other fluid for nutrition and transportation. This milky white fluid combined with sperm is called _____.

Sometimes, when a male sleeps, they may have a nocturnal emission, also known as a _____. The semen or urine from the bladder passes through a tube that goes through the penis, called the _____. Before sexual intercourse, blood fills the blood vessels of the penis, making it firm; this is called an _____.

The female reproductive system includes the sex cells called _____ or eggs. By the time a female reaches puberty, approximately 300,000 are stored in each of two golf-ball-sized glands, called _____. During _____, an egg is released monthly. It travels down one of two passageways, called _____. Finger-like projections, called _____, help pass the egg along. As this happens, the _____, a pear-shaped organ, begins to prepare itself for a possible baby. The lining of this organ thickens during the preparation.

If a sperm deposited from the millions of sperm passed into the vagina during sexual intercourse, meets up and penetrates the egg, _____ occurs. The _____, an unborn child, grows and develops in the uterus, or _____, for approximately nine months. When it is ready for birth, it passes through the neck of the uterus, called the _____, which usually must stretch to 10 centimeters to allow the fetus to pass. Then, it passes down through the birth canal, or _____.

If a sperm does not penetrate an egg, the inside of the lining, which was preparing for a baby, is flushed out of the body. This monthly process is called _____.

Usually, people think ahead and experience different feelings and emotions before they have sexual intercourse. If they make the decision not to have sexual intercourse until they are in a committed, lifelong relationship with someone, they are practicing _____. A person who has never had sexual intercourse is called a _____.

What I Need to Know... - Answer Key

I am entering a time in my life of physical changes called **puberty**. I am also mentally, emotionally, and socially beginning to change, and this time in my life is called **adolescence**. All these changes start due to an active gland in my brain, called the **pituitary** gland. The word **sex** is defined as my biological trait. A lot of people confuse this word with the process of human reproduction, which is **sexual intercourse**. My parents/guardians/caring adults say that as I change mentally, emotionally, and socially, I am approaching **maturity**.

Traditionally, the U.S. medical establishment promotes the removal of the foreskin on the **penis**, which is the male external reproductive organ. This surgical procedure is called **circumcision**. Male sex cells are called sperm. They are produced in two glands called **testicles**. These two glands are covered by a protective sac, called the **scrotum**. The sperm is then mixed with other fluid for nutrition and transportation. This milky white fluid combined with sperm is called **semen**.

Sometimes, when a male sleeps, they may have a nocturnal emission, also known as a **wet dream**. The semen or urine from the bladder passes through a tube that goes through the penis, called the **urethra**. Before sexual intercourse, blood fills the blood vessels of the penis, making it firm; this is called an **erection**.

The female reproductive system includes the sex cells called **ova** or eggs. By the time a female reaches puberty, approximately 300,000 are stored in each of two golf-ball-sized glands, called **ovaries**. During **ovulation**, an egg is released monthly. It travels down one of two passageways, called **fallopian tubes**. Finger-like projections, called **cilia**, help pass the egg along. As this happens, the **uterus**, a pear-shaped organ, begins to prepare itself for a possible baby. The lining of this organ thickens during the preparation.

If a sperm deposited from the millions of sperm passed into the vagina during sexual intercourse, meets up and penetrates the egg, **fertilization** occurs. The **fetus**, an unborn child, grows and develops in the uterus, or **womb**, for approximately nine months. When it is ready for birth, it passes through the neck of the uterus, called the **cervix**, which usually must stretch to 10 centimeters to allow the fetus to pass. Then, it passes down through the birth canal, or **vagina**.

If a sperm does not penetrate an egg, the inside of the lining, which was preparing for a baby, is flushed out of the body. This monthly process is called **menstruation**.

Usually, people think ahead and experience different feelings and emotions before they have sexual intercourse. If they make the decision not to have sexual intercourse until they are in a committed, lifelong relationship with someone, they are practicing **abstinence**. A person who has never had sexual intercourse is called a **virgin**.

Name _____

Class _____

My Plan for Puberty

As I go through puberty, I might need help understanding/facing these challenges (think of physical, mental, emotional, and/or social challenges.):

-
-
-
-

I'm planning to take good care of myself by doing the following:

- Physically (my body):
- Mentally (my mind):
- Emotionally (my feelings):
- Socially (my classmates and/or friends):

I can talk to the following caring adults if I have any questions/concerns:

-
-
-

My plan to "survive" puberty over the next five to six years is to:

My signature

Parent/guardian/caring adult signature

Lesson Two – The Human Reproductive System

REVIEW: Who Wants to Be a Healthy and Mature Millionaire?

15 minutes

Purpose:

In this activity students play a game to review the vocabulary terms and definitions.

Materials:

- *Glossary of Terms* with definitions cut out
- Box
- Fake money copies
- Tape/magnets
- Scissors

Facilitation Steps:

1. Write each of the glossary terms on a 3 x 5 card or cut the words and definitions found on the worksheet provided. Place each card on the board in four to five columns; use tape or magnets to secure them.
2. Place a box with the corresponding definitions at the front of the room.
3. Have five students at a time pick a definition and try to match it to the correct term. Each student has 15 seconds to make the connection.

Feel free to play previously taped “millionaire” music. If they don’t know the answer, they can either “phone a friend” (call on another classmate who may know), or use “50-50” in which you cover up two columns where the answer is not listed.

If the student gets it right, they are given a “fake” million-dollar bill. If they do not get it themselves or from “phone a friend” or “50-50,” they put the definition back in the box and go to the end of the line to try again.
4. After each of the first five students try to match two definitions, pick five different students to play. Whoever has the most “money” at the end of the class is the winner. Consider giving the winner an appropriate incentive they’d like.

Fake money. Make several copies.





Glossary of Terms

Cut out the following words and definitions and use them for the “Millionaire” game.

Abstinence	Refraining from something, not participating in sexual intercourse, can also mean not using drugs and/or alcohol
Adolescence	Transitional periods between childhood and adulthood during which changes may occur mentally, emotionally, physically, and socially
Adoption	The process of a birth mother giving up her child to a family to love and care for as their own
AIDS	Acquired immune deficiency syndrome; a disease caused by HIV (human immunodeficiency virus), which damages the immune system; final stage is sometimes called “full-blown AIDS”
Birth Canal	Another term for the vagina, the exit passage for the baby during delivery,

Body Fluids	Liquids of the body, including blood, semen, vaginal secretions, saliva, urine, feces, sweat, tears, and breast milk
Body Language	Conscious or unconscious messages or signals given by a person through facial or body movements without speaking
Cervix	The narrow, lower end of the uterus that opens into the vagina, sometimes called the “neck” of the uterus because of its shape
Chlamydia	Bacterial STI that inflames linings of reproductive organs, often causing sterility if not treated
Cilia	The tiny, hair-like projections on the inside of the fallopian tubes
Circumcision	Surgical removal of the foreskin on the penis

Commitment	Long-term physical and emotional bond between two people with a strong desire to maintain a relationship
Conception	Also called fertilization, the uniting of sperm and ovum
Contraception	Use of devices or drugs to prevent pregnancy
Ejaculation	The release of semen from the penis
Epididymis	The place where sperm mature and are stored
Erection	The spongy tissue around the penis becomes engorged with blood, making it upright and stiff
Fallopian Tubes	The narrow tubes that are the passageway from the ovaries to the uterus and the place where the sperm can fertilize the ovum

Fertilization	The moment an egg and sperm unite, generally takes place in the fallopian tubes, also called conception
Fetus	The term used to refer to the unborn child from the ninth week of pregnancy until birth
Genitals	External sex organs, which include penis, scrotum, labia, and vaginal opening
Genital Warts	A viral STI associated with cervical cancer and unsightly growths on the genitals, warts can be treated, cannot be cured
Gonorrhea	Bacterial STD that causes infertility, blindness, and arthritis if not treated; most females have no symptoms; can be treated with antibiotics

Helper T-Cells	White blood cells that recognize pathogens and signal the production of antibodies to destroy them; HIV, the virus that causes AIDS, kills helper T-cells
Herpes Simplex II (Genital Herpes)	Viral STI that is incurable and causes recurring blisters, miscarriages, and stillbirths, and may be related to cervical cancer
HIV (HTLV-III, LSV)	Human immunodeficiency virus, the scientific name for the AIDS virus, which attacks T-helper cells of the immune system
Hormones	Chemical messengers that coordinate different functions in the body, the main female sex hormones are estrogen and progesterone, the main male sex hormone is testosterone
Hymen	The thin connective membrane over all or part of the opening of the vagina

Intersex	When an individual may have both male and female sex characteristics. These include genitalia, hormones, chromosomes, and reproductive organs.
Lies	Not telling the truth, insincere verbal communication using peer pressure to persuade another person to do something they are reluctant to do
Maturity	Physical, mental, emotional, and social development as one gets older
Menarche	First menstruation
Menstrual Cycle	The cyclic discharge of the uterine lining when pregnancy does not occur; on average, the cycle occurs every 28 days but can vary for some and occur every 21-35 days while menstrual bleeding can occur for two to seven days

Monogamy	Having only one sexual partner
Nocturnal Emission	An involuntary release of semen occurring during sleep, frequently called a “wet dream”
Ovaries	The glands that produce the female’s eggs and sex hormones
Ovulation	The release of a mature ovum from the follicle of an ovary, this process happens approximately once per month from the onset of puberty
Ovum	The mature egg cell produced in the ovary, it is a single cell about the size of a grain of sand (ova is the plural)
Penis	The sex organ used for sexual intercourse and elimination of urine from the body
Pituitary Gland	A small, pea-size gland in the base of the brain that starts giving off

	hormones to begin the changes that occur during puberty
Prenatal Care	Medical attention by a doctor before a person gives birth
Primary Sex Characteristics	The reproductive organs and structures directly involved in reproduction (sex organs)
Prostate Gland	A gland that secretes a clear fluid, which makes up about one third of all the fluid in an ejaculation; the fluid from the prostate provides nourishment to the sperm on their journey through the reproductive tract
Puberty	The stage during which secondary sex characteristics develop and the reproductive system becomes functional
Scrotum	The pouch or sac of skin that contains the testes
Secondary Sex Characteristics	The physical features related to a person's sex that emerge during

	puberty (e.g., body hair, breasts, muscle development, etc.)
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Semen	Fluid that mixes with sperm, which is expelled from the body during ejaculation; the fluid provides nutrients to the sperm and helps transport it
Seminal Vesicles	Glands that store the fluid that carries the sperm out of the body
Sex	Biological state of male, female or intersex; often confused with the term sexual intercourse
Sexual Intercourse	Sexual activity involving penetration, especially of the vagina by the penis for sexual pleasure, reproduction, or both
Sexuality	Your sexual feelings, thoughts, attractions, and behaviors towards other people

Signs/Symptoms	An observable indication or feeling of an illness or condition
Sperm	The sex cells that are capable of fertilizing an egg
STI/STD	Sexually transmitted infection/sexually transmitted disease, contagious diseases contracted mainly by sexual intercourse and other sexual behaviors
Syphilis	Bacterial STI that starts with a canker sore and, if untreated, can cause mental illness, heart disease, and even death; can be treated with antibiotics
Testes/Testicles	The two glands in which the sperm cells and testosterone are produced; located in the scrotum
Urethra	The tube that carries urine and/or semen outside the body

Uterus	The pear-shaped organ where the fetus grows and develops
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Vagina	Part of the reproductive system that functions as the birth canal, the place where the blood leaves the body during the menstrual cycle, a passageway for childbirth, and where the penis enters during sexual intercourse
Vaginitis	Bacterial infection (such as yeast) of the vagina; persistent STIs can also cause itching, burning, and swelling of the vagina and vulva; can be treated with antifungal medication
Vas Deferens	The tube through which sperm travel after leaving the epididymis on their way to the urethra
Virgin	A term for a person who has not had sexual intercourse
Womb	Another term for the uterus where the fetus grows and develops

Lesson Three – Does the Media Affect My Sexual Decision-Making?

Lesson Overview

This lesson gets students to understand the powerful effect that the media has on their minds and sexual decision-making.

Lesson Objectives

After completing this lesson, students will:

- Identify the effects of media on sexual decision-making and predict the potential consequences of not taking responsibility
- Identify TV shows, movies, magazines, books, and songs that contain sexual messages
- Examine a magazine advertisement to determine possible underlying messages regarding sex

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Does the Media Affect My Sexual Decision-Making</i> slide presentation	1. Prepare to show the slide presentation.	10 minutes
LEARN	• <i>Media Influence</i> worksheet • <i>Sex in Advertising</i> worksheet	1. Print/photocopy the <i>Sex in Advertising</i> and <i>Media Influence</i> worksheets (one of each per participant). 2. Collect and cut out advertisements that use sex to sell.	25 minutes
REVIEW	• YouTube videos	1. Prepare videos to be shared.	5-15 minutes

Lesson Three – Does the Media Affect My Sexual Decision-Making?

FOCUS: Media

10 minutes

Purpose:

This activity is a class discussion that gets students thinking about the various media they use daily and how they might be influenced by it regarding sexual views or behavior.

Materials:

- *Does the Media Affect My Sexual Decision-Making* slide presentation

Facilitation Steps:

1. Go through the slide presentation.

Slide 1: Does the Media Affect My Sexual Decision-Making?

We will discuss how the media plays a role in some of the decisions we make. Ask, “What types of media are you exposed to on a daily basis?”

Slide 2: What Types of Media Are You Exposed to Daily?

The average teen spends almost five hours per day on social media.

Slide 3: Sex and Advertising Questions

Read the questions to the class and allow students about one minute to answer each question.

Slide 4: How Do Sexual Ads Attract Your Attention?

The idea behind sexual ads is to shock you, grab your attention, and get you thinking about their product. Ask students if they think sex sells. Students should explain their answers.

Slide 5: The Business of Advertising

Have a student read the slide aloud.

Slide 6: General Cost of Advertising

Have a student read the slide aloud.

Slide 7: Do You Think Exposure to Sexual Images Affects the Way We Behave Sexually? Give students about a minute to discuss the question.

Slides 8-9: Does Watching Sex on TV Influence Teens’ Sexual Activity?

In a 2013 study, researchers stated:

“Our findings indicate that how programs are broken up and grouped together makes a considerable difference for understanding the effects of television sex content on adolescents. The genre differences uncovered in this study are likely driven by variation in both the number and nature of sexual depictions typically portrayed. These findings are particularly important in light of the increasingly sexual television content that is not only available to but also produced to target adolescents.”

Slide 10: Does the Media Affect the Way We Dress?

Do you wear what you like, what is in style, or what celebrities promote?

Slide 11: Do All These Ads Make Sex Confusing?

Have students describe the ad. What do you think about when you see this ad? What do you think is too “suggestive” for use in advertising?

Slide 12: How Will You Decide What Is Right When It Comes to Sex?

Lesson Three – Does the Media Affect My Sexual Decision-Making?

LEARN: The Media's Agenda

25 minutes

Purpose:

In this activity, students work in small groups to discuss the media's agenda. They also work in pairs to find and analyze examples of ads that contain subtle or blatant sexual references.

Materials:

- *Media Influence* worksheet
- *Sex in Advertising* worksheet

Facilitation Steps:

1. Distribute the *Media Influence* worksheet to each student.
2. Divide the class into teams of four (mixed perspectives). Have teams discuss and answer the six questions completely.
3. Reconvene as a large group and ask groups to share their thoughts.
4. Distribute the *Sex in Advertising* worksheet and have students find an ad that uses sex to sell its product.
5. Have students use the *Sex in Advertising* worksheet to answer questions about the ad they found.
6. Have students pair with another student to share their advertisement and discuss their answers. Have them compare views about each advertisement to see if they have the same views, or if their partner has different insight into the given advertisement.
7. If time permits, have pairs share their advertisements and how they answered some of the questions on the worksheet.

Name: _____

Class: _____

Sex in Advertising

Instructions: Closely look at an advertisement in which “sex” is used to sell a product. Answer the questions below as they pertain to your ad. Examples: perfume ads, liquor ads, clothing ads, suntan lotion ads, etc.

1. What product is being sold?

2. Describe the physical background (setting) of your ad if there is one.

3. Describe the people in your ad.

4. Is any factual information about the product given? If so, what?

5. What image or message is the advertiser trying to get across with this ad?

6. According to the advertiser, what will this product supposedly do for you?

7. Why do you think “sex” was used to sell this product?

Name: _____ Class: _____

Media Influence

Does the sex appeal in any one piece of media make teens more sexually active? How about all six combined (music, TV, movies, social media, books, and internet)?

Media Influence

1. Is the media interested in giving you a true, balanced picture of what sex is all about?
Why or why not?

2. What would you say is the media’s number one goal?

3. Think about how much time you spend each day on the following:

Media	Hour	Minutes
Books		
Social Media		
TV		
Music		
Internet		
Movies		
Other		
Total Time		

4. Considering your total media exposure, what effect do you think media images have on your attitudes about sex or on your behavior?

5. Do you think sex in the media affects you in any way? ____ Yes ____ No
If so, how?

6. Why do you suppose companies spend billions of dollars on sex in their music, movies, TV shows, social media, books, and internet ads?

The Media’s Formula: Sex → Viewers → Dollars = People Getting Rich

At what cost? Our minds?



Lesson Three – Does the Media Affect My Sexual Decision-Making?

REVIEW: Predict

5-15 minutes

Purpose:

Students participate in a class discussion about what would happen if they either weren't exposed to sexual messages in the media or were able to block it out of their minds.

Materials:

- YouTube videos

Facilitation Steps:

1. To summarize this lesson, conduct a class discussion asking students to predict what may happen to their values, morals, beliefs, and decision-making process if they either weren't exposed to sexual messages in the media or were able to block it out of their minds.

2. Write learners' responses on the board for each category: values, morals, beliefs, and decision-making process.
3. Share a video on the impact of sex in advertising. Here are some to consider:

Provocative Persuasion: The Art and Impact of Sex-Driven Marketing Ted Talk (5:55)

<https://www.youtube.com/watch?v=uM94ArKFzMA>

Subliminal Sex Messages in Advertising (1:24)

<https://www.youtube.com/watch?v=kMrKFXpUD0w>

Lesson Four – Healthy Relationships

Lesson Overview

This lesson gets students thinking about what constitutes a healthy relationship while understanding that middle school can be a perfect time for “group dating.” The students need to know how to set their boundaries and sexual limits before they begin entering more serious relationships.

Lesson Objectives

After completing this lesson, students will:

- Identify the specific traits of healthy and unhealthy relationships
- Understand why doing things in groups (group dating) is extremely important
- Think about and decide on their sexual limits/boundaries

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Power and Control Wheel</i> worksheet • <i>Healthy Relationships</i> slide presentation (optional)	1. Print/photocopy the <i>Power and Control Wheel</i> worksheet (one per participant). 2. Prepare the slide presentation for viewing, if using.	20 minutes
LEARN	• <i>Relationship Abuse</i> worksheet • <i>Dating Smarts: 20 Suggestions</i> worksheet	1. Print/photocopy the <i>Relationship Abuse</i> and <i>Dating Smarts: 20 Suggestions</i> worksheets (one of each per participant).	20 minutes
REVIEW	• <i>Parent/Guardian/Caring Adult Dating Expectations Letter</i> worksheet • <i>Dating Expectations Contract</i> worksheet • Video clip	1. Print/photocopy the <i>Parent/Guardian/Caring Adult Dating Expectations Letter</i> and <i>Dating Expectations Contract</i> (one of each per participant).	5-10 minutes

Lesson Four – Healthy Relationships

FOCUS: Healthy and Unhealthy Relationships

20 minutes

Purpose:

This activity gets students thinking about the characteristics of healthy and unhealthy relationships.

Materials:

- *Power and Control Wheel* worksheet
- *Healthy Relationships* slide presentation (optional)
- Whiteboard

Facilitation Steps:

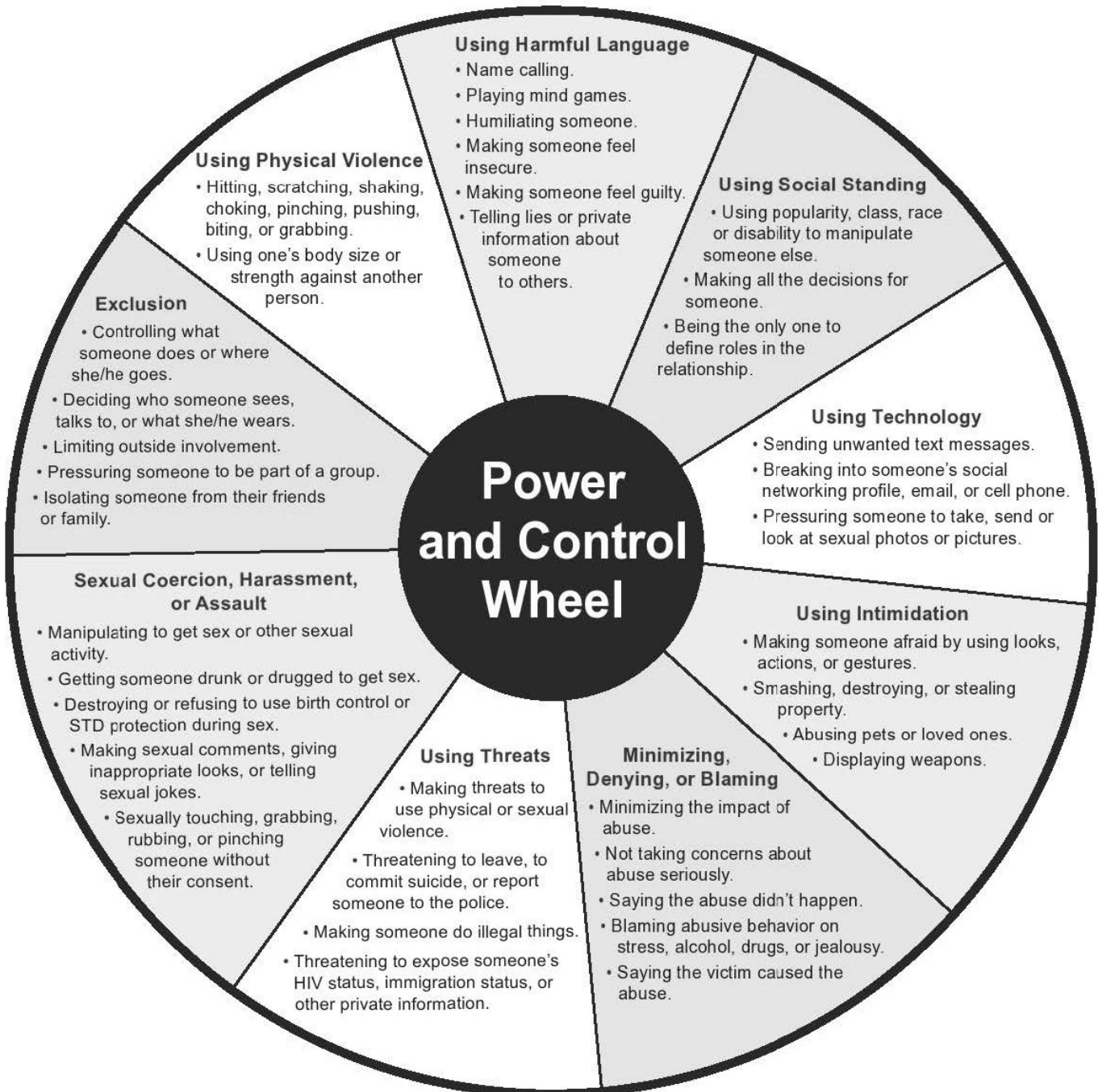
1. Introduce the lesson by explaining that we will discuss the traits/characteristics of healthy and unhealthy relationships. Define a relationship as how two or more people are connected and how they behave towards each other. There are relationships between friends, family, acquaintances and romantic partners.
2. Have students come up to the front (two at a time) and write on one side of the whiteboard any characteristics they can think of that constitute a healthy relationship. Have a few pairs of students do this.
3. Fill in any missing characteristics. Here's what the board should have (or some form of these):
 - Honesty and responsibility
 - Open communication
 - Intimacy
 - Physical affection
 - Fairness and negation
 - Shared responsibility
 - Respect
 - Trust and support

4. Explain that a strong dating relationship is based on equality and respect, not power and control. Tell students to think about how they treat and want to be treated by someone they care about.
5. Distribute the *Power and Control Wheel* (or share slide 2) and discuss how this behavior in a relationship is exactly the opposite of the characteristics on the board.
6. Compare the list on the board with the characteristics on the *Power and Control Wheel*.

Note: You may want to consider having students write the characteristics of healthy relationships (from the board) next to its opposite in the *Power and Control Wheel*.

7. Discuss why group dating now is critical to understanding and developing future relationships.

Power and Control Wheel



<https://safeplace.msu.edu/info-resources/relationship-violence/power-control-wheel>

Lesson Four – Healthy Relationships

LEARN: Relationship Abuse, Boundaries, and Dating

20 minutes

Purpose:

According to the American Academy of Pediatrics, adolescents start dating at an average of 12-13 years old. This activity will help students identify the characteristics of an abusive relationship. The lesson also includes good guidelines for dating.

Materials:

- *Relationship Abuse* worksheet
- *Healthy Relationships* slide presentation
- *Dating Smarts: 20 Suggestions* worksheet

Facilitation Steps:

1. Continue the discussion about relationships by distributing the *Relationship Abuse* worksheet and discussing the points in the first section. Discuss liking someone, going out/hanging out, and dating.
2. Ask: “Is there a difference between going out and dating?” Explain that going out or hanging out is not really a commitment to a real relationship. You may not be ready to be in a romantic relationship and just want to get to know one another a little better and have fun.

Dating involves going out more frequently with one person to get to know each other better, find out common interests, similarities, hopes and dreams, and possibly form a romantic connection, not necessarily sexually.

3. Ask: “What is group dating?” Explain that group dating is a good option when you are just starting to get to know someone. Group dating is the safest option because you get to have fun in a group setting. It also helps prevent unwanted physical advances. You can see how they get along with others, and there

is no commitment if you decide to just be friends.

4. Begin the slide presentation, starting with the third slide.

Slide 3: What Is Relationship Abuse?

What is relationship abuse? It is a pattern of abuse and manipulating behaviors used to maintain power and control over another person.

An abusive relationship means more than being hit by the person who claims to love or care about you. Abuse can be emotional, psychological, financial, sexual, or physical and can include threats, isolation, and intimidation.

