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Introduction

The goal of sex education is to help young people navigate sexual development and grow into sexually healthy adults. To be effective, sex education must include medically accurate information about a broad range of topics such as consent and interpersonal and sexual violence; contraception, pregnancy and reproduction; gender identity and expression; healthy relationships; HIV and other sexually transmitted diseases/infections (STDs/STIs); puberty and adolescent development; sexual and reproductive anatomy and physiology; and sexual identity and orientation. Quality sex education, however, goes beyond information by providing young people with opportunities to explore their own values and the values of their families and communities. It also allows young people to practice the communication, negotiation, decision-making, and assertiveness skills they need to create healthy relationships – both sexual and nonsexual – throughout their lives.

Research shows that sex education programs can help young people delay the onset of sexual activity, reduce the frequency of sexual activity, reduce their number of sexual partners, and increase condom and contraceptive use. And, by helping young people avoid unintended pregnancy and STDs/STIs, these programs can yield additional benefits.¹ These programs have been found to improve academic success, reduce bullying and harassment, and increase acceptance of students who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ), many of whom are at disproportionate risk for school absenteeism, dropping out, bullying, and sexual health issues such as HIV and other STDs/STIs.²

Teaching young people sex education is different than teaching about other school-based topics. Educators must navigate the diversity of views and lived experiences of their students while being careful not to perpetuate fear and shame. And, more often than not, they must do so with limited time and resources. In addition, many classroom teachers assigned to teach this subject report they did not receive adequate pre-service training in the topic to feel confident implementing sex education effectively in their classrooms.³

Sex Education Collaborative

In spring 2017, 14 national and state-based organizations that provide teacher training in sex education came together to identify strategies to improve the implementation of sex education in our nation’s schools. After two days of intensive dialogue, the groups agreed to create the Sex Education Collaborative (SEC). The SEC’s mission is to ensure that all young people receive quality sex education that is evidence-informed and rights-based, and that schools and communities are fully supported and equipped to deliver quality sex education in grades K-12.

The SEC turned its attention first to professional development. The group recognized that teacher training in sex education over the past ten years has focused strongly on the implementation of individual curricula and that many tasked with teaching this subject have not been given the opportunity to learn and practice the overall skills needed to effectively implement sex education in a classroom.

To address these needs, the SEC began drafting this document, the Professional Learning Standards for Sex Education (PLSSE). The goal of these standards is to provide guidance to school administrators and classroom educators about the content, skills, and professional disposition needed to implement sex education effectively. The PLSSE can also help educators stay up-to-date on content and teaching methods as both information related to sex and research on best practices frequently change.
Building on Existing Standards

The PLSSE closely align to the National Sex Education Standards (NSES), which were drafted by the Future of Sex Education Initiative (FoSE) and then published in a special edition of the Journal of School Health in 2012. The NSES identify seven topics – anatomy and physiology; healthy relationships; STDs and HIV; personal safety, pregnancy and reproduction; puberty and adolescent development; and identity – that should be covered in an effective sex education program. The NSES then set out the minimum essential core content and skills that students should master and demonstrate at various grade levels. According to the 2016 School Health Policies and Practices Study conducted by the Centers for Disease Control and Prevention, 41 percent of school districts follow sex education standards based on the NSES.4

The PLSSE are also aligned with the National Teacher Preparation Standards for Sex Education (NTPSSE), which were also drafted by the Future of Sex Education Initiative (FoSE) and designed to provide guidance to institutions of higher education tasked with preparing undergraduate students to deliver sex education. These standards focus on seven basic areas within which teacher-candidates must show competence to effectively teach sex education after graduation. The areas are professional disposition, diversity and equity, content knowledge, legal and professional ethics, planning, implementation, and assessment.

The NTPSSE can be used to improve the content of courses related to sex education, and to guide curriculum, instruction, and assessment decisions for undergraduate students on their way to becoming classroom-based sex education instructors. While pre-service training in sex education remains inconsistent, at least 15 institutions of higher education have used the NTPSSE to improve their course offerings in the pedagogy and content of sex education for teacher-candidates in physical and health education.
How to Use the PLSEE

The Professional Learning Standards for Sex Education are the newest set of standards designed to help improve educators’ ability to effectively address sexuality in the classroom. The PLSSE are divided into four domains:

- Context for sex education
- Professional disposition
- Best practices
- Key content areas

Together the domains help educators to: recognize the positive impact quality sex education can have on young people; examine their personal values and biases, and the impact these may have on their ability to teach the subject effectively; identify strategies to foster a safe and engaging learning environment for all students; and demonstrate proficient knowledge and skills related to the subject matter.