Abuse tends to escalate over time. Abuse is always part of a larger pattern to try to control a person.

Slides 4-5: Self-Test

Have students take the self-test by reading through the questions and thinking about their answers. Tell them to answer the questions honestly if they are already in a relationship or about someone they know who may be in an unhealthy relationship.

Explain that, while we know some learners may not be in a relationship at this point in their lives, they should be aware of the characteristics of unhealthy relationships so they can avoid becoming involved with people who demonstrate these characteristics or who could help out a friend or family member that may be.

Explain that if they are in an abusive relationship or know someone who is in one, they should talk with a parent or an adult they trust who can help them or find the right person to help.

5. Have students get into pairs and discuss what kind of boundaries they need to set in present/future relationships regarding sexual activity.

6. Distribute the *Dating Smarts: 20 Suggestions* worksheet and tell students they should be ready to review this the next day.

Relationship Abuse

What is relationship abuse?

Relationship abuse is a pattern of abuse and manipulating behaviors used to maintain power and control over a former or current partner. An abusive relationship means more than being hit by the person who claims to love or care about you. Abuse can be emotional, psychological, financial, sexual, or physical and includes threats, isolation, and intimidation.

Abuse tends to escalate over time. When someone uses abuse and/or violence against a partner, it is always part of a larger pattern of behavior.

Self-Test: Is your relationship abusive?

Do you wonder if your relationship may be abusive? Ask yourself the questions below. The more “yes” answers, the more likely it is that you are in an abusive relationship.

Does your partner:

- Humiliate, insult, criticize, demean, or yell at you?
- Ignore or put down your thoughts, feelings, or accomplishments?
- Treat you so badly that you are embarrassed for your friend and family to see?
- Blame you for all the problems in your relationship or for their own abusive behavior?
- See you as property or a sex object, rather than as a person?
- Act excessively jealous and possessive?
- Control where you go or what you do?
- Keep you from seeing your friends or family?
- Check up on you all the time to see where you are, what you’re doing, and who you are with?
- Accuse you without good reason of being unfaithful or flirting?
- Limit your access to money or your phone?
- Have a bad and unpredictable temper?
- Destroy your belongings or things you value?
- Hurt you or threaten to hurt or kill you?
- Threaten to commit suicide if you leave?
- Force you to have sex?

Dating Smarts: 20 Suggestions

... to prepare for future dating experiences

1. Long-term relationships should be with someone who knows and shares your values and ideals.
2. Keep the relationship healthy. Long, passionate make-out periods get dangerous, and relationships become harder to satisfy without becoming longer and more passionate.
3. Understand each other's triggers. Learn to avoid the things that get hormones flowing to keep things from getting out of hand.
4. Getting physically intimate and/or sexually active in your relationship really IS dangerous! This is when hormones control your body, and the brain typically cannot think clearly!
5. Group dating is great common sense. You can have a lot of fun together, get to know others, and stay out of situations in which you can get too physical.
6. Do not start dating too early. The earlier you start, the harder it is to stay out of a physical relationship.
7. Plan your dates; know what you will do. Do not just "hang out;" have plans so you will not have long periods of time with nothing to do.
8. Know who you are dating. Make sure you know this person and are sure that you are in a safe situation. Another great reason for group dating.
9. Do not be in a place if you are not sure you are safe, such as alone in a car away from a place you can get help or at someone's house you don't know.
10. Make sure the other person knows your standards, limits, and boundaries before you go out with them.
11. Keep your reasons for waiting clearly in mind. You are waiting because you want to avoid the possibility of serious disease, unplanned pregnancy, and distorted relationships. Set your standards ahead of time, not when you are in the middle of a date.
12. Alcohol and drugs cloud judgment and weaken your ability to think clearly. Stay sober.
13. Do not fall for sexual come-ons and games; have some responses in mind.
14. Understand that you do not have to give a reason for saying no.
15. Find healthy ways to express your feelings for each other.
16. Start slowly and deliberately in a relationship. Moving fast when starting relationships can lead to them ending abruptly as well.

17. Know that if your family and friends do not approve of this relationship, in most cases, it is not a healthy one for you.
18. If you cannot talk about sex, sexual limits, boundaries, and your moral/values in a relationship, then you are too immature to be in it.
19. Ask yourself, “Am I happy because I am being respected?” or “Am I happy because I do not want to lose them?”
20. Know the extreme danger of “being under the influence” of hormones and know when to communicate before your brain is unable to think!

Share these with your parent/guardian/caring adult and see what they think.

Lesson Four – Healthy Relationships

REVIEW: Dating Expectations

5 minutes

Purpose:

In this activity, students receive a *Dating Expectations Contract* to work on with their parent/guardian/caring adult.

Materials:

- *Parent/Guardian/Caring Adult Dating Expectations Letter* worksheet
- *Dating Expectations Contract* worksheet

Facilitation Steps:

1. Distribute the *Parent/Guardian/Caring Adult Dating Expectations Letter* and *Dating Expectations Contract* worksheets to each student and review it as a group.
2. Explain that student should take these worksheets home to work through the contract with their parent/guardian/caring adult and return it to class the next day.

Name: _____

Class Period: _____

Dating Expectations

Dear Parent/Guardian/Caring Adult,

In this unit we are discussing healthy relationships and the warning signs of unhealthy ones. We have focused on the importance of open communication with families, the need to develop a strong sense of self, and the rationale in advocating for group dates before beginning a serious one-on-one relationship. Part of healthy relationships includes following the expectations of ourselves and our family. To help facilitate this with your child, we are asking you to create a list of future dating expectations with your child.

The objectives of this assignment are to:

- Support the foundation of open communication established between you and your children during the early childhood years
- Facilitate goal-setting and recognize the impact of choices on those goals
- Reinforce family values and morals regarding relationships/future dating

Please take time to sit down together and discuss your expectations of your child as they begin developing relationships. Feel free to use these prompts as starters for the discussion. Then, work together to create a list of expectations you have for relationships, group dating, and potential one-on-one dating. Use the *Dating Expectations Contract* to document your decisions and discussion.

- ♥ Group dating means ...
- ♥ The words date/dating make me think of ...
- ♥ I think of this when I hear romantic relationships ...
- ♥ I remember my first crush ...
- ♥ The first time I went on a date, I felt ...
- ♥ When I was in a relationship that ended, I remember ...
- ♥ At first, these things were important to me in a significant other ...
- ♥ As I matured, these were the things that were important to me ...
- ♥ I think my expectations within a romantic relationship changes as I matured because ...
- ♥ Some experiences I've had with unhealthy relationships are ...
- ♥ I've learned this from my dating experiences ...
- ♥ I would help your relationship/dating experiences include ...
- ♥ I expect ...
- ♥ When you begin dating, I will encourage and allow ...
- ♥ When you begin dating, these things are not okay with me ...
- ♥ These are places/people I encourage you to go/talk to regarding dating and romantic relationships ...
- ♥ These are people/places you should not learn from ...
- ♥ Things I think that are important for you to know/remember ...
- ♥ I realize that 80 is too old, but realistically not dating before the age of ...

After a good discussion, make an "Expectations Contract" on the next page.

Name: _____

Class Period: _____

Dating Expectations Contract

Having healthy relationships now with both sexes is important because: _____

We believe dating should be: _____

The following are our expectations for _____ when you begin dating:

We believe dating should begin when: _____

Other things we want you to know, remember, and prepare for:

Student Signature

Parent/Guardian/Caring Adult Signature

Date

Date

Developed by Laura Lokken and Tom Kidd, DeLong Middle School, Eau Claire, WI



Lesson Five – Where Could Relationships Go?

Lesson Overview

This lesson helps students realize that the sooner relationships go deeper, the higher the chance that physical intimacy will occur. They will learn about the power of hormones and their effect on decision-making.

Lesson Objectives

After completing this lesson, students will:

- Understand the teen sexual relationship continuum
- Understand the effect of hormones on the body and decision-making when it comes to sexual decisions
- Know and begin to use assertiveness and communication to prevent entering the “danger zone”
- Use critical thinking skills to look at healthy and unhealthy decisions they may make regarding sexual activity

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Dating Smarts: 20 Suggestions</i> • <i>Teen Sexual Relationship Continuum</i> worksheet • <i>Where Could Relationships Go?</i> slide presentation (slides 1-3)	1. Print/photocopy the <i>Teen Sexual Relationship Continuum</i> worksheet (one per participant). 2. Refer to the <i>Dating Smarts: 20 Suggestions</i> worksheet from the last lesson. 3. Prepare the slide presentation for viewing.	15 minutes
LEARN	• <i>Communicating Assertively</i> worksheet • <i>Just Say “Know”</i> worksheet • <i>Where Could Relationships Go?</i> slide presentation (slides 4-7)	1. Print/photocopy the <i>Communicating Assertively</i> and <i>Just Say “Know”</i> worksheets (one per participant). 2. Prepare the slide presentation for viewing.	25 minutes
REVIEW	• <i>Thinking Ahead: What Could I Do?</i> Worksheet • <i>Where Could Relationships Go?</i> slide presentation (slide 8)	1. Print/photocopy the <i>Thinking Ahead: What Could I Do?</i> worksheet (one per participant).	5 minutes

Lesson Five – Where Could Relationships Go?

FOCUS: Teenage Sexual Relationship Continuum

15 minutes

Purpose:

In this activity, students learn about the stages of a relationship, and how they can go from friendly and non-intimate to intimate. They learn about how to avoid the “danger zone” of a teenage relationship.

Materials:

- *Teen Sexual Relationship Continuum* worksheet
- *Where Could Relationships Go* slide presentation (slides 1-3)
- *Dating Smarts: 20 Suggestions*

Facilitation Steps:

1. Review the *Dating Smarts: 20 Suggestions* worksheet and healthy/unhealthy relationships information from yesterday.
2. Collect the completed *Dating Expectations Contract* from students.
3. Distribute the *Teen Sexual Relationship Continuum* worksheet.
4. Begin the slide presentation.

Slide 1: Where Could Relationships Go?

When you are in love or you like someone, your brain releases dopamine; dopamine is a “feel-good” hormone. Your serotonin levels increase, and then oxytocin is released. Oxytocin is known as the “love hormone,” which causes you to have a positive emotion that helps you form a trusting connection with the other person. You might feel butterflies in your stomach, a faster heart rate, and a feeling of excitement when seeing or spending time with them. This is when you must be careful. Because of the good emotions you are feeling, you may not think logically about your goals. This is when you could

potentially enter the “danger zone” in your relationship.

Slides 2-3: Teen Sexual Relationship Continuum

Discuss the continuum as a group. This should be a candid discussion with the students, discussing what they think happens at each stage.

Make sure the stages of the Danger Zone (three and four on the chart) are discussed heavily and explain the power of hormones.

Teen Sexual Relationship Continuum

How they start – how they could end up!

DANGER ZONE ! !			
Stage 1	Stage 2	Stage 3	Stage 4
<i>Flirting</i>	<i>Dating</i>	<i>“Physical Intimacy”</i>	<i>Sexual Intercourse</i>
• Notes • Smiling • Phone/computer/DM/texting • Flirting • Teasing	• “Going out • Doing things together • Appropriate PDA • Holding hands • Gift giving	• French kissing • Hickies • Oral sex • Touching inappropriately • Fondling	• Not thinking • Feel good physically • Forget goals/values • Forget consequences • Emotions out of control

When a Teen Enters the “Danger Zone”:

- ♥ Hormones take over
- ♥ You feel good
- ♥ Emotions/feelings guide your body
- ♥ Brain is unable to make healthy choices

To Build Healthy Relationships:

- ♥ Identify your goals **before** you enter a relationship and **communicate** these to your significant other
- ♥ Agree together to keep away from the danger zone
- ♥ Communicating early enough will help you be accountable to each other and control your hormones
- ♥ Understand this relationship continuum

Lesson Five – Where Could Relationships Go?

LEARN: Life Skills: Assertiveness and Communication

15 minutes

Purpose:

In this activity, students hear about a true situation that happened and discuss it as a group. They learn about and practice the skill of communicating assertively to help them avoid or deal with uncomfortable situations.

Materials:

- *Where Could Relationships Go?* slide presentation (slides 4-7)
- *Communicating Assertively* worksheet
- *Just Say “Know”* worksheet

Facilitation Steps:

1. Begin the slide presentation, starting with slide four.

Slide 4: Letter From a Student

Read the letter from a student and explain that this letter was written by a former student of a health teacher after she listened to the “Relationship Continuum” lesson.

Slide 5: Class Discussion Questions

After reading the letter, ask these questions of the class and take a few minutes to discuss.

Slide 6: Communicating Assertively

Distribute the *Communicating Assertively* worksheet and discuss two life skills needed in relationships: communication skills and assertiveness.

Slide 7: Just Say “Know”

Distribute the *Just Say “Know”* worksheet to each student and have them take a few minutes to complete it on their own. Then, have students get with a partner and discuss their answers for a few minutes.

Conduct a brief class discussion, asking whether any pairs agreed on what they would say or do regarding communicating assertively with this person about their thoughts/expectations for the relationship.

Did any pairs have very different answers? Have them share any answers they are willing to share with the large group.

Name: _____ Class: _____

Communicating Assertively

- Say “yes” or “no” firmly. Reinforce the message with head movements.
- Have shoulders back, head up, and feet planted solidly.
- Look the other person in the eyes.
- Repeat “yes” or “no” as often as necessary.
- Share what you are feeling in a nice way.
- Be direct; do not rely on subtle hints.
- Share how your concern is affecting you.
- Avoid complex excuses or apologies.
- Develop a reputation for meaning what you say.
- Do not be aggressive by attacking or putting people down.
- Share what you would like them to consider, think about, or what you want.
- Finish by saying “thank you.”

Name: _____ Class: _____

Just Say “Know”

Now that you “know” how to communicate more assertively and keep your friends, explain how you would prevent yourself from moving into the danger zone that we discussed in class. Imagine that you are 17 years old, and you are with someone you really like. You have just started the dating stage of your relationship.

I would say and do the following as we begin getting to know each other better:

SAY: _____

DO/NOT DO: _____

My Prediction Stories

Choosing to be sexually abstinent as a teen is **key** to your healthy life, happiness, and success! Know that **you** are in control of your emotions, hormones, and ultimately your behavior. Wise choices now will allow you to reach your goals!

Please be complete as you explain your answers.

Predict what your life might be like if you got someone pregnant or became pregnant while in high school or college before it was a life-long commitment decision, such as marriage.

Predict what your life might be like if you choose **not** to use drugs and **not** be sexually active before you have a life-long committed partner, such as with marriage.

Lesson Five – Where Could Relationships Go?

REVIEW: Thinking Ahead

5-10 minutes

Purpose:

In this activity, students think about what they have learned about relationships and how to apply what they have learned to their lives for the future.

Materials:

- *Thinking Ahead: What Could I Do?* worksheet
- *Where Could Relationships Go?* slide presentation (slide 8)

Facilitation Steps:

1. Show slide eight and review the directions for this activity.
2. Distribute the *Thinking Ahead: What Could I Do?* worksheet and discuss it briefly. Tell students they should complete it for the next class, either at home or, if time allows, during the remaining class time.

Additional Resource:

Search Institute

<http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>

Name: _____ Class: _____

Communicating Assertively

Instructions:

1. List five reasons some young people might have sexual intercourse when they are too young.
2. State why this would not be a good idea
3. Describe a possible personal consequence that could result if you had sexual intercourse for these reasons.
4. Suggest a better idea for each reason, which you could choose to do instead.

<u>#1 Reasons</u>	<u>#2 Not a Good Idea Because</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

<u>#3 Possible Consequences</u>	<u>#4 Better Ideas</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Lesson Six – Sexual Wellness and the Law

Lesson Overview

In this lesson, students will learn about the laws regarding sexual activity, especially as it relates to teens. They will also consider potential consequences of early sexual activity.

Lesson Objectives

After completing this lesson, students will:

- Identify specific consequences of early sexual activity related to wellness
- Identify several practical responsibilities to take to prevent suffering from the unhealthy consequences
- Understand the specific legal parameters designed to protect teens regarding sexual activity
- Identify resources that are available to people with issues regarding sexual activity and the law

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Whiteboard and dry erase markers	1. Prepare the board and markers for a class discussion.	5 minutes
LEARN	• <i>Wellness Wheel</i> worksheet • <i>Sexual Wellness and the Law</i> slide presentation • Blank slips of paper	1. Print/photocopy the <i>Wellness Wheel</i> worksheet (one per participant). 2. Prepare the slide presentation for viewing. 3. Ask a police officer to come for about 15 minutes to answer student questions about sex and the law. 4. Have blank slips of paper available for students to write questions on.	35 minutes
REVIEW	• <i>Imagine</i> worksheet	1. Print/photocopy the <i>Imagine</i> worksheet (one per participant).	5 minutes

Lesson Six – Sexual Wellness and the Law

FOCUS: Concerns

5 minutes

Purpose:

The purpose of this activity is to review the previous lesson and get students thinking about the concerns that accompany early sexual activity.

Materials:

- Whiteboard and dry erase markers

Facilitation Steps:

1. Review the discussion on the relationship continuum from the previous lesson.
2. Conduct a class discussion by asking the following question: What would your first worry be after having sexual intercourse with a teen your age?

Most of the time they will come up with the worry: Am I pregnant? or Did I get her pregnant? Share that this is just one of the consequences of early sexual activity.

Ask students to think of additional concerns they would have. List these on the board.

Lesson Six – Sexual Wellness and the Law

LEARN: Wellness and the Law

35 minutes

Purpose:

Learners will brainstorm in groups some possible consequences of early sexual activity as they relate to the seven areas of wellness and learn what the laws are regarding sexual activity.

Materials:

- *Wellness Wheel* worksheet
- *Sexual Wellness and the Law* slide presentation (slide 2)
- Blank slips of paper

Facilitation Steps:

Activity 1: Wellness Wheel

1. Distribute the *Wellness Wheel* worksheet and share slide two of the presentation.
2. Divide the class into five groups and assign each group a different wellness dimension.
3. Explain that students must brainstorm and write four consequences of early sexual activity/intercourse that relate to the wellness dimension they were assigned.
4. Give students three to four minutes to write down their answers.
5. Have each group appoint a “traveler.” This person will move from group to group and share their specific wellness dimension consequences.
6. Each traveler moves to their first group. This student will share the information about their dimension with the new group. The new group members record this and share their information about their dimension with the traveler, who will write this information onto their own wellness wheel sheet.

7. After two minutes, have the travelers rotate again in the order of the wheel dimensions. Have the travelers rotate a total of four times.
8. Have travelers return to their original group.
9. Students should complete filling out their wellness wheel.

Possible consequences for Wellness Wheel

It is important to note that everyone has a different definition of wellbeing. Some segments of the wheel may be more relevant to you than others, or you may feel other factors contribute to your wellbeing.

Relationship consequences:

- Risk your connections to friends, family, community, and others
- Your connection in an intimate relationship
- How you explore and/or express your sexuality
- Feeling supported by others and offering support back
- Being able to communicate what you feel and need to those around you

Emotional consequences:

- Regret/guilt
- Loss of self-confidence
- Depression/suicidal thoughts
- Confusion/your awareness of what you are feeling and why
- Stress/anxiety
- Fear of losing relationship if they don't engage in sexual activity

Physical consequences:

- Risk of contracting an STD
- Risk of contracting HIV
- Risk of pregnancy
- Neglect of physical health or going to the doctor
- Loss of sleep

Spiritual consequences:

- Lacking a sense of belonging in the world
- Not having a meaning and/or purpose in your life
- Not receiving comfort or support from your community
- Guilt for not following your faith
- Risk of pregnancy/questioning whether to keep the baby

School consequences:

- Loss of interest in grades/school and extracurricular activities
- Risk your education and/or career goals
- Poor attitude toward school and/or work
- Risk of dropping out of school to support a baby

3. If time permits, share a brief video relating to teen sexuality and the law. Here are a few to consider:

Why Is Consensual Sexual Activity Between Teens Criminalized? (2:34)

<https://www.youtube.com/watch?v=NSIPG7HYzrQ>

Understanding Consent (3:02)

<https://www.youtube.com/watch?v=raxPKklDF2k>

The Basics of Sexual Consent (2:21)

<https://www.youtube.com/watch?v=V5DecVLCJwY>

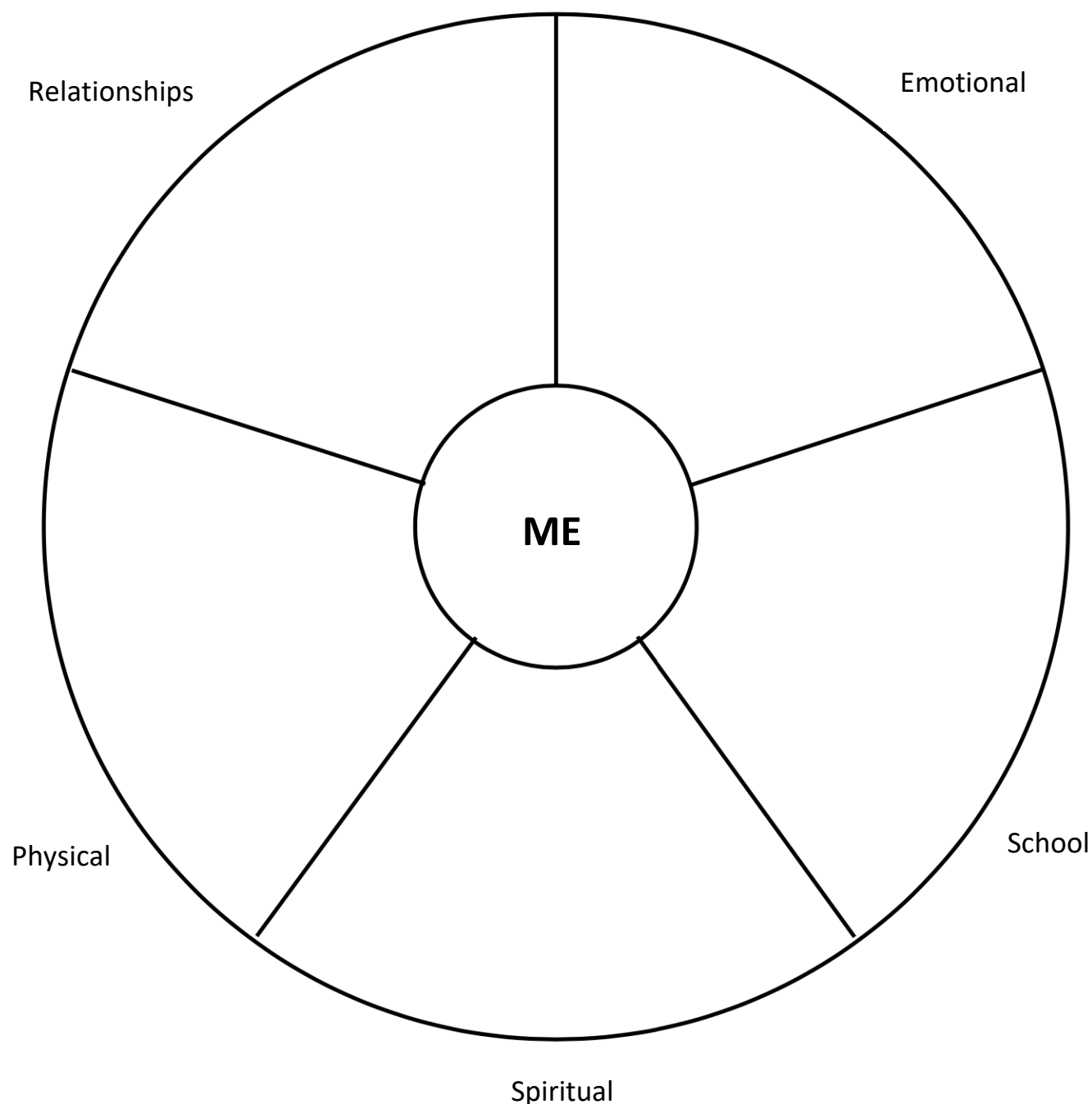
Activity 2: Sex and the Law

1. Have students remain in the same five groups and give them five minutes to brainstorm three to four questions they would like to ask the police officer about sex and the law.
2. Introduce the police officer and have them answer any appropriate questions that involve sex and the law. Ask the police officer to go over local laws pertaining to sexual activity for teens and describe resources available to anyone who may have an issue regarding sexual activity as it relates to the law.

Name: _____ Class: _____

Wellness Wheel

Instructions: Write four consequences of early sexual activity/intercourse that relate to the wellness dimension you are assigned.



Lesson Six – Sexual Wellness and the Law

REVIEW: Imagine

5 minutes

Purpose:

Students are given an extension/homework assignment that asks them to imagine some reactions they would have related to sexual activity and pregnancy.

Materials:

- *Imagine* worksheet
- *Sexual Wellness and the Law* slide presentation

Facilitation Steps:

1. Show slide three of the presentation and distribute the *Imagine* worksheet.
2. Explain that students should take this home, complete it, and have it done for the next class period. Alternatively, if time permits, students may complete it during class.

Name: _____ Class: _____

Imagine

Imagine you are 16 and in 10th grade. You just found out that either you are pregnant or got someone pregnant! **Think** of some of the issues you would have to consider and write about what you would do and how you would feel about each one:

1.
2.
3.
4.
5.

Imagine you are 18 and a virgin (sexually abstinent). Explain what responsibilities you took so that you remained a virgin. Explain what your future has in store for you.

Lesson Seven – Sexual Harassment

Lesson Overview

This lesson gives a student an understanding of the types of sexual harassment and the emotional, social, and legal dangers of related types of harassment, such as texting and sexting.

Lesson Objectives

After completing this lesson, students will:

- Understand what sexual harassment is and how to recognize it
- Recognize examples of the three types of harassment
- Know specific ways to take action against someone who is harassing them
- Know and be able to use specific communication strategies to combat harassment
- Understand sexting and its social/legal consequences

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>What Is Sexual Harassment?</i> worksheet • <i>Ways to Take Action</i> worksheet • <i>Sexual Harassment</i> slide presentation (slides 1-6)	1. Print/photocopy the <i>What is Sexual Harassment?</i> and <i>Ways to Take Action</i> worksheet (one of each per participant). 2. Prepare to view slide presentation.	15 minutes
LEARN	• <i>What is Sexual Harassment</i> worksheet • <i>Ways to Take Action</i> worksheet • <i>Sexual Harassment</i> slide presentation (slide 7)	1. Print/photocopy the <i>Ways to Take Action</i> worksheet (one per participant). 2. Prepare to view slide presentation.	20 minutes
REVIEW	• Smartboard or projector and laptop • <i>Sexual Harassment</i> slide presentation (slides 8-9) • Sexting video clip	1. Prepare to display the presentation and video.	10 minutes

Lesson Seven – Sexual Harassment

FOCUS: What Is Sexual Harassment?