Each domain is further divided into topics and indicators. Indicators relate to educators’ knowledge of content (e.g. Explain methods of contraception); familiarity with teaching methods (e.g. Describe three effective strategies for practicing skills with students); or understanding of best practices (e.g. Demonstrate three strategies for creating culturally-responsive classrooms). Those indicators noted with an (S) indicates a skill while those without that notation refer to content.

Organizations that provide professional development for sex educators can use these standards as they create trainings and resources by noting which specific domain(s) or indicator(s) will be discussed. School administrators and educators can use these standards to determine the areas in which teachers are most proficient and those in which additional professional development may be needed.

Educators and administrators can also use these standards to assess specific professional development opportunities – to determine if the workshop they’re considering focuses on one or more of the domains, addresses the skills listed in the indicators, and provides sufficient opportunity to practice these skills.

Finally, individual educators can use these standards as a personal guide for continuing education as they work to hone their skills and stay up-to-date on new content, advances in public health and medical technology, and best practices in the pedagogy of sex education.

The Sex Education Collaboration has created an assessment tool designed as a companion to the PLSSE to help identify needs for professional development and/or technical assistance among those who teach or will teach sex education.

References

1. For more information on research into comprehensive sex education, see Comprehensive Sex Education: Research and Results www.futureofsexed.org/compsexed.

2. For more information on research into the impact of comprehensive sex education on academic success, see Comprehensive Sex Education and Academic Success www.futureofsexed.org/compacademic; For more information on LGBTQ students, see GLSEN’s 2015 National School Climate Survey www.glsen.org/article/2015-national-school-climate-survey


Professional Learning Standards for Sex Education

Note: Those indicators noted with K-12 are applicable to teachers of all grades; K-5 indicators are for elementary school teachers and indicators noted with 6-12 are specific to middle and high school teachers. In addition, those indicators noted with an (S) identify a skill while those without that notation refer to content.

DOMAIN #1: CONTENT FOR SEX EDUCATION

Understanding the positive impact that sex education has on young people can help educators guide their teaching and maintain enthusiasm. Before taking on classroom instruction, educators also need to understand the policies that govern sex education in their state and school district.

TOPIC 1: SEX EDUCATION IN SCHOOLS

- **Indicator 1 (K-12):** Describe three health (e.g., physical, social and/or emotional) and/or academic benefits of sex education for young people.
- **Indicator 2 (K-12):** Describe state and/or district laws, policies, and standards that relate to sex education where one teaches.

DOMAIN #2: PROFESSIONAL DISPOSITION

A safe learning environment allows students to explore and articulate their beliefs, values, and experiences relevant to sex education. To create such an environment, educators need to examine their own personal values, understand their conscious and unconscious biases, and set personal boundaries around their self-disclosure.

TOPIC 2.1: VALUES

- **Indicator 1 (K-12):** Explain the differences between personal and universal values relating to sexuality.
- **Indicator 2 (K-12):** Describe how verbal and nonverbal expression of personal values, and comfort with topics related to sex education, could impact one’s teaching.
- **Indicator 3 (K-12):** Explain the importance of educators refraining from sharing their personal values when implementing sex education.
- **Indicator 4 (K-12):** Demonstrate the ability to respond effectively to students' values-based comments and questions. (S)

TOPIC 2.2: CONSCIOUS AND UNCONSCIOUS BIAS ABOUT RACE, ETHNICITY, AND CULTURE

- **Indicator 1 (K-12):** Define conscious and unconscious bias and explain how they could influence one’s teaching of sex education.
- **Indicator 2 (K-12):** Describe three impacts that conscious and unconscious bias could have on cross-cultural interactions when teaching sex education.
- **Indicator 3 (K-12):** Explain how an educator’s personal beliefs about racial and reproductive justice could influence their teaching of sex education.
- **Indicator 4 (K-12):** Describe three strategies to reduce the impact of conscious and unconscious bias and enhance cross-cultural interactions in the classroom when teaching sex education.
DOMAIN #2: PROFESSIONAL DISPOSITION

TOPIC 2.3: DISCLOSURE

- **Indicator 1 (K-12):** Describe the importance of teachers maintaining professional boundaries when teaching sex education.
- **Indicator 2 (K-12):** List three factors to consider regarding personal disclosure when teaching sex education.
- **Indicator 3 (K-12):** Demonstrate how to reduce the impact of educators’ passive and/or active personal disclosure on the educational environment. (S)
- **Indicator 4 (K-12):** Explain the roles and responsibilities of a mandated reporter.
- **Indicator 5 (K-12):** Explain the state- and district-mandated reporting requirements and procedures.