15 minutes

Purpose:

This activity gets students thinking about sexual harassment and provides information to help them identify the various types of harassment and what they can do about it.

Materials:

- *What is Sexual Harassment?* worksheet
- *Ways to Take Action* worksheet
- *Sexual Harassment* slide presentation (slides 1-6)

Facilitation Steps:

1. Begin the slide presentation.

Slide 1: Sexual Harassment

Slide 2: What Is Sexual Harassment?

Ask students if they feel that they have ever been sexually harassed. Discuss what they know. What does sexual harassment mean to them?

Slide 3: Types of Sexual Harassment

Distribute the *What is Sexual Harassment?* worksheet. Ask students to read it to themselves and then ask if any of these things have ever happened to them or someone they know.

Slide 4: Examples of Sexual Harassment

Slide 5: Ways to Take Action

Distribute the *Ways to Take Action* worksheet and discuss.

Slide 6: Communicating Assertively to combat Sexual Harassment

Try to model some of these examples with tone of voice and body language.

Name: _____ Class: _____

What Is Sexual Harassment?

Sexual harassment is unwelcome sexual advances, requests, or verbal/physical conduct of a sexual nature. It often results from the behavior of someone who has obvious power over you. This person might be an employer, supervisor, coach, “trusted” adult, or even a relative. Sexual harassment is an abuse of power.

Note: Sexual harassment can be done face to face or via notes, internet, or phone.

How Can You Recognize Sexual Harassment?

1. Verbal	• Comments about your body, parts of your body, clothing, or sexual activity • Jokes, remarks, or teasing • Requests or demands for sexual favors
2. Nonverbal	• Insulting sounds • Leering or staring at your body • Obscene gestures
3. Physical	• Touching, pinching, groping • Frequent brushing up against your body • Sexual activity, including sexual intercourse

Types of Sexual Harassment

MILD	MODERATE	SEVERE
Whistling/catcalls/gestures	Sexual insults/teasing	Waiting or following to and from school/work, stalking you
Dirty jokes	Suggestive comments/vulgar comments	Threatening calls/letters/phone messages
Deliberate bumping or leaning	Spreading false sexual rumors	Grabbing/touching/groping
Blocking your path when you are walking	Dirty notes/letters/pictures	Exposure/cornering
Staring excessively	Lewd gestures	Sending/leaving you pornographic material
Comments about your body	Teasing about sexual orientation	Demanding details of your personal life
Repeatedly asking someone out on a date	Unwanted sexual phone calls/text messages (sexting)	Threatening sexual activity
Nonspecific sexual drawings	Personalized sexual drawings	Gang or group threats

Name: _____ Class: _____

Ways to Take Action Against Harassment

Since the statistics show that you are likely to be harassed at some point, here is some hands-on advice that will help make it clear to harassers that you will not tolerate any form of harassment!

- **Recognize that you have** the right to do something about the offensive behavior.
- **Do not ignore the situation.** By keeping quiet about what you are experiencing, you may be conveying that the behavior is somehow acceptable.
- **Do not blame yourself for the behavior of others.** If the harassment continues, talk to a parent, counselor, teacher, or close friend. Do not feel you have to face the situation on your own.
- **State very clearly that you do not like, want or appreciate their behavior.** One out of five situations involve a perpetrator who is in a position of power (teacher, coach, employer), but most situations will be with your peers.
- **Try to have witnesses when you confront the individual.** If the behavior persists, go to a counselor or tell the principal what is happening. The perpetrator will have to face the consequences of their behavior.
- **Get it in writing.** Write a report detailing exactly what is taking place. By chronicling what has happened, you will have a running history of the harassment.
- **If you feel that the people you turn to are unable to help you with the situation,** consider contacting a therapist, support group, lawyer, or the State Department of Education.

Communicating Assertively to Combat Sexual Harassment

- Say “yes” or “no” **firmly**. Reinforce the message with head movements.
- Have shoulders back, head up, and feet planted solidly.
- Say what you feel in a nice, but firm way.
- Look the other person in the eyes.
- Repeat “yes” or “no” as often as necessary.
- Be direct. Do not rely on subtle hints.
- Avoid complex excuses or apologies.
- Develop a reputation for meaning what you say.
- Do not attack or put people down
- Turn internet/phone harassers in to the proper authorities.

Lesson Seven – Sexual Harassment

LEARN: Taking Action

20 minutes

Purpose:

This activity provides information on how to take specific action against harassment and has students practice various scenarios using assertive communication techniques.

Materials:

- *Ways to take Action Against Harassment* worksheet
- *What Is Sexual Harassment?* worksheet
- *Sexual Harassment* slide presentation (slide 7)

Facilitation Steps:

1. Have students find a partner of the opposite sex or varying pronouns if possible.
2. Display slide seven of the presentation and have students use their *Ways to Take Action Against Harassment* worksheet for the activity. Explain that students are to practice communicating responsibly and assertively to any of the listed mild, moderate, or severe types of harassment found on the *What Is Sexual Harassment?* worksheet.

Each situation starts with one person stating to the opposite sex, “What if someone said/did this to you?” The second person responds in an assertive and responsible way.

Emphasize that students should be respectful towards one another and keep their hands to themselves. This is just practice and is not to be continued after today’s lesson.

3. Have students change roles and role-play at least two to three scenarios until they feel confident.
4. Circulate around the room and listen to examples, helping as necessary.
5. If time allows, have students find a new partner and practice again, then have two to three groups come in front of the class and perform their role-play.

Lesson Seven – Sexual Harassment

REVIEW: Sexting

10 minutes

Purpose:

Students learn about sexting and its social, emotional, and legal dangers.

Materials:

- Smartboard or projector and laptop
- *Sexual Harassment* slide presentation (slides 8-9)
- Video clip

Facilitation Steps:

1. Begin the slide presentation, starting with slide eight.

Slide 8: Scenario

Slide 9: Sexting and the Law

Sexting is the act of intentionally sending sexually explicit messages or photos electronically by computer or between cell phones.

Discuss sexting and its social, emotional, and legal dangers. Show the video embedded in the slide. Take a few minutes to discuss and answer the questions.

Should underage sexting be a crime? Should there be other rules and other options instead?

Lesson Eight - Sexually Transmitted Infections

Lesson Overview

An overview of the major sexually transmitted infections, their spread, and prevention.

Lesson Objectives

After completing this lesson, participants will be able to:

- Describe how Sexually Transmitted Infections (STIs) are spread
- Identify common symptoms of STIs
- Explain how to prevent STIs
- Identify facts and myths about STIs

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Index cards • <i>STI Risk and Vulnerability Visuals</i>	1. Gather one index card per student and write an “A” on one card, an “M” on two cards, a “C” on two cards, an “S” on two cards, and a “U” on the rest of the cards.	15 minutes
LEARN	• <i>Sexually Transmitted Infections</i> slide presentation • <i>STI Notes</i> worksheet	1. Prepare slide presentation for viewing. Note: Some images are graphic 2. Print/photocopy the <i>STI Notes</i> worksheet (one per participant).	30 minutes
REVIEW	• <i>STI Quiz</i> • <i>STI Quiz – Answer Key</i>	1. Print/photocopy the <i>STI Quiz</i> (one per participant). 2. Access the answer key for the quiz.	5-10 minutes

Lesson Eight – Sexually Transmitted Infections

FOCUS: STI Network

15 minutes

Purpose:

This activity demonstrates to students how comprehensively STIs spread and how to minimize their risk of infection.

Materials:

- Index cards
- *STI Risk and Vulnerability Visuals 1, 2, and 3*

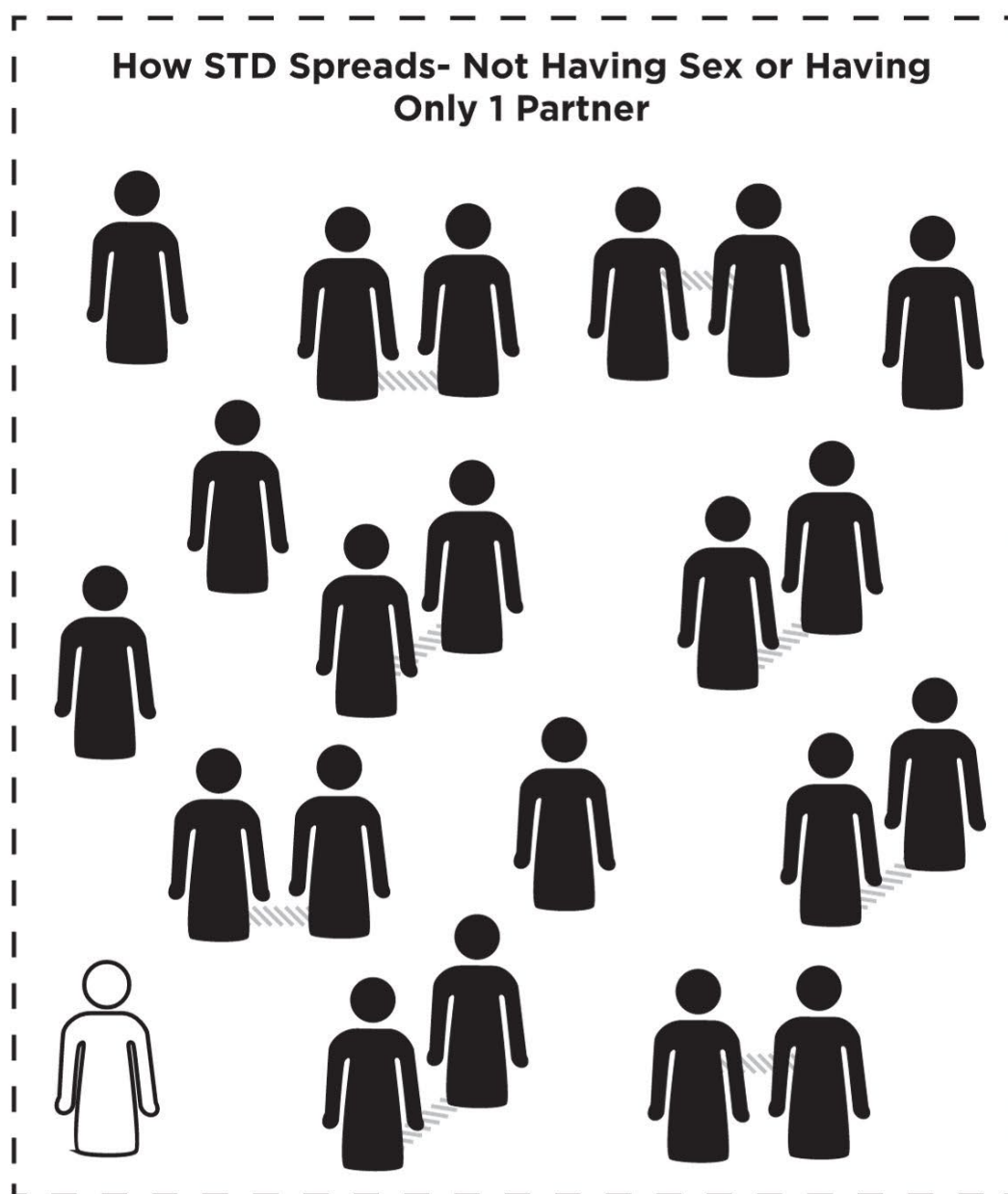
Facilitation Steps:

1. Each student receives one index card marked as follows:
 - One student receives an index card marked with the letter “A” (for “Abstinence”)
 - Two students receive index cards marked with the letter “M” (for “Monogamy”)
 - Two students receive index cards marked with the letter “C” (for “Condom”)
 - Two students receive index cards marked with the letter “S” (for “STI”)
 - All remaining students receive index cards marked with the letter “U” (for “Unprotected”)
2. Explain that STIs are caused by viruses and bacteria spread by sexual activity. These infections are treatable, but some are lifelong, like HIV and genital herpes.

STIs are especially common among young people who may believe that only “other people” catch STIs. Explain that STIs don’t always cause symptoms, so it is possible to feel fine and still have an STI.
3. Have students go around the room and have at least three classmates sign their index card, except for the students with cards marked “A” or “M.”
4. Quietly tell the student with the card marked “A” not to give or receive any signatures and the two students with cards marked “M” to only sign each other’s cards and no one else’s.
5. When students have collected signatures and returned to their seats, ask them how they feel. When most reply, “fine,” explain that people who have an STI will often feel fine but still have an infection that can be spread to others.
6. Explain that signing another student’s index card was like engaging in sexual activity with that person, and now some students have been exposed to an STI and will need to be tested.
7. Ask students to turn over their index cards and look for a small letter printed on the back. Ask the students with the letter “S” on their cards to stand up.
8. When these students are standing, ask the rest of the students to stand if they received a signature on their card from the two students who had an “S.”
9. When the next group of students stands, ask the rest of the class to stand if they received signatures from any of the students now standing. At this point, a large portion of the class should be standing.
10. Explain that the two students with cards marked with an “S” were infected with STIs and all the students now standing have been exposed to the STI and need to be tested.
11. Explain that STIs can spread to multiple people quickly, as demonstrated by the number of students standing up, and ask learners with the letter “C” on the back of their cards to raise their hands.

12. Explain to the class that these two students used condoms, which are not 100% effective but greatly help reduce the risk of spreading STIs.
13. Explain that these two students were exposed to the STI but used condoms correctly, so they did not get infected. These two students may sit down.
14. Ask the student with the letter “A” on their card to raise their hand. Explain that this student chose abstinence, which means not engaging in sexual activity with another person and is the only 100% effective way to avoid getting an STI.
15. Ask the learners with the letter “M” on their cards to raise their hands. Explain that these two students chose monogamy, which means having sex only with each other after getting tested for STIs. All students may sit down now.
16. Reinforce that abstinence is the only 100% foolproof way to avoid getting an STI, but monogamy (sex with only one partner, who is free of STIs) and condom use do help reduce the risk if a person chooses to engage in sexual activity.
17. Reference the *STI Risk and Vulnerability Visuals 1, 2, and 3*.
18. Ask students with an “A” or “M” how they felt about not participating in the activity with everyone else. Explain that although it may seem like everyone else is having sex, in truth, the CDC reports that 30 percent of high school students have engaged in sexual intercourse - assuming then 70 percent of students practice abstinence.

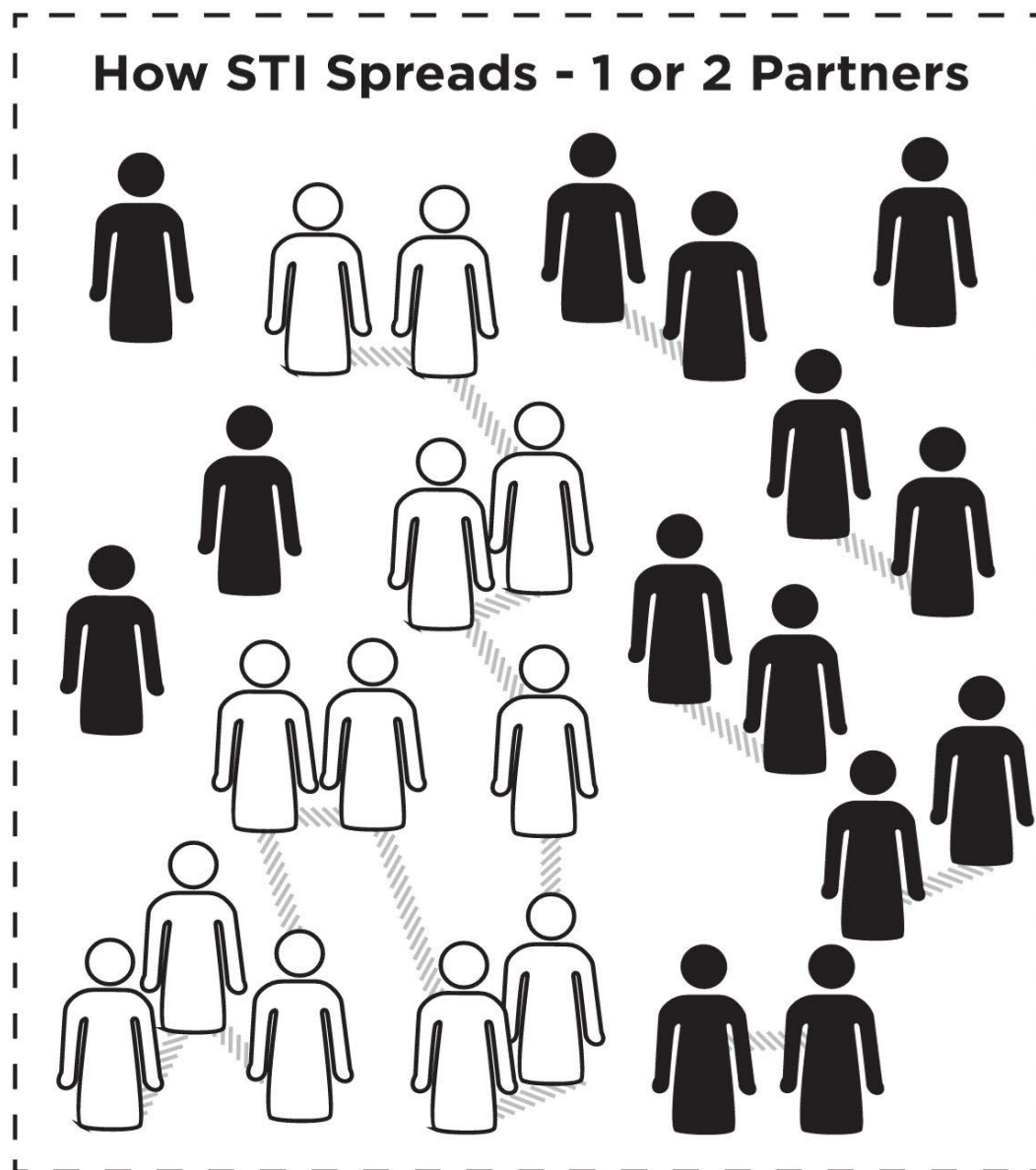
STI Risk and Vulnerability Visual 1



Adapted from: Family Life and Sexual Health (F.L.A.S.H.) Curriculum – High School Version, Grades 9–12, 2nd Edition
Public Health – Seattle & King County, Revised 2015 www.kingcounty.gov/health/flash



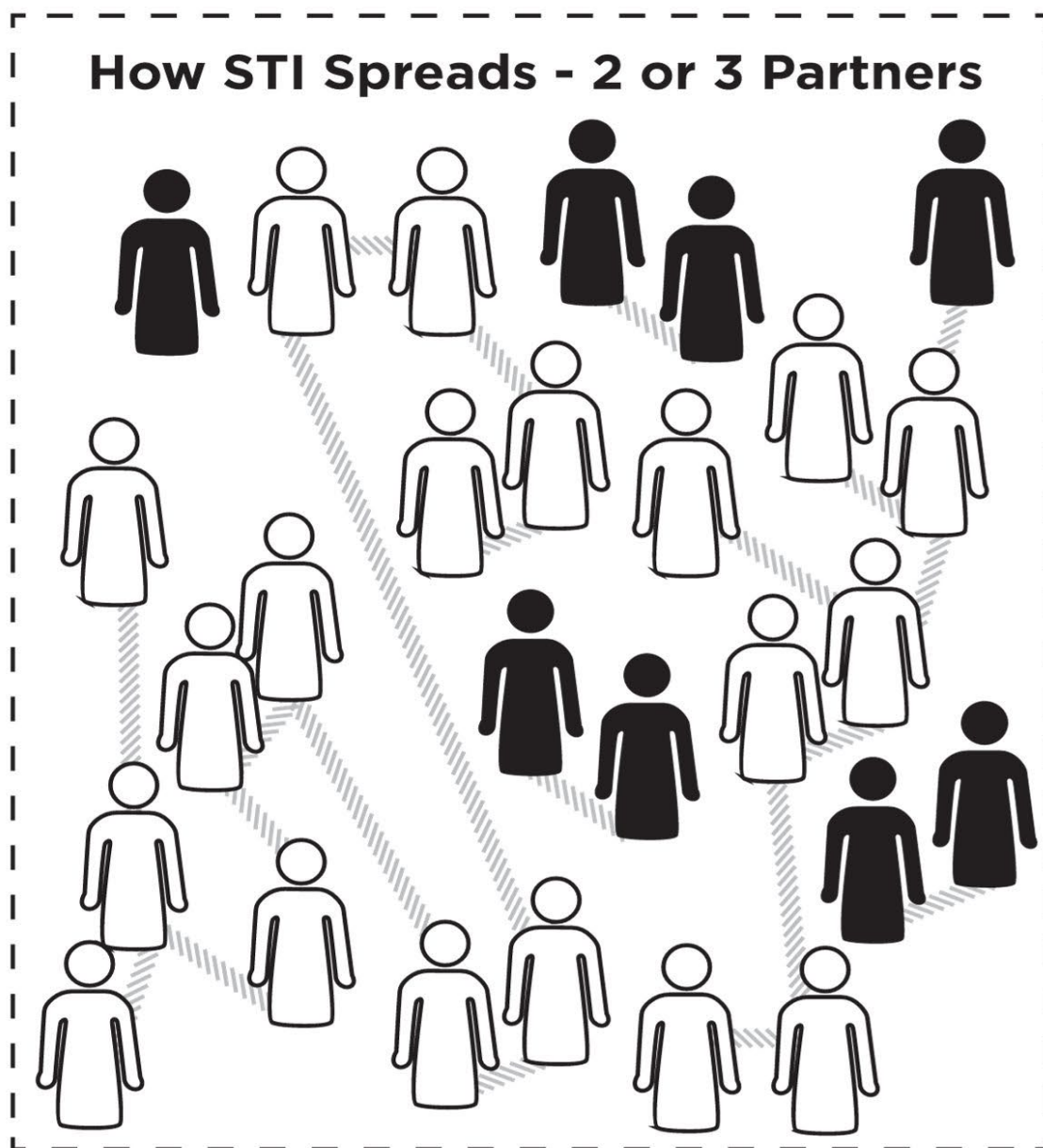
STI Risk and Vulnerability Visual 2



Adapted from: *Family Life and Sexual Health (F.L.A.S.H.) Curriculum – High School Version, Grades 9–12, 2nd Edition*
Public Health – Seattle & King County, Revised 2015 www.kingcounty.gov/health/flash



STI Risk and Vulnerability Visual 3



Adapted from: Family Life and Sexual Health (F.L.A.S.H.) Curriculum – High School Version, Grades 9–12, 2nd Edition
Public Health – Seattle & King County, Revised 2015 www.kingcounty.gov/health/flash



Lesson Eight – Sexually Transmitted Infections

LEARN: STI Presentation

30 minutes

Purpose:

Students work in groups to learn about the types, symptoms, transmission methods, and treatments for various STIs.

Materials:

- *Sexually Transmitted Infections* slide presentation
- *STI Notes* worksheet

Facilitation Steps:

1. Distribute the *STI Notes* worksheet and tell students that they should write down information as it is shared in the slide presentation.
2. Begin the slide presentation.

Slide 1: Sexually Transmitted Infections

Slide 2: STIs

Slide 3: Gonorrhea and Chlamydia

Slide 4 Treatment for Gonorrhea and Chlamydia

Slide 5: Syphilis

Slide 6: HIV and AIDS

Slides 7-9: HIV Myths and Facts

Slide 8: HIV Myths and Facts

Slide 10: Herpes Simplex

Slide 11: HPV (Genital Warts)

Slide 12: Scabies and Pubic Lice

Slide 13: Hepatitis B

Slide 14: The ABCs of Prevention

Slide 14: Key Takeaways

STI Notes

Note: All STIs are caused by a bacteria, virus, or parasite.

HIV/AIDS – No Cure Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____	Syphilis Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____
Chlamydia Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____	Human Papillomavirus (HPV) – No Cure Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____
Scabies and Pubic Lice Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____	Herpes Simplex Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____
Gonorrhea Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____	Genital Herpes – No cure Caused by a: _____ 2 symptoms/signs include: _____ _____ Treatment: _____

Lesson Eight – Sexually Transmitted Infections

REVIEW: STI Review Game

5-10 minutes

Purpose:

Students complete an assessment to review what they have learned.

Materials:

- *STI Quiz*
- *STI Quiz – Answer Key*

Facilitation Steps:

1. Distribute the *STI Quiz* and give students two to three minutes for completion.
2. Access the answer key and share answers to the questions with students.

Name: _____ Class: _____

STI Quiz

Match each term to its correct description by putting the letter in front of the description for the correct term.

Term	Letter	Description
A. Scabies and pubic lice		Affects the liver and can be spread via unprotected sex or shared needles
B. Abstinence		The most common STI, which can cause cervical cancer in some people
C. HIV		When used correctly, it is very effective at preventing STIs
D. HPV		The only way to avoid all STIs
E. Condom		Caused by parasites and cannot be prevented with condom use
F. Hepatitis B		Caused by bacteria and treatable with antibiotics
G. Herpes (HSV)		Spread by bodily fluids and affects the immune system
H. Chlamydia and Gonorrhea		A common virus affecting the mouth and genitals

STI Quiz – Answer Key

Match each term to its correct description by putting the letter in front of the description for the correct term.

Term	Letter	Description
A. Scabies and pubic lice	F	Affects the liver and can be spread via unprotected sex or shared needles
B. Abstinence	D	The most common STI, which can cause cervical cancer in some people
C. HIV	E	When used correctly, it is very effective at preventing STIs
D. HPV	B	The only way to avoid all STIs
E. Condom	A	Caused by parasites and cannot be prevented with condom use
F. Hepatitis B	H	Caused by bacteria and treatable with antibiotics
G. Herpes (HSV)	C	Spread by bodily fluids and affects the immune system
H. Chlamydia and Gonorrhea	G	A common virus affecting the mouth and genitals

Lesson Nine – Birth Control

Lesson Overview

In this lesson, students will learn how the male and female reproductive systems work. Common hormonal birth control methods and condom use will also be covered.

Lesson Objectives

After completing this lesson, participants will be able to:

- Explain how the menstrual cycle works
- List six forms of birth control
- Explain why abstinence is the most effective way to avoid pregnancy
- Identify condoms as the only form of birth control that can also prevent STIs

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• <i>Birth Control Methods Research Project</i> worksheet	1. Print/photocopy <i>Birth Control Methods Research Project</i> worksheet (one per participant).	50 minutes
LEARN	• <i>Birth Control</i> slide presentation	1. Prepare the <i>Birth Control</i> slide presentation for viewing.	50 minutes
REVIEW	• <i>Birth Control Quiz</i> • <i>Birth Control Quiz – Answer Key</i>	1. Print/photocopy <i>Birth Control Quiz</i> (one per participant). 2. Access the answer key to the quiz.	5-10 minutes

Lesson Nine – Birth Control

FOCUS: Birth Control

50 minutes

Purpose:

Students will collaborate to research different birth control methods and present their findings to the class.

Materials:

- Computers and/or textbook
- *Birth Control* worksheet, one per student

Facilitation Steps:

1. Ask students what kinds of birth control they have heard of and write their answers on the board. Circle six of the terms provided and tell students that they will be divided into six groups to research one of the six terms.
2. Tell students to count off by six to assign their groups and give each group one of the six terms and inform them that each group will work together to research their assigned method of birth control. Students can use the Internet and/or health textbooks to find appropriate information.
3. Students can use the questions on the *Birth Control* worksheet to guide their research. Inform students that each group will briefly present what they learned during the next class session.

Name: _____ Class: _____

Birth Control Research Project

Use the Internet to find the answers to these questions about your birth control method. Your group will share what you learned during our next class meeting.

Birth Control Method: _____

Research Question	Answer
1. How does this method work?	
2. How often do you have to replace it?	
3. Does it prevent sexually transmitted infections (STIs)?	
4. Does it contain hormones?	
5. How effective is it?	

Lesson Nine – Birth Control

LEARN: Birth Control Presentation

50 minutes

Purpose:

Students will present their findings to the class on their assigned birth control method. Further information will be shared in the slide presentation.

Materials:

- *Birth Control* slide presentation

Facilitation Steps:

1. Have students present their assigned method of birth control.
2. Share the slide presentation.

Slides 1-2: Birth Control

Slide 3: Female Fertility

Slide 4: The Follicular Phase

Slide 5: The Ovulatory Phase

Slide 6: The Luteal Phase

Slide 7: The Menses Phase (Menstruation)

Slide 8: Know Your Body

Slides 9-11: Male Fertility

Slide 12: Avoiding Pregnancy

Slide 13: Condoms

Slides 14-15: Using a Condom

Slides 16-17: The Pill

Slide 18: The Ring

Slide 19: The Shot

Slide 20: The Birth Control Implant

Slide 21: The Patch

Slide 22: The IUD

Slides 23-24: Emergency Contraception

Slide 25: If a Condom Breaks....

Slide 26: And Now a Word for the Guys...

Slide 27: And a Word for People Not Having Penis-in-Vagina Sex...

Slide 28: Remember

Lesson Nine – Birth Control

REVIEW: Quiz

5-10 minutes

Purpose:

Students complete an assessment to review what they have learned.

Materials:

- *Birth Control Quiz*
- *Birth Control Quiz – Answer Key*

Facilitation Steps:

1. Distribute the *Birth Control Quiz* and give students two to three minutes to complete it.
2. Access the answer key and share answers to the questions with students.

Name: _____ Class: _____

Birth Control Quiz

Instructions: Choose the correct answer for each question.

1. A woman's monthly cycle of fertility, including the follicular, ovulatory, luteal, and menstrual phases, is called the:
 - a. Female cycle
 - b. Period cycle
 - c. Tricycle
 - d. Menstrual cycle
2. The phase of the menstrual cycle that begins on the first day of the menstrual cycle when FSH causes egg follicles to grow.
 - a. Luteal phase
 - b. Follicular phase
 - c. Menstrual phase
 - d. Egg phase
3. During this phase of the cycle, the cervix opens slightly, and extra mucus is produced in preparation for sperm to fertilize an egg:
 - a. Fertile phase
 - b. Ovulatory phase
 - c. Pregnancy phase
 - d. Menstrual phase
4. This phase of the menstrual cycle occurs from about days 15-28 of the cycle as the hormone progesterone rises and a fertilized egg may implant in the uterus:
 - a. Luteal phase
 - b. Follicular phase
 - c. Menstrual phase
 - d. Fertile phase
5. If pregnancy does not occur, this is the phase during which the uterine lining is shed, resulting in vaginal bleeding:
 - a. Period phase
 - b. Luteal phase
 - c. Bleeding phase
 - d. Menstrual phase

6. In a male, sperm is produced in the:
 - a. Ovaries
 - b. Penis
 - c. Testes
 - d. Prostate gland
7. The sack containing the testes is called the:
 - a. Scrotum
 - b. Epididymis
 - c. Testicle bag
 - d. Prostate gland
8. This hormone stimulates sperm production:
 - a. FSH
 - b. Testosterone
 - c. Progesterone
 - d. LH
9. This fluid is produced by a male and contains mucus, plasma, and nutrients for the sperm:
 - a. Cervical mucus
 - b. Testicular fluid
 - c. Blood
 - d. Seminal fluid
10. How long can sperm survive in a female's body?
 - a. 24 hours
 - b. 5 days
 - c. 60 minutes
 - d. 15 minutes
11. The only form of birth control that also provides protection against sexually transmitted infections (STIs) is:
 - a. The ring
 - b. The condom
 - c. The pill
 - d. The shot
12. Hormonal birth control methods work by:
 - a. Killing sperm
 - b. Killing eggs
 - c. Blocking sperm
 - d. Changing the menstrual cycle

13. This form of birth control must be taken at the same time every day to be most effective:
- a. The patch
 - b. The pill
 - c. The ring
 - d. The shot
14. This is considered a long-acting type of birth control, and you must visit your medical provider to insert or remove it:
- a. The IUD
 - b. The implant
 - c. The pill
 - d. A and B
15. If you have trouble remembering to take a pill or change a patch or ring, this may be a good option instead:
- a. The shot
 - b. The IUD
 - c. The implant
 - d. All the above
16. The only 100 percent effective way to avoid pregnancy and STIs is:
- a. The pill
 - b. The condom
 - c. Abstinence
 - d. The IUD
17. True or False: Side effects of hormonal birth control, like headache and nausea, are usually temporary and go away in two to three months:
TRUE FALSE
18. True or False: Emergency contraception can be used as a regular birth control method.
TRUE FALSE
19. True or False: Emergency contraception is not effective when taken more than 24 hours after unprotected sex.
TRUE FALSE
20. True or False: If a condom breaks and you are unsure of your or your partner's STI status, you should both get tested.
TRUE FALSE

Birth Control Quiz – Answer Key

Instructions: Choose the correct answer for each question.

1. A woman's monthly cycle of fertility, including the follicular, ovulatory, luteal, and menstrual phases, is called the:
 - a. Female cycle
 - b. Period cycle
 - c. Tricycle
 - d. **Menstrual cycle**
2. The phase of the menstrual cycle that begins on the first day of the menstrual cycle when FSH causes egg follicles to grow.
 - a. Luteal phase
 - b. **Follicular phase**
 - c. Menstrual phase
 - d. Egg phase
3. During this phase of the cycle, the cervix opens slightly, and extra mucus is produced in preparation for sperm to fertilize an egg:
 - a. Fertile phase
 - b. **Ovulatory phase**
 - c. Pregnancy phase
 - d. Menstrual phase
4. This phase of the menstrual cycle occurs from about days 15-28 of the cycle as the hormone progesterone rises and a fertilized egg may implant in the uterus:
 - a. **Luteal phase**
 - b. Follicular phase
 - c. Menstrual phase
 - d. Fertile phase
5. If pregnancy does not occur, this is the phase where the uterine lining is shed, resulting in vaginal bleeding:
 - a. Period phase
 - b. Luteal phase
 - c. Bleeding phase
 - d. **Menstrual phase**

6. In a male, sperm is produced in the:
 - a. Ovaries
 - b. Penis
 - c. **Testes**
 - d. Prostate gland
7. The sack containing the testes is called the:
 - a. **Scrotum**
 - b. Epididymis
 - c. Testicle bag
 - d. Prostate gland
8. This hormone stimulates sperm production:
 - a. FSH
 - b. **Testosterone**
 - c. Progesterone
 - d. LH
9. This fluid produced by a male contains mucus, plasma, and nutrients for the sperm:
 - a. Cervical mucus
 - b. Testicular fluid
 - c. Blood
 - d. **Seminal fluid**
10. How long can sperm survive in a female's body?
 - a. 24 hours
 - b. **5 days**
 - c. 60 minutes
 - d. 15 minutes
11. The only form of birth control that also provides protection against sexually transmitted infections (STIs) is:
 - a. The ring
 - b. **The condom**
 - c. The pill
 - d. The shot
12. Hormonal birth control methods work by:
 - a. Killing sperm
 - b. Killing eggs
 - c. Blocking sperm
 - d. **Changing the menstrual cycle**

13. This form of birth control must be taken at the same time every day to be most effective:
- The patch
 - The pill**
 - The ring
 - The shot
14. This is considered a long-acting type of birth control, and you must visit your medical provider to insert or remove it:
- The IUD
 - The implant
 - The pill
 - A and B**
15. If you have trouble remembering to take a pill or change a patch or ring, this may be a good option instead:
- The shot
 - The IUD
 - The implant
 - All the above**
16. The only 100 percent effective way to avoid pregnancy and STIs is:
- The pill
 - The condom
 - Abstinence**
 - The IUD
17. True or False: Side effects of hormonal birth control, like headache and nausea, are usually temporary and go away in two to three months:
TRUE FALSE
18. True or False: Emergency contraception can be used as a regular birth control method.
TRUE **FALSE**
19. True or False: Emergency contraception is not effective when taken more than 24 hours after unprotected sex.
TRUE **FALSE**
20. True or False: If a condom breaks and you are unsure of your or your partner's STI status, you should both get tested.
TRUE FALSE

Lesson Ten – An Abstinent Lifestyle

Lesson Overview

In this lesson, students consider the positive points of an abstinent lifestyle and develop a personal plan to remain abstinent.

Lesson Objectives

After completing this lesson, students will:

- Identify the many positive attributes of abstinence
- Consider their commitment to staying abstinent
- Develop a game plan to remain abstinent and prevent teen pregnancy

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	Flipchart or whiteboard	1. Prepare for a class discussion.	10 minutes
LEARN	<i>Abstinence Game Plan</i> packet - Large, coated paper clips <i>Abstinence Contract</i>	1. Print/photocopy the <i>My Abstinence Game Plan</i> packet (one per participant): <i>Considering Abstinence as Part of Your Game Plan</i> <i>Thinking Ahead</i> <i>Offensive Strategy</i> <i>My Abstinence Game Plan</i> <i>My Abstinence Contract</i> 2. Secure large, coated paper clips for all students who may want one 3. Print/photocopy the <i>Abstinence Contract</i> (one per participant).	30 minutes
REVIEW	Whiteboard and dry erase markers	1. Research websites with teen pregnancy prevention information and write them on the whiteboard.	5 minutes

Lesson Ten – An Abstinent Lifestyle

FOCUS: Defining Abstinence

5 minutes

From: ReCAPP: Resource Center for Adolescent Pregnancy Prevention

Purpose:

Students consider the definition of abstinence and reasons for it.

Materials:

- Flipchart or whiteboard

Facilitation Steps:

1. Conduct a class discussion by asking students what they think abstinence is. Write responses on a flipchart or the whiteboard.
2. Ask the class, “What are reasons to consider abstinence?” Possible answers: protection from

STIs, pregnancy, emotional harm, spiritual harm, etc.

3. Ask students if people their age think about sex. Tell them that thinking about sex, having curiosity about sex, and learning about sex from their parents, school, and books is normal and healthy.
4. Explain the difference between thinking about sex and actually having sex. Tell the group that most young people their age think about sex, yet most are not having sexual intercourse.
5. Write down a working definition for abstinence on flipchart paper or white board

ABSTINENCE is avoiding sexual intercourse with another person. Sexual intercourse can be vaginal, oral, or anal. Tell students that we are not including kissing or touching in this definition of abstinence.

Lesson Ten – An Abstinent Lifestyle

LEARN: My Abstinence Game Plan

15 minutes

Purpose:

Students think about what they have learned in this curriculum and apply it to their plans for abstinence.

Materials:

- *My Abstinence Game Plan* Packet:
 - *Considering Abstinence as Part of Your Game Plan*
 - *Thinking Ahead*
 - *Offensive Strategy*
 - *My Abstinence Game Plan*
- *My Abstinence Contract*

Facilitation Steps:

1. Discuss the *My Abstinence Game Plan* packet, going through and giving students the time they need to think, feel, and write their responses.

Explain to students that they are to think about what they have learned during this unit as they write up their responses in the *My Abstinence Game Plan* materials.

After students are finished, they are to get their parent/guardian/caring adult signature (to nurture communication and build the trust process) and then sign their game plan themselves.

2. Discuss making a commitment regarding an abstinence decision. Offer any student a color-coated/gold paper clip. The paper clip is an outward sign that they have made a commitment to be abstinent.

Note that students do not have to wear the paper clip, or even take one. They may choose to be abstinent and not want to wear a paper clip.

Tell students who take the clip that they can wear it as much as they like. When asked “Why are you wearing a paper clip?” their response can be, “I’ve made a decision to be abstinent and this is my reminder!”

Each time students are asked that, it opens the door for discussion about their limits and reinforces the confidence needed to maintain their decision!

They are great to wear on group dates. They can make bracelets or necklaces to display their paper clips.

3. Have students read the *My Abstinence Contract* and secure two “best friends” and at least one parent/guardian/caring adult signature. This again nurtures communication and builds trust.

Name: _____ Class: _____

Considering Abstinence as Part of Your Game Plan

Abstinence: To abstain

To abstain means to voluntarily choose not to do something. When referring to sex, it means voluntarily choosing not to engage in sexual activity until marriage. Sexual activity refers to any type of genital contact or sexual stimulation including, but not limited to, sexual intercourse. Abstinence is the only 100 percent effective protection from the possible physical, mental, and social consequences of sex before marriage. Abstinence is the safest and healthiest lifestyle.

1. What do you think about abstinence? Does it seem positive or negative to you?
_____ Positive _____ Negative
2. How might sexual abstinence make it easier for you to accomplish your future goals?
3. Who will make the decision about whether or not you will be abstinent? How could this happen?
4. Who will benefit from the good choices that you make for yourself?

Self-Control

Self-control is the ability to follow rules that you set for yourself to succeed in life. Self-control is a sign of maturity, responsibility, respect for you, and respect for others.

1. Choosing sexual abstinence is about making wise, responsible decisions and exercising self-control. Do you think teens who control themselves sexually are better able to control themselves and make good decisions in other areas of their lives as well? Explain.
2. Do you think that someone who is able to exercise self-control is a strong person? Why?

Staying on Your Game

Teens who choose to be abstinent are not as likely to be involved in other risky behaviors. Sexually active teens are more likely to be involved in the following behaviors:

- Alcohol use
- Anti-social behavior
- Depression/suicide
- Tobacco use
- Illicit drug use
- Reckless driving

If you were to be sexually active, it is possible that some things could happen to you that you did not expect. In each of the four categories below, write down some of the possible outcomes that can happen to you.

PHYSICAL	EMOTIONAL	MENTAL	SOCIAL
What can happen to my body	How I feel about myself	What I now think about	How it affects my relationships with my family and friends

Could some of them happen to you? Yes No

Pick three of the consequences listed above and explain how they could affect your future.

Future Effect:

One in four sexually active teens gets an STD; and 750,000 teen girls get pregnant each year in the United States.

Name: _____ Class: _____

Offensive Strategy

In choosing abstinence, it is important to set limits in dating relationships. If physical activity progresses, do you think that it becomes easier or more difficult to stop and say “no” to sex?

_____ It becomes easier _____ It becomes more difficult _____ Not sure

What makes it difficult for teens to stop?

Is it possible that one person may want to stop, and the other person may not want to stop? Why would this be a problem?

Is setting physical boundaries a decision that you should make before you are emotionally involved with someone, or afterward? _____ Before _____ After WHY?

Think Ahead: Choosing abstinence requires boundaries for you because the further you go physically, the harder it is to stop.

Name: _____ Class: _____

My Abstinence Game Plan

_____ I choose to not only set my limits regarding sex but communicate them to those I may like.

My purpose (what I want my life to be about):

My goals (what I want to accomplish in life): _____

My educational goals: _____

My career goals: _____

My future family goals: _____

My Attitudes (the way I will think about myself and my future):

_____ I choose to value and respect other people

_____ I choose to help and encourage others

_____ I choose to be involved in community projects and school sports or other activities

_____ In order to protect my future and help me accomplish my goals, I choose to be sexually abstinent until in a committed, life-long relationship

Signed: _____

Print name: _____

My Fans (the people who will help me to accomplish my goals):

Parent/Guardian/Caring Adult: _____

Teacher(s) and Coach(es): _____

My Friend(s): _____

Abstinence Contract

Dear Friend and Parent/Guardian/Caring Adult

Will you promise to help me resist all the pressure to engage in sexual intercourse? I know that there are many mental, emotional, social, financial, and physical consequences if I make the very risky decision to become sexually active before marriage. My middle school and high school years are supposed to be some of the best years of my life, and I do not want anything to interfere with that or my future goals.

I also know that choosing to drink alcohol does not allow me to think of all the consequences of having sexual intercourse. I also understand the power of hormones and how they certainly could affect my decisions regarding sexual activity. I need the help of you, my friend and/or parent/guardian/caring adult to keep my belief strong and remain sexually abstinent.

Date: _____

My best friends' signatures:

Parent/Guardian/Caring Adult signature:

My Signature:

Lesson Ten – An Abstinent Lifestyle

REVIEW: Website Search

5 minutes

Purpose:

As information on abstinence becomes critical to your students, this extension activity has students find sound information over and above what you gave them about abstinence and teen pregnancy prevention.

Materials:

- Whiteboard

Facilitation Steps:

1. Research some websites with teen pregnancy prevention information and write them on the whiteboard.
2. Have students take the information down in their notebooks.
3. Explain that they are to go to any of the websites and find good, reliable, and factual information about teen pregnancy prevention.

After reading about it, they should write one to two paragraphs in their own words what they have learned.
4. The assignment should be collected during the next class, along with the *My Abstinence Game Plan* materials and signed forms.

Lesson Eleven – Pregnancy and Birth

Lesson Overview

In this lesson, students will learn about the miracle of life. They will follow fetal development from conception to birth.

Lesson Objectives

After completing this lesson, students will:

- Describe how humans develop from conception
- Identify stages of fetal development in the cycle of nine-month pregnancy
- Understand the risks involved with having a child too young

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS:	• none	1. N/A	5 minutes
LEARN:	• <i>Birth Process Vocabulary Terms</i> worksheet • <i>Pregnancy and Birth</i> slide presentation	1. Print/photocopy the <i>Birth Process Vocabulary Terms</i> worksheet (one per participant). 2. Prepare to present the <i>Pregnancy and Birth</i> slide presentation.	25 minutes
SUMMARIZE:	• Fetal development and birth review questions • <i>What Do You Know About Your Birthday?</i> worksheet	1. Print/photocopy the <i>What Do You Know About Your Birthday?</i> Worksheet (one per participant).	15 minutes

Lesson Eleven – Pregnancy and Birth

FOCUS: Introducing Fetal Development

5 minutes

Purpose:

This will introduce students to the topic of pregnancy and birth.

Materials:

- None

Facilitation Steps:

1. Choose two students to come up to the front of the class.
2. Stand between them and ask students in the class to look closely at the two students. Discuss that these two beautiful/handsome humans came from one egg and one sperm. That connection began life.
3. Cells started to multiply and differentiate. The cells became specific and were made into hair, skin, muscle and bone cells, etc. These make organs, like eyes, ears, heart, lungs, kidneys, liver, etc. These organs were all developed and are controlled by an organ called the brain. This amazing machine moves, thinks, reacts, and even loves. How cool/amazing is that?
4. Explain that today students will see how humans grow and develop within the womb.

Lesson Eleven – Pregnancy and Birth

LEARN: Pregnancy and Birth Presentation

25 minutes

Purpose:

This activity shows students the progression of development within the womb and the birth process.

Materials:

- *Pregnancy and Birth* slide presentation
- *Birth Process Vocabulary Terms* worksheet

Facilitation Steps:

1. Distribute the *Birth Process Vocabulary Terms* worksheet to each student.
2. Share the *Pregnancy and Birth* slide presentation. Discuss each slide as you present. Address any questions students may have.

Slide 1: Pregnancy and Birth

Slide 2: One Sperm + One Egg = You

Slide 3: Fetal Development Stages

Slide 4: 2nd Month – Embryo (1st Trimester)

Slide 5: What Does the Embryo Attach to so it Can Start to Grow?

Slide 6: The Uterus

Slide 7: 3rd Month – Fetus (1st Trimester)

Slide 8: 4th Month – Fetus (2nd Trimester)

Slide 9: 5th Month – Fetus (2nd Trimester)

Slide 10: 6th Month – Fetus (2nd Trimester)

Slide 11: 7th Month – Fetus (3rd Trimester)

Slide 12: 8th Month – Fetus (3rd Trimester)

Slide 13: 9th Month – Fetus (3rd Trimester)

Slide 14: What Connects Us to Our Mothers?

Slide 15: Umbilical Cord

Slide 16: What Does the Umbilical Cord Attach to so it Can Feed the Growing Embryo?

Slide 17: Placenta

Slide 18: What Is the “Bag of Water?”

Slide 19: And Then the Journey Begins...

Slide 20: Stages of Labor

Slide 21: You Are Here!

Slide 22: When Things Do Not Go as Planned

Slide 24: Questions?

3. Show a video of the birth process (preferably a real-life birth) and address any questions students may have after the video.

Alternatively, you may wish to use a model if a realistic video is too graphic. Here are a few animations to consider:

<https://www.youtube.com/watch?v=Mm7oz5xfboU>

<https://www.youtube.com/watch?v=GYmiCdoNOE0>

<https://www.youtube.com/watch?v=07ayxqS0R0I>

4. Distribute and review the *Birth Process Vocabulary Terms*.
5. Have students get into small groups to discuss ways to prevent a teen birth.

6. After a few minutes, reconvene as a large group and discuss what the various groups came up with for ideas.

Birth Process Vocabulary

Afterbirth	Tissues, fluids, and the placenta that passes out of the woman usually after the birth of the baby
Amniotic Sac	Covering around the fetus, also called the “bag of water”
Breech Birth	Baby is born feet first
Caesarian Birth	Baby is taken through the mother’s abdomen during surgery rather than delivery through the vagina
Cervix	The neck of the uterus, which must stretch open during labor (9-10 cm)
Embryo	First stage of development of a baby (1st three months)
Episiotomy	A surgical operation on a female to make the opening of the vagina larger to avoid tearing during delivery
Fertilization	The meeting of sperm and egg, also called conception
Fetus	Second stage of development of a baby (last six months)
Miscarriage	Baby dies inside the mother’s uterus and is passed out early
Placenta	Thick-walled, circular organ, rich in blood supply connected to the umbilical cord
Premature Birth	Baby is born early
Stillborn	Baby dies during labor and is born dead
Umbilical Cord	Lifeline from mother to baby that carries food, oxygen, and waste
Uterus	Pear-shaped, muscular-walled organ where fetus develops for nine months
Vagina	Birth canal and female sex organ

Lesson Eleven – Pregnancy and Birth

REVIEW: Review and Extension Activity

15 minutes

Purpose:

This activity serves as a review of the information presented in this lesson. Students are assigned an extension activity to work on with a parent/guardian.

Materials:

- Fetal development and birth review questions (below)
- *What Do You Know About Your Birthday?* Worksheet

Facilitation Steps:

1. Conduct a short review of the stages of fetal development and birth by asking the following questions, or adding others you would like to include:
 - How many trimesters are there in pregnancy? Answer: Three
 - What does the embryo attach to so it can start to grow? Answer: Uterus
 - What connects us to our mothers during pregnancy? Answer: Umbilical cord
 - What does the umbilical cord attach to so it can feed the growing baby? Answer: Placenta
 - How many stages of labor are there? Answer: Three
 - How many fetal development stages are there? Answer: Three, zygote, embryo, and fetus

2. Distribute the *What Do You Know About Your Birthday?* worksheet. Students will take this home to work on as an extension activity/homework.

Mention that if they aren't in touch with their biological parent(s), they can get full credit by doing an alternative assignment.

Name: _____ Class: _____

What Do You Know About Your Birthday?

If discussing this information may cause you frustration and/or distress, simply let your teacher know and you can do an alternative extension activity.

Ask your parent or guardian the following questions to see what new information you can learn.

1. How much did you weigh when you were born or brought home? _____
2. How many inches were you when you were born or brought home? _____
3. How long was your mother in labor? _____ Was this quick or long for her? _____
How long did your parent(s) have to wait to finalize the adoption? _____

4. How were you born (through the birth canal or by a C-section)? _____
5. What time were you born? How old were you when you were brought home? _____

6. Where were your parent(s) when your mom went into labor? How did your parents receive the news of your birth and that they would finally get to bring you home? _____

7. Did you have a lot of hair? _____ If so, what color was it? _____
8. Where were you born? (hospital, city, state, or country) _____

9. Did your family have a different name picked out for you? What was your name going to be if you had been the opposite sex? _____

10. Are there any unique qualities you had when you were born? Did anything happen during your birth or trip home that is funny, unique, and/or memorable for your family? _____

Student Signature: _____ Parent/Guardian Signature _____

Adapted by Laura Lokken, School Health Educator, DeLong Middle School, Eau Claire, WI



Lesson Twelve – RealCare Baby® Simulation Experience Part 1

Lesson Overview

In this lesson, participants are introduced to the RealCare Baby® infant simulator and the types of care events it requires. They then practice using each of the five care events in response to Baby's cries. Information and permission forms are given to each participant in preparation for the lengthier care simulation later in the course

Lesson Objectives

After completing this lesson, students will:

- Understand and administer care events for the RealCare Baby infant simulator
- Understand the responsibilities of taking care of the RealCare Baby infant simulator outside of class

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• RealCare Babies with accessories • Burping cloths (optional) • Receiving blankets (optional) • <i>Letter to Participant's Family</i> • <i>Parent/Guardian Permission Form</i> • <i>Safety Precautions</i> • <i>Participant Contract</i>	1. Prepare Babies with accessories for demonstration of all care events. 2. Purchase or obtain burping clothes and receiving blankets (optional). 3. Print/photocopy the <i>Letter to Participant's Family</i>, <i>Parent/Guardian Permission Form</i>, <i>Safety Precautions</i>, and <i>Participant Contract</i> (one of each per participant).	30 minutes
LEARN	• RealCare Babies with accessories • <i>A Crying Infant</i> worksheet	1. Print/photocopy the <i>A Crying Infant</i> worksheet (one per participant). 2. Prepare the Babies with accessories for a care simulation.	10 minutes
REVIEW	• Any materials used in previous activities within the lesson • RealCare Baby Guide Student App	1. Prepare to use the RealCare Baby Guide student app.	5-15 minutes

Lesson Twelve – RealCare Baby® Simulation Experience Part 1

FOCUS: RealCare Baby

30 minutes

Purpose:

This activity introduces participants to RealCare Baby and how it works. Participants also have an opportunity to practice care events (feeding, burping, rocking, diaper changing, and playing) with Baby.

Materials:

- RealCare Babies with accessories
- Burping cloths (optional)
- Receiving blankets (optional)
- *Letter to Participant's Family*
- *Parent/Guardian Permission Form*
- *Safety Precautions*
- *Participant Contract*

Facilitation Steps:

1. Introduce RealCare Baby to the class and explain that Baby is about the weight of a typical newborn, approximately six-and-a-half to seven pounds (three kilograms).
2. Activate Baby for demonstration.
3. Explain that Baby requires five care events: feeding, burping, diapering, rocking, and playing:
 - Feeding: Hold the bottle to Baby's mouth. Baby must be held during this time. The bottle cannot be propped up to feed. When Baby is "full," it will coo.
 - Burping: Hold Baby up to your shoulder or sit or lay (stomach down) Baby on your lap and gently pat its back. Consider using a burping cloth or receiving blanket to demonstrate this skill.
 - Diapering: There are two diapers with each Baby. Change Baby's diaper, alternating from the yellow diaper to the green one or vice versa. You must change the diaper, as it will not recognize simply taking off and putting on the same diaper. When the "clean" diaper is on, Baby will coo.

- Rocking: Hold Baby and rock it in your arms or while sitting in a rocking chair. Consider using a receiving blanket to demonstrate this skill. When Baby feels secure, it will coo.
- Playing: Hold Baby and pick up the rattle. Put the rattle in Baby's hands and keep providing movement at least a few seconds every 30 seconds until the conclusion of the playtime event. Baby will giggle during the playtime event. Alternatively, you may pick up Baby and shake the rattle near the Baby during the care event. Baby will coo when playtime is over.

4. Demonstrate each care event while explaining the following:

Note: Baby may chime when the ID is close but before the student picks up Baby.

- All care events must be preceded by Baby "recognizing" the caregiver with the unique wristband ID assigned to it. When Baby is picked up, it will recognize that student as the caregiver. The Baby will chime when it recognizes you and the care event has begun.
- Baby requires proper head support, just like a real infant. If Baby's head is not properly supported (head falls back), it will cry loudly and record the head support failure.
- Baby also records shaken baby (head moves back, forward, and back again in two seconds), wrong positioning (placed upside down for more than two seconds or on tummy for more than five seconds while sleeping), and rough handling (hit or drop).
- Baby tracks when it is exposed to dangerous sounds exceeding 94 DB (similar to a loud car horn). The abuse cry will ensue for 75 seconds, and it will be recorded as a mishandle event.

- It is encouraged to position Baby on its' tummy on the tummy time blanket during awake time. This is reported on the student report and is encouraged as one would do with a real infant.
 - Baby responds when spoken to in "awake" mode and babble back periodically. This information will be included as a data point on the report. Instructors should encourage students to talk to Baby periodically while in their care to encourage socialization and language development. It will also foster a closer bond during the simulation between the infant and caregiver.
 - Baby tracks exact times of any missed care events.
 - Although Baby records its care (feeding, burping, diapering, rocking, and playing) and safe handling during a simulation, Baby will not record during the demonstration mode. The only feedback provided by Baby during a demonstration is the stopping of crying and/or cooing/burping as the correct care is provided.
 - Later in the course, participants will have an opportunity to take Baby home to care for it, known as a "care simulation" experience. Details about preparing for the care simulation will be provided in the next lesson.
5. Give each participant or group of participants one Baby with accessories. If each participant has their own Baby, all care events can be practiced at the same time. If participants are sharing Baby, have them take turns practicing as you program Baby to demonstrate each of the five care events.
6. Program Babies to demonstrate each of the five care events. Alter event duration as needed. Circle the room and help, answering questions as necessary.
7. Encourage students to download the free RealCare Baby Guide student app for use during the simulation. More use instructions may be found in the software help guide, participant care card, and quick start guide provided with the program. Here are some of the features of the app:
- Real Time Status Information: The app reports when Baby is awake, asleep, in a care event, or in a mishandle event. This also helps students know that Baby is on and working, resulting in fewer calls to instructors.
 - Students may check how they are doing on care event and mishandles to make mid-simulation corrections
 - Journaling capability with a notes section that can be exported and emailed at the end of a simulation.
 - Random events/scenarios for students to respond to are sent to the app once each day during a simulation. This helps develop their problem-solving skills.
 - Care event and mishandle event how-to videos for students to review when they are unsure what to do.
 - Compatible with RealCare Baby® 3 and 4 for notes, journaling, and random scenarios. If you have a mixed population of Babies, those features of the student app may be used with both Babies.
8. After each participant has had an opportunity to try each care event, lead a class discussion, which might include questions like:
- What are some differences between Baby and a real infant?
 - What was the easiest skill to perform?
 - What was the hardest skill to perform?
 - What might you do if you completed all the care events and Baby continued to cry?
9. Give each participant a copy of the *Letter to Participant's Family and Parent/Guardian Permission Form*.
10. Briefly discuss these forms and explain the importance of sharing them with a parent or guardian.
11. Ask participants to return the signed permission form the following day.

Note: Given your audience, you may decide to not use these forms. If you do not use these forms, be sure to discuss the level of responsibility and care needed when caring for Baby outside of class.

12. Give each participant a copy of the *Safety Precautions* and *Participant Contract*.
13. Read through and briefly discuss each form.
14. Tell participants they need to sign and return these with the signed permission form.
15. Collect Babies and prepare for the next activity.

Letter to Participant's Family

Dear parents/guardians and family:

Your student will soon experience many of the responsibilities required of a new infant's caregiver. As a temporary caregiver, your student will care for RealCare Baby, a computerized infant simulator that must be supervised by your student at all times. Baby will cry and need to be fed, burped, rocked, played with, and have its diapers changed. It is your student's responsibility to tend to Baby's needs.

A small computer inside Baby is programmed to follow actual schedules of different newborns. Each day, Baby will be on a different schedule. Baby may need your student to care for it at inconvenient times, including when they are sleeping. Your student will be graded on learning how to keep Baby happy, their understanding of the full-time commitment of childcare, their persistence (getting through the care simulation without quitting), the care and condition of Baby and supplies, and returning everything to school on time.

Incidences of neglect, head support failure, shaking, rough handling, wrong position, no diaper, and other functions are recorded by Baby's computer and will lower your student's grade. Some of these behaviors will produce intense crying that your student should learn to avoid. This intense crying can be stopped by rocking Baby.

Your student will wear a waterproof wristband with a unique ID that must be present whenever your student cares for Baby. Without the ID, Baby will not accept care. The wristband must be in good condition and still on your student's wrist when Baby is returned.

You can help by providing emotional support and treating Baby as if it were real. Offer advice, but your student should do the actual work of caring for Baby.

The RealCare® Baby infant simulator uses computerized technology and represents a substantial investment by the sponsoring school or organization. If the RealCare Baby is abused, damaged, or lost while in my student's possession, I agree to reimburse:

_____ up to \$_____.
Organization name

Other charges may be assessed for damaged or missing accessories.

Lack of sleep may cause your student to become drowsy. Please do not allow your student to drive if overly tired. Instruct your student to pull over and care for Baby if it cries while they are driving.

Your student is scheduled to take the RealCare Baby® infant simulator home starting _____ and ending _____. For schedule conflicts, please contact the instructor.

Thank you for your patience and support in making this project a learning experience for your student!

RealCare Baby is a product of Realityworks, a company that specializes in interactive, science-based technology. Realityworks helps educators worldwide deliver unforgettable learning experiences that promote healthy choices and quality of life.



Parent/Guardian Permission Form

A response from you is requested whether permission is given or denied. Please read these statements and sign below:

The Realityworks RealCare Program will require the participant to be the sole caretaker of the RealCare Baby® infant simulator (Baby), whose sounds and behaviors replicate those of an infant. The experience is intended to demonstrate to the participant the full-time commitment required of a new infant's caregiver. Baby requires care throughout the day and night. When Baby cries, it is the responsibility of the participant to attend to Baby's needs.

Baby's crying and need for care may cause the participant to lose sleep and may disturb other family members. Lack of sleep may cause drowsiness. Do not allow the participant to drive if overly tired. You must understand all safety precautions the participant must be aware of while caring for the Baby.

Baby uses computerized technology and represents a substantial investment by the sponsoring organization. If Baby is abused, damaged, or lost while in the participant's possession, I agree to reimburse:

_____ up to \$_____.

Organization name

Please select one and sign where indicated.

☐ I understand the statements above and agree to allow _____ to participate in the care simulation with Baby.

Signature: _____ Date: _____

☐ I understand the statements above and do NOT wish _____ to participate in the care simulation with Baby. I understand that if I do not allow my student to participate in this project, they will not receive a lower grade because of my refusal. I understand that an alternative assignment requiring an equal amount of work and family involvement will be given as a substitute for this project.

Signature: _____ Date: _____



Safety Precautions

Read this list together with the participant. Signing this form indicates that you have read and understand all safety precautions that should be observed while the participant is caring for the RealCare Baby® infant simulator. The participant must return this form along with the *Parent/Guardian Permission Form* to participate in the care simulation.

Driving

- Baby may cry while the participant is driving. Please be aware that the crying may start unexpectedly, and the participant should be prepared.
- Do not feed, burp, rock, play with, change diapers, or otherwise care for Baby while driving.
- The participant must bring their vehicle to a complete stop in a safe location before caring for Baby or retrieving a piece of Baby's accessories that falls.
- In a motor vehicle, failure to install Baby in a car seat could result in Baby or its accessories becoming projectiles in the event of a sudden stop or accident.

Location

- Never leave Baby unattended in a public place. It could be mistaken for a real infant.
- Do not place Baby in or near water.
- Do not place Baby on or near a stove, especially while cooking.
- Baby should sleep somewhere close to the participant's sleeping quarters, but not in bed with the participant. Baby may fall out of the bed, or the participant could roll over on it, causing damage to Baby and discomfort to the participant.

Interaction with Others

- Loud crying near people with potentially serious physical conditions, such as those susceptible to heart attack or stroke, should be avoided.

- Do not allow small children to play with Baby. Baby's hands and feet are small enough to be a choking hazard.
- Baby's crying or other sounds may cause pets to become agitated or aggressive. Keep Baby out of the reach of pets or other animals.

Physical Precautions

- To avoid straining your arms, use an infant car seat or carrier to transport Baby, rather than holding Baby at all times. Holding techniques are listed on the *Participant Care Card* that accompanies Baby.
- Baby weighs around 6.5-7 pounds (3 kilograms) and could cause discomfort for participants with back pain.
- Do not operate any type of equipment or attempt tasks requiring the use of both hands while holding Baby.

Care Simulation Rules

- The participant must never remove their wristband. Not only will they be deducted points, but the ID may be lost, or the participant may stumble around in the dark looking for it if Baby cries during the night.
- The participant should note in their *Caregiver Journal* or the notes section of the RealCare Baby Guide student app when they had to delay caring for Baby because their safety or the safety of others may have been compromised.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Participant Contract

To begin the simulation experience, I will plan with my instructor to pick the RealCare Baby® infant simulator (Baby) up at an agreed upon time, to begin the simulation experience. I understand that as I take Baby home to participate in the simulated caregiving experience, I am responsible for its care. If I do not return it on the scheduled return day and time, I will be penalized in my grade for the class. If I fail to return Baby or do not return it in the same condition as it was when I took it home, I or my family will be responsible for paying the cost of replacing Baby.

Read each point aloud and sign at the bottom.

I promise to:

- Accept full responsibility for Baby
- Take care of Baby as if it were a real, live infant
- Carry Baby and its accessories with me at all times, wherever I go
- Keep Baby out of the reach of young children and pets or other animals
- Always use a car seat, if available, to properly transport Baby in a vehicle
- Never try to care for Baby while driving or operating machinery
- Never leave Baby alone or with someone else unless previously authorized by my instructor
- Never expose Baby to water or moisture
- Never place Baby in direct sunlight or in an area of excessive heat
- Never abuse or neglect Baby, instead treating it gently and patiently
- Never tamper with Baby's electronics, ID, or wristband
- Keep a complete record of all information required in my *Infant/Toddler Schedule* and *Caregiver Journal* or the RealCare Baby Guide student app
- Keep Baby for the entire assigned period
- Turn in my completed *Infant/Toddler Schedule* and other assignments required at the end of my assigned time
- Turn in my completed *Caregiver Journal* or email my notes from the RealCare Baby Guide student app to my instructor
- Return Baby only to the instructor or person designated by the instructor

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Lesson Twelve – RealCare Baby® Simulation Experience Part 1

LEARN: A Crying Infant

20 minutes

Purpose:

This activity exposes participants to a crying infant and points out that they may not be able to figure out why they are crying right away. Discussion relating to personal encounters with a crying infant gets participants involved in the discussion.

Materials:

- Babies with accessories
- *A Crying Infant* worksheet

Facilitation Steps:

1. Set up at least three Babies on a table at the front of the classroom.
2. Ask for volunteers (one per Baby) to care for the Babies at the front of the classroom.
3. Divide the class into groups (one per volunteer) and assign each group to observe one of the caregivers at the front of the classroom. Each group should have a different caregiver to observe.
4. Give each participant a copy of the *A Crying Infant* worksheet.
4. Tell groups that they are to observe their caregiver and note what the caregiver does to try to soothe Baby by checking from the list on the worksheet. They should check “Yes” or “No” to indicate whether the action of the caregiver was what Baby needed to stop crying.
5. Program Babies to demonstrate any care event, selecting a different care event for each Baby (unknown to the volunteers) and setting the event duration to last 90 seconds.
6. Tell caregivers they are to figure out what Baby needs to make it stop crying. If caregivers are unable to get Baby to stop crying after 120 seconds, tell them which care event is needed.
7. After the exercise, point out that it took several attempts to find out what was wrong with Baby within 120 seconds. Once a caregiver spends more time with an infant, they gain a better idea of the infant’s schedule and will be better able to anticipate what the infant needs. Over time, the infant’s various cries will be easier to distinguish and will help the caregiver determine what the infant may need.
8. Tell groups to discuss the questions on their worksheets. Ask for volunteers to share answers.

Name: _____ Class: _____

A Crying Infant

Instructions: Observe your caregiver and note what they do to try to soothe the RealCare Baby® infant simulator (Baby). Check “Yes” or “No” to indicate whether the action of the caregiver was what Baby needed to stop crying.

Caregiver’s Name: _____

Action	Yes	No
Feeding		
Burping		
Diapering		
Rocking		
Playing		
Other: _____		

How did Baby make you feel when it was crying?

How did the caregiver feel when trying to figure out what was wrong with Baby?

Have you ever taken care of an infant who cried a lot? Yes No

If yes, did you get frustrated or stressed by all the crying? Yes No

If yes, how did you handle your frustration or stress?



Lesson Twelve – RealCare Baby® Simulation Experience Part 1

REVIEW: Baby Summary

10 minutes

Purpose:

This activity serves to reinforce what participants have learned in the lesson.

Materials:

- Any materials used in previous activities within the lesson
- RealCare Baby Care Guide student app

Facilitation Steps:

1. If possible, have students download the free RealCare Baby Care Guide student app to their smart phones and access each of the care event videos to give an overview of what students can expect when they take Baby home.
As an alternative, you can do a quick demo of all of the care events live for them again to remind them what they should expect in caring for Baby.
2. Conduct a brief discussion by posing the following questions and asking volunteers to answer:
 - What are the five care events that Baby requires?
 - *Answer: Feeding, burping, diapering, rocking, and playing*
 - All care events must be preceded by what?
 - *Answer: Baby recognizing the caregiver with the unique wristband ID assigned to it.*
 - If Baby's head is not properly supported (head falls back), what will happen?
 - *Answer: It will cry loudly and record the head support failure.*
 - Besides head support failure, Baby will also record/track what?
 - *Answer: Shaken baby (head moves forward and back again in two seconds), wrong positioning (placed upside down for more than two seconds or on tummy for more than five seconds while sleeping), rough handling (hit or drop), loud noise, missed and successful care events, time in a car seat, temperature, tummy time, time the student talked to Baby, and what clothes it wears*

Lesson Thirteen – RealCare Baby® Simulation Experience – Part 2

Lesson Overview

In this lesson, students practice giving care based on the needs demonstrated by RealCare Baby infant simulator (Baby). It will provide a hands-on experience as to the consequences of teen pregnancy.

Lesson Objectives

After completing this lesson, students will:

- Understand and respond to the demands of a young infant
- Master the care of Baby during the simulation experience
- Understand that being a sexually active as a teen can have real and lasting consequences

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS:	• <i>Participant Care Card</i> • RealCare Baby Care Guide student app • <i>Care Simulation Instructions</i> handout • Babies with accessories • <i>Tracking Practice</i> worksheet	1. Print/photocopy the <i>Participant Care Card</i>, <i>Care Simulation Directions</i>, and <i>Tracking Practice</i> (one of each per participant). 2. Have students download the free app. 3. Prepare Babies with accessories for demonstration of all care events.	15 minutes
LEARN:	• <i>Readiness Quiz</i> • Babies with accessories • <i>Infant/Toddler Schedule</i> • <i>Caregiver Journal</i> • <i>Sample Simulation Report</i> • <i>Assessment Rubric</i>	1. Print/photocopy the <i>Readiness Quiz</i>, <i>Infant/Toddler Schedule</i>, <i>Caregiver Journal</i>, <i>Sample Simulation Report</i>, and <i>Assessment Rubric</i> (one of each per participant). 2. Prepare Babies with accessories for care simulation.	20 minutes
REVIEW	• <i>Readiness Quiz – Answer Key</i>	1. Have the answer key available for reference.	10 minutes

Lesson Twelve – RealCare Baby® Simulation Experience – Part 2

FOCUS: Care Event and Tracking Practice

15 minutes

Purpose:

This activity prepares participants to take the RealCare Baby® infant simulator (Baby) home for an extended period of time. Participants learn how Baby works and how to properly respond to and track its basic needs.

Materials:

- RealCare Baby Care Guide student app
- *Participant Care Card*
- *Care Simulation Instructions*
- Babies with accessories
- *Tracking Practice*

Facilitation Steps:

1. Give each student a *Participant Care Card* and the *Care Simulation Instructions*. Briefly discuss. Explain that both of these resources should be taken home and used during the care simulation, as needed.
2. Encourage students to download the RealCare Baby Care Guide student app for use during the simulation. Explain that care event and mishandle event videos will be available for viewing if needed.
3. Explain the many features of the app and how to use it, encouraging students to explore the app as well.
4. Program Babies to demonstrate all care events in random order.
5. Give each participant or group of participants one Baby with accessories. Explain that each Baby will require care and their job is to figure

out what that care is and how to properly respond.

The first participant or group to finish the demonstration, properly responding to all care events, “wins.”

6. Give each participant the *Tracking Practice* worksheet and explain to them that it is now their job to not only figure out how to properly respond to Baby but to also track the care needed as well as the time it occurred.
7. Explain that this demonstration is a condensed version of what would happen when caring for a real infant.
8. After the demonstration is complete and a winner or winning group has been identified, lead a class discussion by asking participants to share the care events performed, in sequential order.
9. Ask, “What was different with Baby than what would happen with a real infant?”

Possible Answers: Actual care would take longer, diapers would be soiled thus need to track bowel movement(s), bottle would contain liquid thus need to track how much the infant ate, no additional tracking needs since Baby does not play or accrue additional problems throughout the day.

Name: _____ Date: _____

Care Simulation Instructions

Care for the RealCare Baby® infant simulator (Baby) for the specified period set by your instructor. Use the *Participant Care Card*, if provided, and the RealCare Baby Care Guide student app as helpful resources and do not forget the basics:

- When Baby cries, pick it up while carefully supporting the head
- When you hear the chime, try:
 - Feeding
 - Burping
 - Rocking
 - Diapering
 - Playing
- When Baby cries due to the following, rock Baby:
 - Rough handling
 - Head support failure
 - Shaken Baby
- Talk to Baby and Baby will babble back in response periodically if awake.
- Position Baby on its' tummy on the tummy time blanket to strengthen Baby's neck muscle during 'awake' time
- If no chime, Baby may be in the wrong position; try placing Baby on its back

Note: You can check the status of the Baby on the RealCare Baby Guide student app

Some infants are more challenging than others. Your goal is to satisfy Baby's needs as best you can.

The wristband with ID should remain on your wrist, in good condition, throughout the care simulation. Your instructor will remove it when you return Baby to class.



Name: _____ Class: _____

Tracking Practice

Instructions: For each care event the RealCare Baby® infant simulator requires, indicate the date/time and order in which the care occurred (i.e., first, second, third, and fourth).

Date/Time	Feeding	Rocking	Diapering	Burping	Playing



Lesson Twelve – RealCare Baby® Simulation Experience – Part 2

LEARN: RealCare Baby Assignment

20 minutes

Purpose:

This activity prepares participants for their care simulation. Participants receive their RealCare Babies with accessories and complete a worksheet that measures their understanding of the simulation. They also receive their caregiver journals and review the criteria that you will use to evaluate quality of participation.

Materials:

- *Readiness Quiz*
- RealCare Babies with accessories
- *Infant/Toddler Schedule*
- *Caregiver Journal*
- *Sample Simulation Report*
- *Assessment Rubric*

Facilitation Steps:

1. Give each participant the *Readiness Quiz* and instruct them to complete it individually. Distribute the RealCare Babies with accessories as participants complete the quiz.

Note: Quiz answers will be provided and discussed during the review activity of this lesson.

2. Give each participant the *Infant/Toddler Schedule*. Explain that they should write in the schedule after each care event, noting the time of the event, type of event, and any comments. Explain that they will be asked to share schedule entries later.
3. Give each participant the *Caregiver Journal*. Tell participants that they should write in the journal three times per day, explaining any problems or challenges, thoughts, or feelings. Explain that they will be asked to share journal entries later.

4. Give each participant a copy of the *Sample Simulation Report* and *Assessment Rubric*. Briefly explain grading and assessment procedures.
5. Lead a class discussion by asking the following questions:
 - How do you think others will react to the RealCare Baby infant simulator (Baby)? You must be prepared for a variety of responses from adults and other young people. Some people may initially think Baby is real. What are some ways people may react, and how might you handle those reactions?
 - What will you tell people who want to hold Baby? Remember Baby reports all forms of mistreatment, regardless of who is responsible. Be sure everyone who holds Baby knows how to do it carefully, just as if Baby were a real infant.
 - How can Baby's sensitive skin be protected? Baby is sensitive to ink pens, newsprint, and unwashed clothing. Baby's skin absorbs ink and dye. Keeping Baby clothed in its blue or pink, long-sleeved, long pants outfits or wrapped in a blanket helps protect the skin.
 - How will you handle emergencies? Consider providing participants with a means to contact you (i.e., home or cell phone number) in case of an emergency. You may also consider showing them the emergency start/stop feature, but Realityworks suggests not telling them about this feature unless they contact you first and it is indeed an emergency.

6. Instruct participants to return their Babies with accessories prior to the start of the next class or school day, or as fits best with your schedule for this curriculum, allowing time to download and print the simulation reports.

Name: _____ Class: _____

Readiness Quiz

Instructions: Answer the following questions by writing your response in the space provided.

1. List at least four types of care you will provide for the RealCare Baby® infant simulator (Baby).

2. List three other sounds (besides crying) Baby makes.

3. Before you can provide care for Baby, you must hear the _____ that means Baby recognizes you.
4. Baby will record neglect if it takes you longer than _____ minute(s) to care for it.
5. Although real infants may be fussy for long periods of time, Baby will not be fussy for more than _____ minute(s).
6. List two things that happen if Baby is roughly handled, abused, or its head is not supported.

7. There are many things that you can do to prevent rough handling and head support failure. List two.

8. List three things that can permanently stain Baby's skin.

9. What can you do to help protect Baby from stains?

10. How can you simulate bathing Baby?

11. Have you read and signed the *Safety Precautions* and *Participant Contract*?
___ Yes ___ No (You must do so before caring for Baby outside of class.)



Name: _____ Class: _____

Infant/Toddler Schedule

Instructions: For each care event the RealCare Baby® infant simulator (Baby) requires, write down the date and time. For feeding, note how long it took to feed since you cannot indicate quantity fed as with a real infant. Indicate how long Baby slept. In the Comments column, note how you are feeling (normally this column would be used to convey any information you would want to share with the parent/guardian if you were in a caregiving situation). If you need additional space, use a separate sheet of paper.

Date/Time	Feeding	Sleeping	Diapering	Playing	Comments



Instructions: At least three times per day during the care simulation, write down your thoughts and feelings about your care giving experience. Explain challenges you are facing or emotions you are feeling. This information will help you with the reflection assignment you will complete after you turn in your RealCare Baby® infant simulator.

[illegible]

Sample Simulation Report

RealCare® Baby
Simulation Report



ClassRCB4 Demo

StudentJayla

BabyBartholomew

Start11/8/2024, 04:00 PM

Schedule Order17 29 25 18 22

Quiet Times

ID1C2:03:03:00:37:DC

ID200:00:00:00:00:00

BABYB0F0Male

Stop11/10/2024, 09:00 PM

Total Simulation Time: 2d 05h 00m

Proper Care

Rock	0/2	0%
Diaper	19/21	90%
Burp	11/13	85%
Feed	24/29	83%
Play	3/5	60%
Average	57/70	81%

ID1 was used 79 times, ID2 was used 0 times

Baby cried 106 minutes total

Mishandle

Shaken Baby	0	0%
Head Support	10	-30%
Wrong Position	1	-3%
Rough Handling	0	0%
Loud Noise	0	0%
Other		0%
Total	11	-33%

Performance Overview: 48%

Friday, November 8

04:00 PM Start Simulation

04:06 PM Head Support

04:06 PM Head Support

04:09 PM Missed Feeding

04:41 PM Head Support

04:46 PM Head Support

05:06 PM Head Support

07:51 PM Missed Diaper

07:54 PM Head Support

09:38 PM Head Support

11:46 PM Missed Rock

Saturday, November 9

04:27 PM Missed Play

06:49 PM Missed Feeding

06:49 PM Head Support

10:27 PM Missed Feeding

Comments:

Saturday, November 9

10:27 PM Head Support

10:59 PM Missed Feeding

11:00 PM Head Support

Sunday, November 10

04:01 AM Missed Burp

10:34 AM Missed Rock

10:38 AM Wrong Position

04:58 PM Missed Diaper

05:04 PM Missed Feeding

06:35 PM Missed Play

08:20 PM Missed Burp

08:38 PM Missed Feeding

09:00 PM Stop

Date Programmed: 11/8/2024 09:02 AM



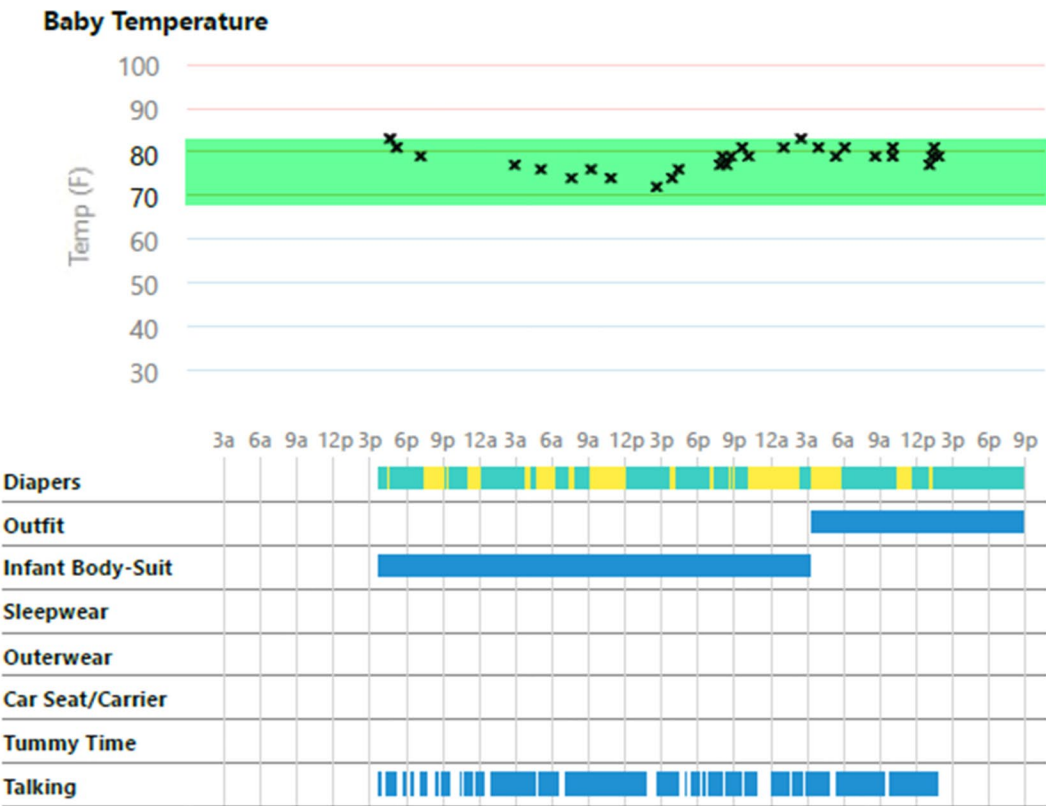


BABYB0F0 Date Programmed: 11/8/2024 09:02 AM

Clothing and Temperature

Baby detects temperature, clothing, and length of time in car seat/carrier to address flathead syndrome. Missing clothing only appears if Baby detects no clothing during a significant period of time.

Look for spikes in temperature on the graph below to determine mishandling. Baby's temperature should fall inside the comfort range (in green – mid section of report). If Baby's temperature falls above or below the comfort range, Baby has been exposed to extreme temperatures for an extended period of time.



	Day 1	Day 2	Day 3
High Temp	83 (4:49 PM)	82 (9:51 PM)	83 (2:43 AM)
Low Temp	80 (7:18 PM)	73 (2:43 PM)	78 (1:15 PM)
Time out of safe temp range	0.5 hours	0.0 hours	1.3 hours
Max time between change of clothes	2.5 hours	3.4 hours	7.2 hours
Time in car seat/carrier	0.0 hours	0.0 hours	0.0 hours
Talking	1.7 minutes	27.9 minutes	41.8 minutes
Simulation Time	8.0 hours	24.0 hours	21.0 hours

Assessment Rubric

	World Class Caregiver (4)	Amateur Caregiver (4)	Indifferent Caregiver (2)	Abusive Caregiver (1)
Care Quality x 2	Spotless reputation (8 points)	Good reputation (6 points)	Possible child abuse referral (4 points)	Evidence of child abuse (2 points)
Missed Care x 2	3 or less instances (8 points)	4 instances (6 points)	5 instances (4 points)	6 or more instances (2 points)
Head Support x 2	5 or less instances (8 points)	6 instances (6 points)	7 instances (4 points)	8 or more instances (2 points)
Rough Handling x 2	2 or less instances (8 points)	3 instances (6 points)	4 instances (4 points)	5 or more instances (2 points)
Shaken Baby x 2	0 instances (8 points)	0 instances (6 points)	1 instance (4 points)	2 or more instances (2 points)
Baby Condition	Returned Baby in great condition (4 points)	Returned Baby in OK condition (3 points)	Returned Baby with dirt or marks (2 points)	Returned Baby unusable (1 point)
Wristband Condition	Wristband and ID in great condition (4 points)	Wristband and ID in OK condition (3 points)	Wristband is damaged (2 points)	Wristband is missing or removed (1 point)
Diaper Bag Condition	Returned diaper bag in great condition with all accessories (4 points)	Returned diaper bag in OK condition with all accessories (3 points)	Returned diaper bag with dirt or marks and one accessory is missing, dirty, or broken (2 points)	Returned diaper bag unusable and more than one accessory is missing, dirty, or broken (1 point)

Responsibility	All items returned on time (4 points)	All items returned later in the day with a reasonable excuse (3 points)	All items returned one day late with a note from a parent/guardian (2 points)	Incomplete or one day or more late (1 point)
Interacting With Baby	Students talked to Baby at least 4 times during the simulation (6 points)	Students talked to Baby at least 2 times during the simulation (4 points)	Students talked to Baby at least 1 time during the simulation (2 points)	Students did not talk to Baby at all during the simulation (1 point)
Tummy Time	Students had at least 2 tummy time events. (6 points)	Students had at least 1 tummy time event. (4 points)	Students had no tummy time events (2 points)	Students had no tummy time events. (1 point)

Total 68 = 100%

Total 50 = 74%

Total 32 = 47%

Total 16 = 24%

Lesson Twelve – RealCare Baby® Simulation Experience Part 2

REVIEW: Final Readiness for Simulation

10 minutes

Purpose:

This activity ensures that participants understand the features of the RealCare Baby infant simulator (Baby) by reviewing, as a class, the correct answers to the *Readiness Quiz*. Any final questions they may have regarding the pending care simulation experience and your expectations may be addressed during this activity.

Materials:

- *Readiness Quiz* – Answer Key

Facilitation Steps:

1. Using the *Readiness Quiz* – Answer Key, review the correct answers while participants check their own work.

2. Ask participants for their final questions and remind them of the following:

- Refer to the *Participant Care Card*, RealCare Baby Care Guide student app, and *Care Simulation Instructions* as needed
- Complete the *Infant/Toddler Schedule* worksheet at the end of each care event
- Complete the *Caregiver Journal* worksheet at least three times each day
- Return Babies with accessories prior to the start of the next school day

Readiness Quiz – Answer Key

Instructions: Answer the following questions by writing your response in the space provided.

1. List at least four types of care you will provide for the RealCare Baby® infant simulator (Baby).

feeding

rocking

burping

diapering

2. List three other sounds (besides crying) Baby makes.

coo

cough

breathing

3. Before you can provide care for Baby, you must hear the **chime** that means Baby recognizes you.

4. Baby will record neglect if it takes you longer than **two** minute(s), after the chime, to care for Baby.

5. Although real infants may be fussy for long periods of time, Baby will not be fussy for more than **three** minute(s).

6. List two things that happen if Baby is roughly handled, abused, or its head is not supported.

Baby cries hard and its electronics record the event

7. There are many things that you can do to prevent rough handling and head support failure. List two.

Do not throw Baby in the air, do not let other people hold Baby, do not leave Baby unattended, do not let anyone shake Baby

8. List three things that can permanently stain Baby's skin.

clothing dye

pens and markers

newspapers and magazines

9. What can you do to help protect Baby from stains?

Keep Baby clothed and wrapped in a blanket

10. How can you simulate bathing Baby?

Baby wipes, damp washcloth - never water!

11. Have you read and signed the *Safety Precautions* and *Participant Contract*?

___ Yes ___ No (You must do so before caring for Baby outside of class.)



More Optional Activities

If available, use the Realityworks [Drug-Affected Baby](#) and/or [Fetal Alcohol Syndrome Baby](#).

Lead a class discussion by asking how taking care of an infant with either condition would differ from taking care of an infant without either condition.

Ask participants to select a problem or challenge they faced when caring for the RealCare Baby® infant simulator (Baby) outside of class. Have them write a letter regarding this problem or challenge to submit to an advice column, seeking help. Collect all the letters and redistribute them to participants, ensuring no one receives their own letter. Explain to participants that they are to respond, in writing, to the letter they have been given, providing advice and/or a solution to the problem or challenge faced with Baby.

Instructor Background Information

Paperwork, Paperwork

The following documents reviewed and sent home during the lesson must be signed by the participant and/or parent/guardian and returned before the participant cares for Baby outside of class.

Keep in mind that many of these documents assume that you are teaching a class of middle or high school students or a babysitting class, where participants still live at home with a parent or guardian.

If you are working with older participants, who are responsible for their own living and financial situation, you may choose to forego using the documents that do not apply.

- *Letter to Participant's Family* (no signature required)
- *Parent/Guardian Permission Form*
- *Safety Precautions*
- *Participant Contract*

The participant should take the following documents home for use during the care simulation:

- *Participant Care Card*
- *Care Simulation Instructions*
- *Infant/Toddler Schedule*
- *Caregiver Journal*

Consider using the following documents, if needed:

- *Memo to Coworkers and Staff*
- *Communication with Coach*
- *Delivery Date Signup*
- *Pass to Leave Class*

Consider using the RealCare Baby Care Guide student app, allowing students to:

- Answer random scenarios presented each day on the app
- Learn how they are doing mid-simulation, so that corrections may be made
- Confirm when Baby is asleep or awake
- Review care event details

Required Materials

For the participant to care for Baby outside of class, package Baby with the following RealCare Baby accessories:

- One two-piece hooded outfit (other outfits may be used)
- Infant bodysuit
- Sleepwear
- Two diapers (one with a green patch and one with a yellow patch)
- One bottle (store-bought bottle will not work with Baby)
- One wristband with ID (assigned to Baby)
- One toy
- One tummy time blanket

Optional Materials

Consider purchasing or obtaining any of the following materials to ease your administration of the care simulation experience and/or add to the authenticity of the care simulation experience:

- **Clipboard:** Organize and easily locate paperwork

- **Colored Paper:** Aids efficiency and helps prevent loss of paperwork
- **Instructor Shoulder Bag:** Organize and store wristbands, IDs, and other essential items
- **Baby Storage Unit:** Organize and store Babies; provides security; adds efficiency to programming
- **Diaper Bags:** Decreases the likelihood of losing small accessories; adds authenticity to care simulation
- **Infant Car Seats or Carriers:** Decreases the likelihood of abuse and adds authenticity to the care simulation
- **Receiving Blankets:** Helps keep Baby clean and adds authenticity to the care simulation

Organizational Ideas for Efficiency

- Label each RealCare Baby® infant simulator (Baby) with a number and/or letter and “Property of...” with the name of your school or organization with a fine-tip permanent marker
- Label the storage shelf or location for each Baby with matching numbers and/or letters
- Label each diaper bag (ready-made sew-on numbers or letters work well)
- Empty each diaper bag at the end of the care simulations and store under their Babies
- Organizing center in the room makes delivery and return procedures neat, orderly, and efficient.

Important Notes

It is recommended that participants care for Baby for at least two full days (i.e., Friday afternoon until Monday morning). The danger in giving Baby to participants for less than 48 hours is that they will not get past the “honeymoon stage,” or the initial fun of caring for an infant. The first day is more of a novelty to participants, but after the second night, they have a better idea of what it means to care for an infant on an ongoing basis, especially as a caregiver.

The use of wristbands with Baby is *crucial*, not optional. When a participant wears the ID on a wristband, that participant is completely responsible for Baby’s care, just as a real caregiver. If the participant can simply pass Baby off to someone

else, they do not learn the responsibility that comes with caring for an infant. Frequent babysitters should also be avoided.

Complete the delivery sign-up process as far in advance as possible to allow participants and/or parents/guardians to plan so that the experience with Baby is successful.

Preparing Your Organization

Everyone must treat Baby as if it were a real infant. This includes referring to the infant simulator only as “Baby,” or by a name given to Baby by the caregiver. Calling Baby a doll seriously detracts from the realism of the care simulation. How people refer to and react to Baby is a big part of the experience.

Several days before the care simulation begins, do at least one of the following:

- Hold a meeting to gain the support of faculty and staff and to respond to any questions or concerns
- Introduce Baby at a staff meeting
- Place an inactive Baby in a car seat in the staff lounge with a note about the upcoming experience
- Send a memo (the *Memo to Coworkers and Staff* can be used)
- Communicate with coaches for sporting events using the *Communication with Coach* form

Preparing Participants’ Families

Most parents are eager for their child to participate. However, a few parents may choose to keep their child from participating. Send the *Parent/Guardian Permission Form* home along with the *Safety Precautions sheet*. BOTH forms must be signed and turned in before you send Baby home with a participant.

If a participant says a parent objects, be sure you receive a completed, signed *Parent/Guardian Permission Form* that denies permission. The *Letter to Participant’s Family* gives an overview of what the family can expect. These forms are located in the FOCUS section of Lesson Thirteen.

Options for Running the Simulation

Simultaneous Simulations

If you have one RealCare Baby® infant simulator (Baby) for each participant, all participants can experience the care simulation at the same time. Simultaneous care simulations are good for class discussions, because all participants in the discussion have had the experience at the same time.

Note: Even if you do not have enough Babies for all participants in your class at the same time, it is important for those who did have Baby to discuss and reflect on the experience as soon as possible, even if it is only four or five participants at a time. Postponing the reflection and discussion until all the participants have taken Baby home causes a loss of impact.

Back-to-Back Simulations

If you have only a few Babies, they can be rotated until all participants have had a turn. Exposing the entire class to the care simulation will take longer, but this method results in a continuous, semester-long dialog on the responsibilities of caregiving.

Paired Simulations

Assign Baby to two participants. The pair can be of the same or different genders. Each participant has their own ID attached with a wristband. This arrangement emphasizes the cooperation and sharing of responsibilities required for caregiving.

This is a good way to issue Baby if participants have employment or sports activities. While one is at work or practice, the other cares for Baby.

Delivery Day Signup

When you work out a timeframe of possible weekends for the care simulation, participants can mark down the dates and discuss them with their parents/guardians.

It is helpful to have a school events schedule for participants to refer to as needed. Babies must be identified by a number or letter for sign-up procedures:

- **Option 1:** Participants draw a labeled popsicle stick or small slip of paper to determine which Baby they get. It is a random drawing. Record information on the *Delivery Date Signup*.
- **Option 2:** Participants select a Baby of their choice by selecting the gender and ethnicity. Drawing numbers out of a hat can determine the order. Record information on the *Delivery Date Signup*.
- **Option 3:** Assign each participant a Baby in numerical or alphabetical order. Record information on the *Delivery Date Signup*.

Baby Assignment Preparation

Conduct the following tasks a day or two before the Baby assignment:

- **Perform Battery Checks:** Be sure each Baby is fully charged.
- **Prepare Baby Accessories:** Wrap one green-patch diaper around each bottle and place one yellow-patch diaper on each Baby. Gather wristbands, toys, IDs, and any other accessories (i.e., infant car seat/carrier, receiving blanket, burp cloth, diaper bag) to be sent home with participants and their assigned Baby.
- **Review Baby Assignments or Selections:** Allow each participant to select a Baby of their choice or assign Babies at random. Participants may determine their Baby selection by drawing a number or letter written on popsicle sticks, slips of paper, eggs in a basket, and so on.
- **Prepare a List of Participants and Their Babies:** It is important to keep a list of the participants' names, which Babies they will use, and the date of the care simulation. Consider using the *Delivery Date Signup* to assist with this task (note any exceptions to time or circumstances).
- **Program Convenient Simulation Start Times:** Program simulation start times that are convenient for all involved. Postponing start times until later in the day, after the participant is at home, avoids the need for the participant to give initial care in transit. Some participants may need flexibility due to after-school commitments or jobs.

- **Prepare the *Pass to Leave Class*, if Necessary:** If your class period is not the last one of the day and participants must pick RealCare Babies up at the end of the school day rather than during your class time, issue them passes (*Pass to Leave Class*) to be released from their last class five minutes early.

Foreseeing Possible Problems

Unfortunately, experience has shown that while most participants are conscientious, a few try to get around the assignment. Some typical ways participants try to avoid the assignment are:

- **Sliding the Wristband Off:** This is possible if the wristband is too loose. There must be room for air to circulate between the wristband and the skin. There should **not** be room for one finger to fit beneath the wristband. If a snug wristband has been stretched enough to slide off the wrist, it will be frayed.
- **Returning Without the ID:** All participants should be warned that those who return Baby without an ID will be charged a replacement fee. If the participant returns with no ID, it may mean the wristband was cut and the participant asked someone else to care for the RealCare Baby® infant simulator (Baby).
- **Using the Emergency Stop Feature:** A participant might use the Emergency Stop when merely inconvenienced rather than truly in need of the feature.

Instructional Modifications

Alternative Project

Some participants may not wish to participate in the care simulation or a parent/guardian might object to the project. Instructions and rubrics for an alternative project have been included at the end of this section.

When participants read and understand the scope of the challenging alternative project, they and their parents/guardians may change their minds about the simulation.

Accommodating After-School Activities

- The ID and wristband are not allowed for participation in most sporting events. Some coaches have padded and wrapped the wristband and ID for practices. Determine which participants are on sports teams and refer to the school's sports schedule to negotiate a date for the simulation.
- If an after-school event, such as a concert, dramatic performance, or game, is on Friday evening, consider programming Baby to start after the event. If major conflicts involve many participants, consider meeting a group of participants briefly on Saturday. The simulation can then run until Tuesday morning.
- As a last resort, the participant can take Baby home and deliver Baby to your home over a holiday weekend or vacation period when no after-school events take place.

Participants with Physical or Other Challenges

- Some participants may be uncomfortable handling Baby and prefer to practice privately after class versus practicing skills learned within class or caring for Baby outside of class.
- Some participants may be agitated by Baby's crying. Provide earplugs if their hearing is acute.
- Hearing impaired participants may not sleep with their hearing aids in their ears. A wireless notification system using a flashing lamp, a vibrating device, or special indicator lights are available to notify the participant that Baby is crying during the night. Visit the following links for more information on hearing impaired notification systems:
 - https://www.youtube.com/watch?v=fcxB_K611M4
 - <https://chatterbaby.org/pages/>
 - <https://myhearingcenters.com/blog/hearing-impaired-parents-a-new-app-notifies-when-your-baby-is-crying-and-why/>
- Participants who take medication and must get their sleep for health reasons could hire their parent/guardian as a babysitter. There is also the option to schedule quiet times.
- Baby could be scheduled for a shorter period if modification to a less difficult task is required.

Memo to Coworkers and Staff

Date:

To: Coworkers and Staff

FROM:

SUBJECT: RealCare Baby® Care Simulation

Our school/organization is fortunate to have the Realityworks RealCare Baby program. The program allows participants to experience the many responsibilities required of a new infant's caregiver. I hope you will join me in helping participants benefit fully from the program. The core of the program is a care simulation using the newest and most realistic infant simulator available.

The infant simulator (Baby) cries according to its 24-hour schedule and requires the participant to care for it. The participant responds by bringing an electronic ID near Baby, allowing the simulator to recognize its correct "caregiver." Participants must then figure out what kind of care Baby needs. Baby needs to be fed, burped, rocked, played with, and have its diaper changed. Baby will also cry if it is roughly handled, held in a position it does not like, or if the head is not properly supported. There are also happy and fussy times.

Although Baby may momentarily disrupt your class or group, I hope you will agree that the benefits of the program far outweigh the brief interruptions. I would appreciate your help in watching for unattended, mistreated, or improperly held Babies; the electronics cannot monitor all these behaviors. Please contact me if you have any questions or concerns about the program, or if there are special arrangements we must discuss for your classes or groups. A child care option may be available.



Communication with Coach

Dear Coach,

_____ is taking my class this semester and needs a signature confirmation by you that they are a sports team member.

Sport: _____ Coach Signature: _____ Date: _____

Students in this class are involved in a project in which they must care for the RealCare Baby® infant simulator (Baby) for several days and nights. During that time, the participant must wear an identification device (ID) on a tamperproof wristband. The ID and wristband must remain on the participant's wrist until I remove it after the simulation is complete.

I understand that the rules and enforcing officials may not allow a student to participate in your sport while wearing such a wristband. The student has listed the possible dates for the care simulation below. I can program Baby to start after a Friday sporting event, but I require your help to do so. To ensure that the student is the only person who can care for Baby, I need you to attach the ID and wristband to the participant's wrist after the Friday sporting event. It is a very simple procedure that I trust you to follow if the participant must rely on this delayed start option to participate.

Thank you for helping!

Coach's Response

Please circle the best date.

Possible dates: _____

Any comments:

If a delayed start time after a sporting event would help on the date you circled, please indicate a reasonable time for Baby to become active: _____

The student must bring this form back to me to coordinate the simulation and then bring it back to you for signature on the night of the game.

Coach's and Participant's Responsibilities AFTER THE SPORTING EVENT

On the first night of the simulation, after the sporting event, coach must attach the ID and wristband to the participant's wrist. Please sign when you have done so.

Coach Signature: _____ Date/Time: _____

It is the participant's responsibly to bring the ID, wristband, and this form to the coach for attachment and signature. *The participant must submit this form with Baby when the care simulation is complete.*



Delivery Date Signup

Care Simulation Date: _____

You must turn in your signed permission forms to put your name on the list.

[illegible]

Passes to Leave Class

Date: _____

Please allow _____ to leave class five minutes before the end of the school day for them to can receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

Date: _____

Please allow _____ to leave class five minutes before the end of the school day for them to can receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

Date: _____

Please allow _____ to leave class five minutes before the end of the school day for them to can receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

Date: _____

Please allow _____ to leave class five minutes before the end of the school day for them to can receive their RealCare Baby® infant simulator for their care simulation. I apologize for any inconvenience this may cause.

Thank you,

Alternative Project Instructions

Part One

The following materials are due on this date: _____

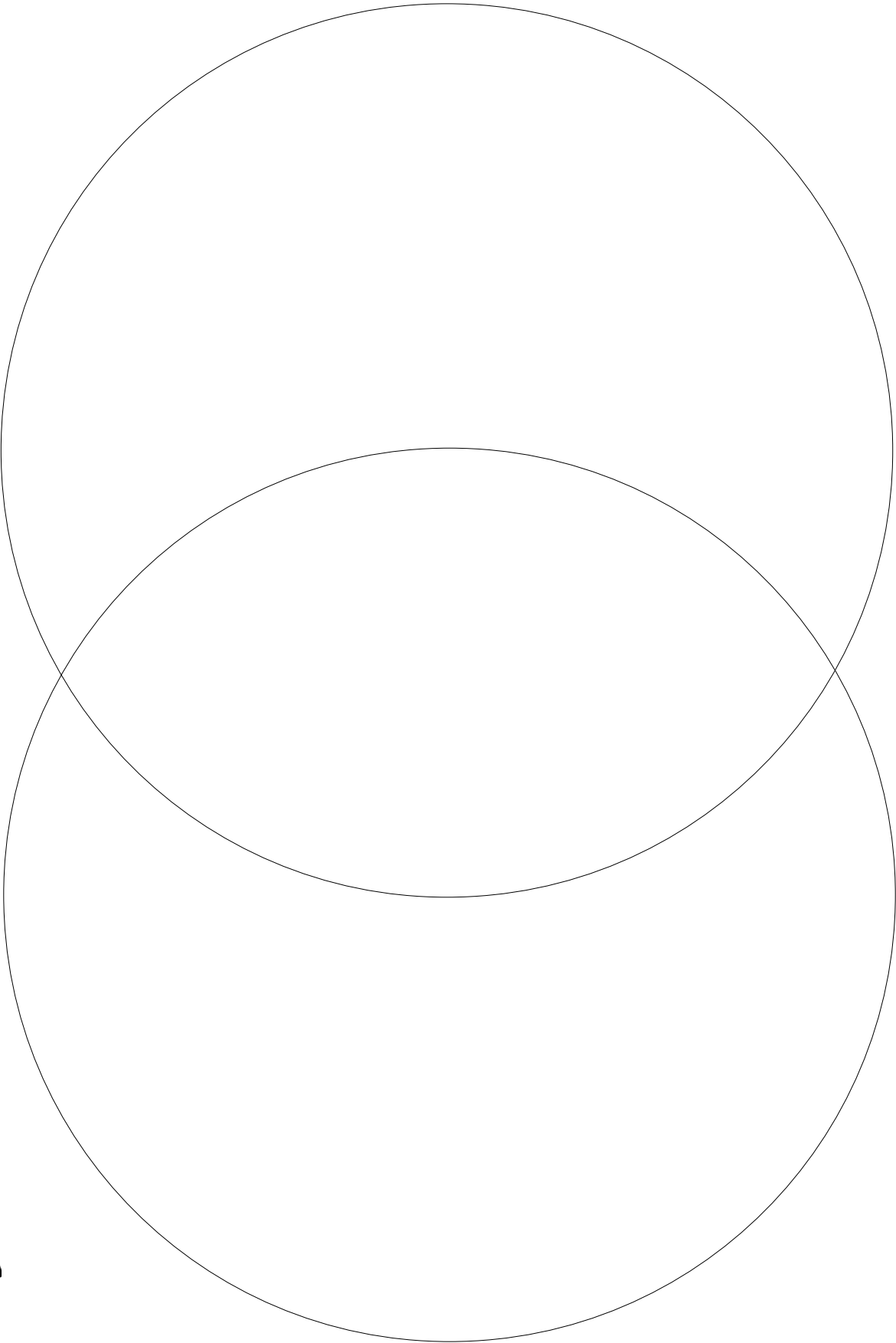
1. **Research Articles:** Find six articles that deal with being a caregiver. Read and summarize the articles. Be sure to use a standard bibliography format to cite the articles.
2. **Write Questions:** Compose 15 questions from your research that can be used to interview caregivers. Avoid questions that can be answered with a simple “yes” or “no.” Make six copies of the questions, allowing space for recording responses.
3. **Interview Others:** Interview six caregivers, three who provide care for infants and three who provide care for toddlers. If you have difficulty finding caregivers, ask your instructor for help.
4. **Data Collection:** For each caregiver interviewed, include their name, phone number, age they first became a caregiver, current age, and how they were contacted for this interview.
5. **Think About What You Learned:** Using the *Venn Diagram*, compare responses.
6. **Write About What You Learned:** Using your completed *Venn Diagram*, write about your conclusions.
7. Use the *Part One Rubric* to rate your performance before submitting your work.

Part Two (due one week from the day Part One is completed)

Due date: _____

1. Meaningful reflection can help you gather and express your thoughts about the challenges of responsible caregiving. Your responses provide your instructor with feedback on what you learned about the realities of caregiving through your research.
2. Choose one of the following statements about being a responsible caregiver and create a poem, poster, or essay to express what you learned:
 - I learned that responsible caregivers must have **knowledge** about...
 - I learned that responsible caregivers must have these **skills**...
 - I learned that these **personal life situation and circumstances** can help a caregiver be responsible...
 - I learned that responsible caregivers must have these **attitudes**...
3. Use the *Part Two Rubric* to rate your performance before you submit your work.

Venn Diagram



Part One Rubric

	4 points	3 points	2 points	1 point
Six article summaries x 6	Content is related to an approved theme; content is accurate, focused, and complete (24 points)	Content is accurate but lacks depth or focus (18 points)	Content is vague, incomplete, lacks continuity, or falls below minimum requirements (12 points)	Content is incomplete and meets none of the requirements (6 points)
Articles cited properly x 2	Consistently appropriate biography reference (8 points)	Mostly appropriate bibliography references (6 points)	Bibliography not appropriately referenced (4 points)	Bibliography not referenced (2 points)
15 composed questions x 5	Questions are well thought out, original, and related to the topic (20 points)	Questions are related to the topic (15 points)	Questions are vague or unrelated to the topic (10 points)	Questions are vague and unrelated to the topic (5 points)
Interview question responses x 6	Responses are well recorded and thorough (24 points)	Responses are acceptably recorded (18 points)	Responses are incomplete (12 points)	Responses are unacceptably recorded (6 points)
Interview citation (name, telephone number, age first become caregiver, current age, how recruited) x 2	Identified accurately and thoroughly in an organized way (8 points)	Complete identification of interviewees (6 points)	Incomplete identification of interviewees (4 points)	Inaccurate and incomplete identification of interviewees (2 points)

Total 84 = 100%

Total 42 = 50%

Total 63 = 75%

Total 21 = 25%

Part Two Rubric

	4 points	3 points	2 points	1 point
Content The extent that the essay, poem, or poster shows understanding of issues that influence ability to be a caregiver. x 3	Shows insightful comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (12 points)	Shows basic comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (9 points)	Shows gaps in comprehension for the scope of skills, attitudes, or situational factors that influence the ability to be a caregiver (6 points)	Shows no relationship to the questions (3 points)
Personal reflection The extent that the essay, poem, or poster show sincere thoughtfulness, and readiness for caregiving is personalized x 2	Makes insightful connections to own personal life (8 points)	Shows literal personalization (6 points)	Shows a developing ability to personalize (4 points)	Makes few, if any, connections to own personal life (2 points)
Organization of ideas and design	Logical, coherent progression of ideas (4 points)	Generally focused with clear attempt at organization (3 points)	Some organization, but disjointed ideas (2 points)	Little or no organization (1 point)
Use of language	Use of language enhances reader's ability to understand through sophistication and elaboration (4 points)	Use of language allows reader's understanding (3 points)	Use of language is distracting but does not interfere with understanding (2 points)	Use of language interferes with understanding (1 point)

28/28 = 100% 14/28 = 50%

21/28 = 75% 7/28 = 25%

Lesson Fourteen – Preventing Shaken Baby Syndrome

Lesson Overview

This lesson introduces shaken baby syndrome (SBS), a tragic result of frustration with an infant. The instructor demonstrates shaking using RealCare Baby® (Baby) and explains what happens to an infant during a shaking, and the long-term effects. An optional video and discussion expose participants to a real story of SBS and the devastating effects on the infant and family. Ideas on how to avoid frustration are shared, and participants make a plan to manage frustration and sign a pledge never to shake an infant.

Lesson Objectives

After completing this lesson, students will:

- Define SBS
- Explain why infants and young children are vulnerable to injury by shaking
- Identify areas of the brain that are affected by shaking and the resulting physical consequences
- Identify methods of coping with stressful situations in caring for one or more infants
- Identify the characteristics or profile of a person most likely to shake an infant
- Formulate a plan for handling frustration, anger, and stress when an infant cries

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS:	• Case Study worksheet • Pens or pencils • Preventing Shaken Baby Syndrome slide presentation (slides 1-4)	1. Print/photocopy the Case Study worksheet (one per participant). 2. Prepare to share the slide presentation.	15-25 minutes
LEARN:	• Infant Facts worksheet • Infant Facts – Answer Key • Shaken Baby infant simulator or Baby with accessories • Preventing Shaken Baby Syndrome slide presentation (slides 5-16) • SBS Facts worksheet • Ideas for Coping worksheet • My Plan to Manage Frustration worksheet • Pledge Not to Shake worksheet	1. Print/photocopy worksheets (one of each per participant). 2. Prepare Baby with accessories for demonstration of any care event or prepare to turn the Shaken Baby infant simulator on. 3. Prepare to display the lesson slide presentation.	30-35 minutes
REVIEW:	• Soothing an Infant Quiz • Soothing an Infant Quiz – Answer Key	1. Print/photocopy the quiz (one of each per participant).	15 minutes

Lesson Thirteen – Preventing Shaken Baby Syndrome

FOCUS: Interactive Case Study

15-25 minutes

Purpose:

The purpose of reading a story is to help participants understand that there are real cases of SBS, and to see, from the victim's viewpoint, the devastation it causes to infants and their families.

Materials:

- *Case Study* worksheet
- Pens or pencils
- *Preventing Shaken Baby Syndrome* slide presentation (slides 1-4)

Facilitation Steps:

1. Begin with a few questions to see what students know about SBS and begin the slide presentation, going through the questions on slides two through four.

Slide 1: Preventing Shaken Baby Syndrome

Slides 2-4: Think About It

2. Divide participants into small groups and distribute copies of the *Case Study*. Instruct each group to read through the case study carefully and discuss the following points:
 - What are the potential signs and symptoms of SBS in this case?
 - What factors may have contributed to the infant being shaken?
 - How could this situation have been prevented?
3. After group discussions, reconvene as a class and have each group share their analysis and recommendations.

4. Facilitate a larger group discussion to explore common themes and insights from the case study. Encourage participants to consider the emotional and practical challenges faced by both the infant and their family.
5. **Optional Extension Activity:** To further engage participants and reinforce key concepts, organize a role-playing activity in which participants take on the roles of different stakeholders involved in an SBS case, such as parents, healthcare professionals, law enforcement officers, and social workers.

Each group will be tasked with developing a plan of action based on their assigned role's perspective, addressing issues such as medical treatment, legal proceedings, and family support.

This activity promotes empathy, critical thinking, and collaborative problem-solving skills.

6. **Post-Activity Discussion Questions:**
 - How did reading the story change your perception of SBS?
 - What are some ways we can prevent SBS from happening?
 - How can we support families affected by SBS?

Case Study

Myah was born October 5, 2005. She was a beautiful, happy baby, who had an infectious giggle and loved to be taken for walks in her stroller. Myah had big, brown eyes and dark, curly hair.

Myah's parents, Kelsey and Paul, were 19 years old when Myah was born and not married. Kelsey and Myah lived with Kelsey's parents because Paul was not ready to settle down with a family.

Kelsey attended a community college in town and was working toward becoming a licensed practical nurse. Kelsey's mother took care of Myah when Kelsey had classes or needed to study.

Paul and two of his friends lived in an apartment just a few miles away from Kelsey and her parents. Paul worked the second shift at the Speedy Boat Factory. He was making a fair income and enjoyed his weekends with friends. Although Paul was not ready to settle down, he cared about Myah and wanted to be in her life. He made time to visit her a couple of mornings each week. He also took her over the weekend once each month and stayed with his parents on those weekends.

One March morning, Kelsey's mother had an appointment, and Kelsey had a class she really could not miss. Since Paul didn't start work until afternoon, she called to ask if he could come and watch with Myah for a couple of hours.

As Kelsey was leaving, Myah began to cry. Myah was having one of her "off" mornings and wasn't happy with the change in her schedule.

Paul tried calming her down with a bottle and with rocking her, but to no avail. He checked her diaper; it was clean. He thought she might not be feeling well. He felt her forehead for a fever, but she felt normal.

Myah continued crying and was not able to calm herself down. The more she cried, the tenser Paul became. After about an hour of non-stop crying, Paul reached his breaking point.

Paul grabbed Myah and began to shake her, while screaming at her to shut up. Just a few hard shakes caused Myah to stop crying. But as he set her back in the infant seat, he noticed that she was going limp and was not breathing. He shook her to try to get her to respond, but she did not. He immediately called the emergency service. By the time they arrived, Myah was in a coma. She died on the way to the hospital.

Paul was a caring father who did not have the knowledge or skills to handle the situation. The result was catastrophic. All incidents of shaken baby syndrome are 100 percent preventable. Knowing how to respond to a persistently crying baby and handle your own reaction to it is the best way to avoid shaken baby syndrome.

Lesson Thirteen – Preventing Shaken Baby Syndrome

LEARN: What Typically Happens During a Shaking?

30-35 minutes

Purpose:

In this activity, participants learn some facts about the structure of an infant's head and the physiological effects of shaking on an infant. Participants also learn facts about SBS and brainstorm ideas for handling frustration to prevent a tragedy.

Materials:

- *Infant Facts* worksheet
- *Infant Facts* – Answer Key
- Shaken Baby or RealCare Baby® infant simulator (Baby) with accessories
- *Preventing Shaken Baby Syndrome* slide presentation (slides 5-16)
- *SBS Facts* worksheet
- *Ideas for Coping* worksheet
- *My Plan to Manage Frustration* worksheet
- *Pledge Not to Shake* worksheet

Facilitation Steps:

Activity 1

1. Distribute the *Infant Facts* worksheet and ask participants to fill in information as you go through the lesson.
2. Hold Shaken Baby or Baby in your arms as you would a real infant, and ask:
 - What percentage of an infant's body weight do you think the head comprises? Answer: An infant's head is **25 percent of their total body weight.**
 - What percentage of an adult's body weight do you think the head comprises? Answer: An adult's head is only **10 percent of the total body weight.**
3. Move Shaken Baby or Baby's head back and forth on its neck and explain that an infant's neck muscles are weak and unable to stop the head from moving when the infant is shaken.
4. Moving your hand around Shaken Baby or Baby's head, ask:
 - Do you think that an infant's skull is roomier inside than an adult's? Answer: Yes.
 - Why do you think this might be? Answer: To accommodate growth of the brain.
5. Explain that, for this reason, when an infant is shaken, its brain moves farther and gains speed before it hits the skull. Explain that many blood vessels attach the brain to the surrounding membranes and deliver oxygen to the brain.

As an infant's brain moves around inside the skull when shaken, the infant's blood vessels stretch and are torn because they are delicate and not securely anchored, causing bleeding over the surface of the brain.
6. Display slides five and six and explain that swelling results from the impact of the brain against the skull. The pressure from swelling stops blood circulation to parts of the brain, and those parts can die.

9. Describe the following corresponding brain functions. If you have Shaken Baby, show participants the icons on the simulator's head as you describe the brain functions.

- In the back of brain is the occipital lobe, which controls vision.
- In the front of the brain is the frontal lobe, which controls memory and emotion.
- The sides of the brain control speech and hearing and the movement of the arms and legs.

Note: Before shaking Baby/Shaken Baby, toss it gently a short distance upward and catch it. Do this several times. Explain that, while potentially hazardous and not recommended, especially for very young infants who cannot support their heads, this common type of motion is not enough to cause the injuries of SBS.

10. If you have the Shaken Baby infant simulator, follow the instructions for shaking that came with it, or program the RealCare Baby[®] infant simulator (Baby) to demonstrate any care event. This will cause Baby to cry loudly when you shake it.
11. Hold Baby or Shaken Baby in front of you at eye level, grasping under the arms and around the torso.
12. Show the class how your hands grasp Baby or Shaken Baby with your thumbs in front and fingers in the back, on each side of the spine.
13. Explain that infants with SBS sometimes also have broken ribs. In SBS, the ribs are broken in a unique way: in the back, where they connect to the spine. The ribs can break in that area because of the combined pressure of the shaker's grasp and the force of the shaking.
12. Explain that SBS victims sometimes have fractures of the long bones in the upper arm and upper leg. During a prolonged shaking, the top ends of these long bones can tear away from the shoulder and hip sockets, causing a separation of the bones at the top.
13. For Baby, start demonstration mode. For Shaken Baby, turn the simulator on (push the power button on the simulator's back with a pencil eraser or blunt end of a pen). Shaken Baby's lights cycle three times around the head and then go into a standby mode, and the simulator begins to cry. Remind the participants that the lights represent areas of the brain injured by shaking.
14. Shake Baby until the cries are very loud or shake Shaken Baby until the lights turn on in the back of the brain. Explain that the first level of injury has occurred, and a real infant would become visually impaired or blind.
15. Continue shaking Baby or Shaken Baby until the lights turn on in front of the brain. Explain that the second level of injury has occurred, and a real infant would now have lost the ability to remember and feel emotion. The loss of these functions commonly causes learning disabilities and behavioral disorders.
16. Explain that the crying has stopped (Baby will stop crying after 60 seconds) because of the increasing severity of brain injuries. Because the injuries are hidden and the crying has stopped, caregivers can mistakenly think that shaking is an effective way to stop crying.
17. Continue shaking Baby or Shaken Baby until the lights turn on in the middle of the brain. Explain that, at this point, an infant would become paralyzed, unable to speak, and unable to understand what they hear. Death would occur if shaking continued.

18. Participants can collaborate to create educational materials, such as posters or social media campaigns to raise awareness about the dangers of shaking an infant. These materials could be shared with a wider audience.

Activity 2

1. Divide participants into groups of four or five.
2. Give each group a copy of the *SBS Facts* worksheet and give them a minute to review the facts and discuss them as a group. Ask participants to identify the top two facts that caught their attention.
3. Lead a class discussion about the facts participants found most interesting or important.
4. Display slides 7-13. Ask groups to discuss the following: If you have tried all the techniques for soothing an infant and the infant is still crying, what do you think a caregiver can do if frustration is building and he or she is about to lose control?

Slide 7: SBS Definitions

Slide 8: The 5 S's to Soothe a Crying Infant

An infant's crying can last from minutes to hours. Dr. Harvey Karp is a pediatrician who believes infants cry is that they miss the constant noise and stimulation from when they were in the womb. In the womb, fetuses hear a loud whooshing sound that is louder than a vacuum cleaner. After the baby is born, they do not hear that sound, and caregivers usually try to be quiet around the baby.

Dr. Karp developed a system called the "5 S's" that can calm most crying infants, which is:

1. Swaddling
2. Side or stomach positioning
3. Shushing
4. Swinging
5. Sucking

Slide 9: 1. Swaddling

Swaddling is wrapping an infant in a blanket to represent when they were in the womb. Swaddled infants sleep longer than babies who are not swaddled as they feel warm and secure.

Swaddling also reduces the chance that babies will wake themselves up with their **Moro reflex**, which is being startled at sudden movements or sounds and flailing their arms.

Note: The last slide will go through the steps of swaddling an infant and a video will be shown on how to swaddle.

Slide 10: 2. Side/Stomach Position

Studies have shown that placing a baby to sleep on their side or stomach increases the risk of sudden infant death syndrome (SIDS), and they should be put to sleep on their back.

However, to soothe a crying infant, holding the child on their side or stomach in a caregiver's arms activates a calming mechanism. Some tips for the perfect side/stomach position include placing the baby on your chest with skin-to-skin contact, laying them over your shoulder, or laying them across your forearm with your hand supporting their head.

Note: Using the Shaken Baby or RealCare Baby® infant simulator (Baby), demonstrate how you would hold an infant in the side/stomach position.

Slide 11: 3. Shushing

Shushing is making a loud "shhh" sound, resembling the muffled sounds the infant heard in the womb. When you shush a baby, it can alter its heartbeat and improve sleep patterns.

Tips for the perfect shushing technique:

- Put your mouth close to the baby's ear
- Shush loud and long
- Match the volume of the shushing to the volume of the infant's cry
- When the baby settles down, decrease your volume

Many studies have shown that infants respond well when a vacuum is run. For this reason, shushing needs to match the volume of the infant's cry to be effective.

Note: Using Shaken Baby or Baby, demonstrate how you would shush an infant while holding them in the side/stomach position.

Slide 12: 4. Swinging

Movement is a great way to soothe a crying infant. While some parents use a baby swing to calm their infants, the 5 S's recommend holding the baby and gently swinging them back and forth, so there is skin contact.

Here is how to swing an infant:

- Support the infant's head and neck while they are in your arms facing you
- Gently sway them back and forth about one inch and add a touch of bounce
- Keep your movements small

Note: Play this short video demonstrating the first four steps of using the 5 S's to soothe a crying infant. You can point out that the caregiver did not swaddle the child in the way that the students will learn in the last slide, but it was effective for the moment. The video also does not show the last of the 5 S's, which is sucking.

<https://www.youtube.com/watch?v=fNEG4ALmAsA>

Slide 13: 5. Sucking

Sucking is one of the primitive reflexes an infant has, as they start sucking their thumbs, fists, and fingers in the womb as a 14-week-old embryo.

Infants are calmed by sucking even without feeding, called **non-nutritive sucking**. While you can give the baby a bottle or breastfeed if they are hungry, experts recommend using a pacifier to soothe a crying infant if their hunger needs have been met.

5. Distribute the *Ideas for Coping* worksheet and have participants write their ideas down on the worksheet. Then, have groups combine and discuss additional ideas to write down.
6. Distribute the *My Plan to Manage Frustration* worksheet and have participants fill it out.
7. Distribute the *Pledge Not to Shake* worksheet and have them read and sign it. Display slide 14.
8. Share the *Information for Babysitting/Child Care Participants* with participants, if appropriate.
9. Share slides 15 and 16, reviewing legal information as well as a definition of what SBS is and is not.

Name: _____ Class: _____

Infant Facts

Instructions: Insert information as your instructor displays the information.

1. An infant's head is _____ percent of their total body weight.
2. An infant's neck muscles are _____.
3. An infant's brain will _____ during a shaking.
4. An infant's blood vessels are _____.
5. During shaking, the first affected brain area is _____.

Associated injury: _____

6. During shaking, the second affected brain area is _____.

Associated injury: _____

7. Why do you think it is important for caregivers to understand the unique characteristics of an infant's head and neck?

8. How might knowledge about infant head structure and the effects of shaking influence your approach to caring for infants in the future?

9. What are some strategies caregivers can use to soothe a crying infant safely, without resorting to shaking?

10. How can we spread awareness about shaken baby syndrome and encourage responsible infant handling practices within our community?

11. In what ways can caregivers support parents and caregivers who may be experiencing stress or frustration in caring for infants?

12. What role do you think education and awareness initiatives play in preventing shaken baby syndrome?

Infant Facts – Answer Key

Instructions: Insert information as your instructor displays the information.

1. An infant's head is **25 percent** of their total body weight.
2. An infant's neck muscles are **fragile.**
3. An infant's brain will **move within the spaciousness of an infant's skull injuring the brain** during a shaking.
4. An infant's blood vessels are **delicate.**
5. During shaking, the first affected brain area is **the back of the brain.**

Associated injury: **visual impairment or blindness**

6. During shaking, the second affected brain area is **front of the brain.**

Associated injury: **loss of memory and emotion**

- 7-12. **answers will vary**

SBS Facts

The Victims

1. 1,200-1,600 reported cases of SBS occur each year in the United States alone.
2. 25-35 percent of SBS victims die from their injuries; the remaining 75 percent often suffer permanent injury and lifelong disabilities.
3. SBS is the most common cause of death in abused infants and young children.
4. Most SBS victims are less than one year old; the majority are under six months old.
5. Severe shaking can seriously injure children as old as four and five.
6. There are more male SBS victims than female.
7. An infant's body has unique characteristics that make them vulnerable to injury from shaking:
 - Heavy Head: 25 percent of total body weight
 - Weak Neck Muscles: Disproportionate to large head
 - Fragile, Undeveloped Brain: Easily injured by shaking
 - Delicate Blood Vessels Around the Brain: Susceptible to tearing
 - Large Space Inside Skull: Increases force

The Perpetrators

1. 60-70 percent of SBS perpetrators are male, usually the child's father or mother's boyfriend.
2. Other SBS perpetrators include mothers, grandparents, stepparents, other relatives, and childcare providers.
3. In most cases, inconsolable crying is the number one trigger of shaking an infant.
4. Anyone who may become frustrated is capable of shaking an infant.

Signs and Symptoms

1. There may be no visible sign of injury.
2. Possible immediate effects of shaking, dependent on length and severity of shaking:

• Reduced appetite	• Lethargy	• Inability to track movement
• Fussiness or irritability	• Seizures/Convulsions	• Difficulty breathing
• Death	• Inability to suck or swallow	• Limp arms and legs
• Vomiting	• Inability to vocalize	• Blue-looking skin tone
• Unresponsiveness		
• Unconsciousness		

3. Possible long-term effects of shaking, depending on length and severity of shaking:
 - Permanent brain damage
 - Learning disabilities
 - Cognitive disabilities
 - Behavioral disabilities
 - Developmental delays
 - Cerebral palsy
 - Blindness
 - Deafness
 - Paralysis
 - Seizures/Epilepsy
 - Coma
 - Death
4. Injuries may not become apparent until the child enters school and shows cognitive and behavioral problems.

Other Facts

1. Activities that do not cause SBS:
 - The infant falling off furniture or a counter
 - The infant being bounced or jogged on an adult's knee
 - The infant being carried in a caregiver's backpack while the caregiver jogs or runs
 - The infant being tossed up and caught
 - The infant jerking in a car seat when a driver stops the car suddenly
2. Costs associated with SBS:
 - Initial hospitalization costs \$75,000-150,000 per child
 - For survivors, ongoing treatment and in-home nursing costs of \$180,000-300,000 per year per child
 - High public and special education costs
 - \$16.8 billion in total societal impact annually
 - Child's lifelong loss of "normal" physical and cognitive functions
 - Siblings' loss of a normal relationship with their disabled brother or sister

NOTE: Data sources are U.S. organizations.

- 1 National Center on Shaken Baby Syndrome. (2024). *Understanding Shaken Baby / Shaken Impact Syndrome* [Brochure]. Ogden, UT: National Center on Shaken Baby Syndrome.
- 2 National Center on Shaken Baby Syndrome. (2024). *SBS 101* [PowerPoint]. Ogden, UT: National Center on Shaken Baby Syndrome.
- 3 The Shaken Baby Alliance. (n.d.). *What is Shaken Baby Syndrome?* [Brochure]. Fort Worth, TX: The Shaken Baby Alliance.
- 4 Reece, R. M. & Kirschner, R. H. (n.d.). *Shaken Baby Syndrome / Shaken Impact Syndrome*. Retrieved from http://nevershake.org/Audience.aspx?categoryID=9&PageName=SBS_SIS.htm
- 5 ThinkFirst. (n.d.). *Fast facts: Shaken Baby Syndrome*. Retrieved from <http://www.thinkfirst.org/Documents/FastFacts/TFshakenbaby320.pdf>
- 6 National Center on Shaken Baby Syndrome. (n.d.). *Physical consequences of shaking an infant or toddler*. Retrieved from <http://nevershake.org/Audience.aspx?categoryID=9&PageName=ConsequencesOfShaking.htm>
- 7 National Shaken Baby Coalition. (n.d.). *Facts about SBS!!!* Retrieved from <http://www.shakenbabycoalition.org/facts.htm>

Instructions: Write down ideas for coping with a crying infant when soothing techniques have not worked.

[illegible]

Name: _____ Class: _____

My Plan to Manage Frustration

When an Infant in My Care Cannot Stop Crying

Instructions: Think about how you will handle your frustration when you are unable to soothe a crying infant. Remember that you are not alone; everyone gets frustrated from time to time. Having a plan for how to handle your reaction is the best defense against making a wrong choice while frustrated.

1. When an infant in my care cannot stop crying and I have tried meeting their basic needs, I will try the following activities to help soothe them:
 - _____
 - _____
 - _____
2. If the infant in my care cannot be soothed and my frustration is increasing, they will be safe if I put them in one of these places...
 - _____
 - _____
 - _____
3. ...and I can do a few of the following for myself:
 - _____
 - _____
 - _____
4. If I feel I need to talk to someone because of the stress of being with a crying infant, I can call one or all these people:
 - _____
 - _____
 - _____
5. If I need a break from being with the infant I am caring for, I can call one or all these people:
 - _____
 - _____

Understanding Shaken Baby Syndrome

Pledge Not to Shake

My Pledge:

If a baby in my care can't stop crying, I will remember that it's the baby's job to cry, and my job to cope!

I will use My Plan to Manage Frustration, and call a hotline or 911, if necessary, for help.

Above all, I pledge to:

NEVER SHAKE A BABY IN MY CARE!

Participant or Student

Date

Instructor

School or Organization



Information for Babysitting/Childcare Participants

Helping Toddlers, Preschoolers, and School-aged Children Behave

Sometimes children may misbehave. This could be an indication that they need help controlling their behavior and expressing themselves in a positive way. Remember that an infant is not capable of misbehaving. However, when an older toddler, a preschooler, or a school-aged child misbehaves, you have three courses of action you can take.

You can:

1. Ignore it
2. Say something to correct the child and change the behavior
3. Physically take control of the situation. This is reserved for situations in which the child is doing something that is a threat to themselves or to others. For example, if a child is hitting or biting another child, you should gently grasp the child's arm and tell them that they are not allowed to do that. If the child appears to be angry, ask why they are angry and talk through the situation with them. If the child is about to throw an object at someone, take the object away.

As the caregiver, you must decide which action is most appropriate. Remind the child that it is the behavior, not the child, that you do not like. Children need to know that you will not stop liking them if they misbehave. Use positive feedback to help guide children before they misbehave and make positive and respectful requests of what is appropriate, thereby reinforcing what you want them to do when they misbehave. Modeling respect helps children see how they should behave with you and each other.

Never make fun of, hit, spank, shake, or shout at a child, no matter how frustrated you become with their behavior.

Lesson Thirteen – Preventing Shaken Baby Syndrome

REVIEW: Simulation Reflection

25 minutes

Purpose:

In this part of the lesson, students take a quiz and watch some videos on SBS

Materials:

- *Soothing an Infant Quiz*
- *Soothing an Infant Quiz* – Answer Key

Facilitation Steps:

1. Emphasize the importance of caregivers staying calm and handling frustration appropriately when dealing with a crying infant.
2. Present and discuss various strategies for caregivers to cope with frustration and stress when an infant is crying:
 - Take deep breaths and count to 10
 - Place the infant in a safe crib and take a short break
 - Listen to soothing music
 - Call a trusted friend or family member for support
3. Encourage participants to share their own coping strategies if comfortable.
4. Emphasize the importance of seeking help and support when caregivers feel overwhelmed or frustrated.
5. Discuss available resources, such as parenting classes, hotlines, and support groups.
6. Distribute the *Soothing an Infant Quiz* to participants and give them two to three minutes to complete it.
7. Access the answer key and share answers to the quiz.

8. If time permits, share a brief video on soothing an infant or on SBS. Here are a couple to choose from, but there are many more:

Take 5 and Prevent Shaken Baby Syndrome (1:57)

<https://www.youtube.com/watch?v=40EzSVOEU9w>

Shaken Baby Syndrome (4:42)

<https://www.youtube.com/watch?v=F393zg8Q-r0>

Additional Optional Activities

- Interview a parent/caregiver about how they handle or handled the stress of a crying infant
- Conduct a mini lecture, about one or two minutes, on baby blues and postpartum depression and/or invite a guest speaker to discuss these topics. Consider sharing the following information:
 - The period after childbirth can be a vulnerable time for some women. Hormonal changes, and the stress of caring for a new infant, are typically the cause for this “blue” period. Although many women experience a temporary period of sadness after giving birth, an estimated 10-20 percent experience postpartum depression, which may last for a few days or even months.¹

¹ O'Hara, M. W., Zekoski, E. M., Philipps, L. H., & Wright, E. J. (1990). Controlled prospective study of postpartum mood disorders: Comparison of childbearing and nonchildbearing women. *Journal of Abnormal Psychology, 99*(1), 3-15.

Name: _____ Class: _____

Soothing an Infant Quiz

Instructions: Read each question and choose the best response.

1. What is one of the primary reasons why infants cry?
 - a. To manipulate their caregivers
 - b. To communicate their needs
 - c. Out of boredom
 - d. To seek attention
2. Which soothing technique involves wrapping a baby securely in a soft blanket?
 - a. Feeding
 - b. Swaddling
 - c. Gentle rocking
 - d. Sucking
3. Why is it important for caregivers to be able to soothe a crying infant?
 - a. To make the baby sleep longer
 - b. To prevent shaken baby syndrome (SBS)
 - c. To make the baby stop crying at any cost
 - d. To entertain the baby
4. What is one potential consequence of SBS?
 - a. Improved cognitive development
 - b. Enhanced motor skills
 - c. Vision and hearing improvement
 - d. Traumatic brain injury
5. Which of the following is NOT a recommended soothing technique for a crying infant?
 - a. Gentle rocking
 - b. Swaddling
 - c. Offering a pacifier
 - d. Shaking the baby gently

Soothing An Infant Quiz – Answer Key

1. What is one of the primary reasons why infants cry?
 - a. To manipulate their caregivers
 - b. **To communicate their needs**
 - c. Out of boredom
 - d. To seek attention
2. Which soothing technique involves wrapping a baby securely in a soft blanket?
 - a. Feeding
 - b. **Swaddling**
 - c. Gentle rocking
 - d. Sucking
3. Why is it important for caregivers to be able to soothe a crying infant?
 - a. To make the baby sleep longer
 - b. **To prevent shaken baby syndrome (SBS)**
 - c. To make the baby stop crying at any cost
 - d. To entertain the baby
4. What is one potential consequence of SBS?
 - a. Improved cognitive development
 - b. Enhanced motor skills
 - c. Vision and hearing improvement
 - d. **Traumatic brain injury**
5. Which of the following is NOT a recommended soothing technique for a crying infant?
 - a. Gentle rocking
 - b. Swaddling
 - c. Offering a pacifier
 - d. **Shaking the baby gently**

Lesson Fifteen – Questions, Summary, and Assessment

Lesson Overview

Students are given the opportunity to ask any questions they have regarding sex and human growth and development. They are then given a post-summative assessment to gauge their understanding of the content covered throughout the unit. Finally, they take survey and self-assessment and compare their answers with those they give at the beginning of the course to determine attitudinal changes over the course of instruction.

Lesson Objectives

After completing this lesson, students will:

- Understand how their attitudes about themselves, sexual activity, and parenting have changed over the course of instruction
- Summarize main concepts presented in the course
- Assess their understanding of information presented throughout the course

Lesson at a Glance

Activity	Materials	Preparation	Approximate Class Time
FOCUS	• Folder or stack of questions for each student • Students' blank paper to write a question	1. Print/photocopy a list of questions, cut out each individual question, so students can pull the one(s) that reflect their own questions.	15 minutes
LEARN	• <i>Summative Assessment</i> • <i>Summative Assessment – Answer Key</i>	1. Print/photocopy the <i>Summative Assessment</i> (one per participant).	15 minutes
REVIEW	• <i>Middle School Student Survey and Self-Assessment Tool</i>	1. Print/photocopy the <i>Middle School Student Survey and Self-Assessment Tool</i> (one per participant).	15 minutes

Lesson Fifteen – Questions, Summary, and Assessment

FOCUS: Questions Activity

15 minutes

Purpose:

The main objective of this activity is to honestly answer appropriate and relevant questions students may still have about sex and/or human growth and development at the completion of the unit.

Knowledgeable students (with pertinent and relevant age-appropriate and medically accurate facts) make better decisions than students with limited information, no information, or misinformation, especially when it comes to drugs, alcohol, or sex.

The activity is designed to have the students ask questions that will help them understand their own bodies regarding sex and human growth and development while sorting out any misinformation they may hear from their friends, movies, books, media, etc.

Materials:

- Folder or stack of questions for each student
- Students' blank papers to write question(s)

Facilitation Steps:

1. To help students not feel so awkward, distribute a folder of questions that have been accumulated from students regarding sex and human growth and development.

Initially, you may just come up with a list of questions you think they would be inclined to have at this age and level of understanding.

2. Students should find any questions from the folder they don't know the answers to and would like explained.
3. Give students a blank slip of paper to write their own question(s) on. This way, students do not feel awkward/embarrassed asking a question they would like explained.
4. Have students make a pile in front of them or write their own question and add it to their pile (no names on the sheets of questions). Give them minutes to get all their questions together that they would like to ask.
5. Go around the room and collect the piles of questions from each student. Note that all students do have the right to pass if they feel they do not want to ask any questions!
6. Read the questions to the class and answer each, one at a time. If a question seems inappropriate for that grade level, share that the question is not pertinent and/or relevant for them at this time and move on to the next question. Hopefully all appropriate questions asked get answered by the end of the class period.
7. After each time the packets are used, go through all the questions and make sure there is nothing inappropriate for the next time the folders are used in this activity.

Lesson Fifteen – Questions, Summary, and Assessment

LEARN: Post-Summative Assessment

15 minutes

Purpose:

This activity assesses student knowledge about the facts presented throughout the entire course of study.

Materials:

- *Summative Assessment*
- *Summative Assessment – Answer Key*

Facilitation Steps:

1. Distribute the *Post-Summative Assessment* to each student, allowing 15 minutes to complete.
2. Refer to the *Pre/Post-Summative Assessment – Answer Key* to correct the assessments.

Name: _____ Class: _____

Summative Assessment

Instructions: The following questions will ask you about your knowledge of life skills, human reproduction, and making healthy choices. Answer the questions by circling the best answer or writing your response in the space provided.

1. What are the four stages, in order, of the teenage sexual relationship continuum?
 - a. Stage 1 _____ Physical intimacy
 - b. Stage 2 _____ Flirting
 - c. Stage 3 _____ Dating
 - d. Stage 4 _____ Sexual intercourse

2. Indicate whether each of the following is a sign that teens are entering the “danger zone” of a relationship. (Circle yes or no)

You feel good.	Yes	No
Emotions guide your body.	Yes	No
You make logical choices.	Yes	No
Hormones take over.	Yes	No
You can control your feelings.	Yes	No
Your brain is unable to make healthy choices.	Yes	No

3. A research study showed that teens who watched TV shows with more sexual content were how many times as likely to become pregnant in the next three years as those who did not watch such shows?
 - a. Three times as likely
 - b. Ten times as likely
 - c. Twice as likely
 - d. No effect

4. Puberty happens at what age in the life cycle?
 - a. 8-10
 - b. 5-9
 - c. 16-19
 - d. 10-16

5. A pattern of manipulation and control over another person is called what?
- Virginity
 - Relationship abuse
 - Normal behavior
 - Pornography
6. True or False: Sexual harassment is an abuse of power.
- True
 - False
7. Sexual harassment can be shown in three ways: _____, _____, and _____.
8. True or False: Sexual intercourse is the process of human reproduction.
- True
 - False
9. Match the changes during puberty and adolescence with the correct sex below.
M – Male, F – Female, B – Both
- ____ Voice deepens
____ Hips widen
____ Acne develops
____ Shoulders broaden
____ Start of menstrual cycle
____ Breast development
____ Growth of body hair
10. True or False: If you are sexually harassed, do not ignore the situation.
- True
 - False
11. Match the type of sexual harassment to the actions described.

Level of harassment

- Mild
- Moderate
- Severe

Description

- ____ Dirty jokes
____ Lewd gestures
____ Gang or group threats
____ Staring
____ Threatening sexual activity

12. The time when one mentally, emotionally, and socially begins to mature is called

13. Match the term with the correct definition

Term

- a. Abstinence
- b. Genitals
- c. Menstruation
- d. Monogamy
- e. Sperm
- f. STI
- g. Contraception
- h. Conception
- i. Vagina
- j. Virgin

Definition

- ___ Contagious diseases spread mainly by sexual intercourse and other sexual behaviors
- ___ Not participating in intimate sexual behavior
- ___ The cyclic discharge of the uterine lining when pregnancy does not occur
- ___ Use of devices or drugs to prevent pregnancy
- ___ Also called fertilization – uniting of sperm and ovum
- ___ External sex organs
- ___ The cells that which are capable of fertilizing an egg
- ___ Birth canal and reproductive organ
- ___ Person who has not had sexual intercourse
- ___ Having one sexual partner only

14. Identify whether or not the following things are signs of a healthy relationship.

- | | | |
|-----|----|--------------------------|
| Yes | No | Responsibility |
| Yes | No | Mistrust |
| Yes | No | Honesty |
| Yes | No | Open communication |
| Yes | No | Fairness and negotiation |
| Yes | No | No affection |
| Yes | No | Disrespect |
| Yes | No | Lies |
| Yes | No | Intimacy |
| Yes | No | Violence |
| Yes | No | Trust and support |

15. Chlamydia, herpes, gonorrhea, and HPV are all examples of?
- ATMs
 - NBCs
 - STIs
 - ATVs
16. True or False: Estrogen and progesterone are hormones.
- True
 - False
17. True or False: The placenta is a pear-shaped, muscular-walled organ where the fetus develops for nine months.
- True
 - False
18. True or False: The fetus is the first stage of a baby's development.
- True
 - False
19. What is the term for when a baby is born early?
- _____
20. True or False: A breech birth is when the baby is born headfirst.
- True
 - False
21. Identify whether the following statements are true or false regarding sexually transmitted infections.
- T F The 2 most common viral STIs are HPV and herpes.
- T F Males are most vulnerable to chlamydia.
- T F Syphilis is caused by bacteria.
- T F HPV and genital warts are transmitted skin to skin.
- T F Gonorrhea and chlamydia are the least common STIs.
22. True or False: When holding a baby, you do not need to support the head.
- True
 - False

23. Which of the following does **not** cause shaken baby syndrome? (circle all that apply)
- a. Being tossed up and caught
 - b. Jerking in a car seat when a car stops suddenly
 - c. Severely and rapidly being shaken
 - d. Falling off furniture
 - e. Being bounced on an adult's knee
24. Which of the following are potential long-term effects of shaking a baby. (circle all that apply)
- a. Coma
 - b. Sneezing
 - c. Blindness
 - d. Death
 - e. Slow weight gain
 - f. Brain damage
 - g. Paralysis
25. Which of the following is an example of communicating assertively? (circle all that apply)
- a. Say yes or no firmly
 - b. Be indirect
 - c. Share how you are feeling in a nice way
 - d. Use complex excuses
 - e. Do not attack or put down people
 - f. Do not make eye contact
 - g. Repeat yes or no as often as necessary
 - h. Mean what you say
26. What are some reasons and benefits of abstinence? (circle all that apply)
- a. Protection from STIs
 - b. Prevent against teen pregnancy
 - c. Have more money
 - d. Become famous
 - e. Avoid emotional harm
 - f. Prevent spiritual conflict
 - g. Catch STIs
27. Abstinence is _____ sexual intercourse with another person.
28. Match the action with the corresponding life skill.
- a. Assertiveness
 - b. Communication
 - c. Refusal
- _____ State a consequence
- _____ Suggest an alternative
- _____ Ask, "Would you consider..."
- _____ Confidently stand up for what you believe
- _____ Share how you feel

29. What are three life skills that will help you say “no” to sexual activity while having fun and keeping your friends?

1) _____

2) _____

3) _____

30. True or False: Inconsolable crying is the number one trigger for shaking an infant.

a. True

b. False

31. What percentage of shaken baby syndrome victims die from their injuries?

a. 10-20%

b. 60-70%

c. 25-35%

d. 80-90%

32. _____ is the ability to follow rules you set for yourself in life.

33. Indicate which of the following are behaviors that sexually active teens are more likely to be involved in:

Yes	No	Social behavior
Yes	No	Alcohol use
Yes	No	Safe driving
Yes	No	Tobacco use
Yes	No	Illicit drug use
Yes	No	Suicide
Yes	No	Lack of depression

34. The average cost for ongoing treatment and in-home nursing care for shaken baby syndrome survivors per year is:

a. \$10,000

b. \$500,000

c. \$250,000

d. \$100,000

Summative Assessment – Answer Key

Instructions: The following questions will ask you about your knowledge of life skills, human reproduction, and making healthy choices. Please answer the questions by circling the best answer or writing your response in the space provided.

1. What are the four stages, in order, of the teenage sexual relationship continuum?
 - a. Stage 1 c Physical intimacy
 - b. Stage 2 a Flirting
 - c. Stage 3 b Dating
 - d. Stage 4 d Sexual intercourse

2. Indicate whether each of the following is a sign that teens are entering the “danger zone” of a relationship. (Circle yes or no)

You feel good.	<u>Yes</u>	No
Emotions guide your body.	<u>Yes</u>	No
You make logical choices.	Yes	<u>No</u>
Hormones take over.	<u>Yes</u>	No
You can control your feelings.	Yes	<u>No</u>
Your brain is unable to make healthy choices.	<u>Yes</u>	No

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 - b. Relationship abuse
 - c. Normal behavior
 - d. Pornography

6. True or False: Sexual harassment is an abuse of power.

- a. **True**
- b. False

7. Sexual harassment can be shown in three ways: **verbal, nonverbal,** and **physical.**

8. True or False: Sexual intercourse is the process of human reproduction.

- a. **True**
- b. False

9. Match the changes during puberty and adolescence with the correct sex below.

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F	Hips widen
B	Acne develops
M	Shoulders broaden
F	Start of menstrual cycle
F	Breast development
B	Growth of body hair

10. True or False: If you are sexually harassed, do not ignore the situation.

- a. **True**
- b. False

11. Match the type of sexual harassment to the actions described.

Level of harassment

- a. Mild
- b. Moderate
- c. Severe

Description

a	Dirty jokes
b	Lewd gestures
c	Gang or group threats
a	Staring
c	Threatening sexual activity

12. The time when one mentally, emotionally, and socially begins to mature is called **adolescence.**

13. Match the term with the correct definition

Term

- a. Abstinence
- b. Genitals
- c. Menstruation
- d. Monogamy
- e. Sperm
- f. STI
- g. Contraception
- h. Conception
- i. Vagina
- j. Virgin

Definition

- f Contagious diseases spread mainly by sexual intercourse and other sexual behaviors
- a Not participating in intimate sexual behavior
- c The cyclic discharge of the uterine lining when pregnancy does not occur
- g Use of devices or drugs to prevent pregnancy
- h Also called fertilization, uniting of sperm and ovum
- b External sex organs
- e The sex cells that are capable of fertilizing an egg
- i Birth canal and reproductive organ
- j Person who has not had sexual intercourse
- d Having one sexual partner only

14. Identify whether or not the following things are signs of a healthy relationship.

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|------------|-----------|--------------------------|
| <u>Yes</u> | No | Responsibility |
| Yes | <u>No</u> | Mistrust |
| <u>Yes</u> | No | Honesty |
| <u>Yes</u> | No | Open communication |
| <u>Yes</u> | No | Fairness and negotiation |
| Yes | <u>No</u> | No affection |
| Yes | <u>No</u> | Disrespect |
| Yes | <u>No</u> | Lies |
| <u>Yes</u> | No | Intimacy |
| Yes | <u>No</u> | Violence |
| <u>Yes</u> | No | Trust and support |

15. Chlamydia, herpes, gonorrhea, and HPV are all examples of?

- a. ATMs
- b. NBCs
- c. STIs
- d. ATVs

16. True or False: Estrogen and progesterone are hormones.
a. **True**
b. False
17. True or False: The placenta is a pear-shaped, muscular-walled organ where the fetus develops for nine months.
a. True
b. **False**
18. True or False: The fetus is the first stage of development of a baby.
a. True
b. **False**
19. What is the term for when a baby is born early? **premature birth**
20. True or False: A breech birth is when the baby is born headfirst.
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b. **False**
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- T **F** Males are most vulnerable to chlamydia.
- T** F Syphilis is caused by bacteria.
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- T **F** Gonorrhea and chlamydia are the least common STIs.
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a. True
b. **False**
23. Which of the following does not cause shaken baby syndrome? (circle all that apply)
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b. **Jerking in a car seat when a car stops suddenly**
c. Severely and rapidly being shaken
d. **Falling off furniture**
e. **Being bounced on an adult's knee**

24. Which of the following are potential long-term effects of shaking a baby. (circle all that apply)

- a. **Coma**
- b. Sneezing
- c. **Blindness**
- d. **Death**
- e. Slow weight gain
- f. **Brain damage**
- g. **Paralysis**

25. Which of the following is an example of communicating assertively? (circle all that apply)

- a. **Say yes or no firmly**
- b. Be indirect
- c. **Share how you are feeling in a nice way**
- d. Use complex excuses
- e. **Do not attack or put down people**
- f. Do not make eye contact
- g. **Repeat yes or no as often as necessary**
- h. **Mean what you say**

26. What are some benefits of abstinence? (circle all that apply)

- a. **Protection from STIs**
- b. **Prevent against teen pregnancy**
- c. Have more money
- d. Become famous
- e. **Avoid emotional harm**
- f. **Prevent spiritual conflict**
- g. Catch STIs

27. Abstinence is **avoiding** sexual intercourse with another person.

28. Match the action with the corresponding life skill.

- a. Assertiveness
- b. Communication
- c. Refusal
- c** State a consequence
- c** Suggest an alternative
- b** Ask, "Would you consider..."
- a** Confidently stand up for what you believe
- b** Share how you feel
- c** Move away and leave door open

29. What are three life skills that will help you say “no” to sexual activity while having fun and keeping your friends?

- 1) **assertiveness**
- 2) **communication**
- 3) **refusal**

30. True or False: Inconsolable crying is the number one trigger for shaking an infant.

- a. **True**
- b. False

31. What percentage of shaken baby syndrome victims die from their injuries?

- a. 10-20%
- b. 60-70%
- c. **25-35%**
- d. 80-90%

32. **Self-control** is the ability to follow rules you set for yourself in life.

33. Indicate which of the following are behaviors that sexually active teens are more likely to be involved in:

Yes	No	Social behavior
Yes	No	Alcohol use
Yes	No	Safe driving
Yes	No	Tobacco use
Yes	No	Illicit drug use
Yes	No	Suicide
Yes	No	Lack of depression

34. The average cost for ongoing treatment and in-home nursing care for shaken baby syndrome survivors per year is:

- a. \$10,000
- b. \$500,000
- c. **\$250,000**
- d. \$100,00

Lesson Sixteen – Questions, Summary, and Assessment

REVIEW: Self-Assessment

15 minutes

Purpose:

This activity provides an opportunity for the teacher to summarize the main concepts in the entire course and help students reflect as a group on what they learned and how this information has changed not only their knowledge, but their attitudes about engaging in sexual activity before they are physically, financially, socially, and emotionally ready to handle any potential results of that activity.

Materials:

- *Middle School Student Survey and Self-Assessment*

Facilitation Steps:

1. Distribute the *Middle School Student Survey and Self-Assessment*.
2. Give each student their *Middle School Student Survey and Self-Assessment* completed in Lesson One. Have students compare their answers to determine whether their attitudes have changed since the beginning of the course.
3. Conduct a brief class discussion, asking such questions as:
 - Have your views about sex right now changed since the beginning of this course?
 - Have your views about becoming a parent changed or become more apparent?
 - Share one important fact you learned from this course.
 - What was one of the most important things you learned about yourself since the beginning of the course?

Name _____

Class _____

Middle School Student Survey and Self-Assessment Tool

Instructions: Answer the following questions by placing an “x” in the appropriate box, writing your response in the space provided, or circling the best answer.

For the following statements, indicate your level of agreement from strongly disagree to strongly agree.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
I would be very upset if I found out I or my partner were pregnant in middle/high school.				
Having a baby negatively affects a teen’s growth mentally emotionally, and socially.				
Parenting is a skill that takes time and patience to learn.				
Parenting involves a great deal of commitment and time.				
If someone chooses to have sexual intercourse, there are birth control methods that work very well to protect against pregnancy.				
Caring for a baby does not require much money.				
I could easily raise a child and continue my education.				
There are many ways to show that you care for someone without being sexually active.				
Peer pressure causes most teens to become sexually active.				
The best way to avoid pregnancy and getting a sexually transmitted infection is through abstinence.				
Hormones can interfere with clear thinking when it comes to sexual activity.				
Taking care of an infant is a large responsibility.				
Hormones can be as dangerous as drugs/alcohol in a sexual relationship.				
Teens don’t think of the many unhealthy possible outcomes of sexual activity.				
Media (all forms) may have an effect on your sexual decision-making.				
Knowing the laws regarding sexual activity may prevent teens from being sexually active.				
I have discussed my sexual limits with my peers.				
My attitude regarding sexual activity is important when it comes to my decisions.				

1. I have discussed human growth and development issues at: (Check all that apply)

- ☐ Home
- ☐ School
- ☐ Church
- ☐ Home and Church
- ☐ Other

2. The best age at which one might want to start being sexually active is:

- ☐ 14-16
- ☐ 17-19
- ☐ 20-22
- ☐ 23-25
- ☐ When in a committed, life-long relationship

3. What is the best age to start a family?

- ☐ 17-19
- ☐ 20-22
- ☐ 23-25
- ☐ 26 or older
- ☐ when in a committed life-long relationship

4. What percentage of your teenage friends are sexually active?

- ☐ Almost everyone (90% or more)
- ☐ Most (50% to 89%)
- ☐ Many (25% to 49%)
- ☐ Some (10% to 24%)
- ☐ Few (less than 10%)

5. What would you do if you became pregnant or got someone pregnant?

- ☐ Keep the baby
- ☐ Put the baby up for adoption or open adoption
- ☐ Have an abortion
- ☐ Place the baby in foster care

6. To what degree does your faith affect your sexual behavior?

- ☐ Very much
- ☐ Somewhat
- ☐ Slightly
- ☐ Not at all

7. What skills do you think you would need to be a good parent?

8. Could you be a good parent now or in high school? ☐ Yes ☐ No

9. Are there areas of your life that you feel you have good control over? ☐ Yes ☐ No

If so, what are they? _____

10. Do you feel that your decisions now affect your future plans? ☐ Yes ☐ No

If so, to what extent: ☐ Minimally ☐ To some extent ☐ To a large extent

Give examples: _____

11. Order the following according to their level of influence on your decisions and the way you live your life. (1 having the most influence and 5 or 6 having the least influence).

- ___ Parents/family
- ___ Friends
- ___ Media
- ___ Church/faith
- ___ School
- ___ Other (fill in) _____

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