DOMAIN #3: BEST PRACTICES FOR SEX EDUCATION

Being familiar with the best practices in the field of sex education can help educators handle potentially sensitive topics, foster an engaging learning environment, choose the most effective teaching strategies for each group, and answer even the most challenging questions.

TOPIC 3.1: RACIAL AND REPRODUCTIVE JUSTICE

- **Indicator 1 (K-12):** Define racism (including individual, interpersonal, institutional, ideological, structural, and systemic), racial micro-aggressions, and reproductive justice.
- **Indicator 2 (K-12):** Name three sexual health inequities and some of their systemic causes (e.g., African American women living with HIV have expressed mistrust toward healthcare professionals, in part, as a result of systemic racism).
- **Indicator 3 (K-12):** Describe three ways power, privilege, prejudice, discrimination, and stereotypes related to age, race, ethnicity, sexual orientation, gender, gender identity, socio-economic status, immigration status, and/or physical or intellectual ability can impact sexual health and reproductive justice.
- **Indicator 4 (K-12):** Describe three effective response strategies when a student or school community member has been hurt or wronged by bias.
- **Indicator 5 (K-12):** Describe three strategies educators can use to acknowledge and proactively work to mitigate the impact of bias on their students’ sexual health and multiple, intersecting identities.

TOPIC 3.2: CREATING AN INCLUSIVE AND AFFIRMING LEARNING ENVIRONMENT

- **Indicator 1 (K-12):** Demonstrate three techniques to create an inclusive and affirming learning environment. (S)
- **Indicator 2 (K-12):** Demonstrate three strategies for creating culturally responsive classrooms. (S)
- **Indicator 3 (K-12):** Describe three elements of a trauma-informed approach to sex education.
- **Indicator 4 (K-12):** Demonstrate three strategies of a trauma-informed approach to sex education (e.g., giving trigger warnings before content on sexual assault and allowing students the right to pass as appropriate, etc.). (S)
DOMAIN #3: BEST PRACTICES FOR SEX EDUCATION

TOPIC 3.3: EFFECTIVE TEACHING STRATEGIES

- Indicator 1 (K-12): Demonstrate the ability to build rapport with students. (S)
- Indicator 2 (K-12): Demonstrate three student-centered instructional approaches that support a variety of learning styles. (S)
- Indicator 3 (K-12): Explain the differences between positive vs. shaming approaches to teaching sex education.
- Indicator 4 (6-12): Demonstrate how to use the experiential learning cycle when teaching. (S)
- Indicator 5 (K-12): Describe three effective strategies for practicing skills with students.
- Indicator 6 (K-12): Describe three strategies for actively involving parents, caregivers, and other trusted adults in a sex education program.
- Indicator 7 (K-12): Demonstrate the ability to analyze and tailor lesson plans to match the age, developmental stages, cultural backgrounds, and other identities of students. (S)

TOPIC 3.4: RESPONDING TO CHALLENGING QUESTIONS

- Indicator 1 (K-12): Explain three reasons why it is important to respond to every question students ask when teaching sex education.
- Indicator 2 (K-12): Demonstrate the ability to effectively respond to three different types of challenging questions. (S)

DOMAIN #4: KEY CONTENT AREAS

Knowing the facts about all of the topics covered in sex education is an essential part of being an effective teacher. Educators must have extensive and current knowledge of the core content found in the National Sex Education Standards.

TOPIC 4.1: HEALTHY RELATIONSHIPS

- Indicator 1 (K-12): Describe three distinguishing characteristics between healthy and unhealthy relationships, involving family, friends, and/or romantic partners.
- Indicator 2 (K-12): Explain three ways that healthy relationships can positively impact personal well-being.
- Indicator 3 (K-12): Describe three strategies for teaching students communication skills.
- Indicator 4 (K-12): Describe three strategies for incorporating the positive and negative impacts of communicating through technology into lessons on healthy relationships.
- Indicator 5 (K-12): Describe three ways to help students set and respect personal boundaries in relationships.

TOPIC 4.2: CONSENT, INTERPERSONAL AND SEXUAL VIOLENCE

- Indicator 1 (K-12): Define consent.
- Indicator 2 (K-12): Explain why consent is a fundamental right for people of all ages.
- Indicator 3 (K-12): Differentiate between situations in which sexual consent is and is not present.
**Domain #4: Key Content Areas**

**Indicator 4 (K-12):** Identify three youth-friendly resources to assist survivors of sexual assault, abuse, incest, or domestic violence.

**Indicator 5 (K-12):** Explain sex trafficking and the state laws related to it.

**Indicator 6 (K-12):** Explain bodily autonomy and how it relates to consent and sexual abuse prevention.

**Indicator 6 (K-12):** Explain three ways that LGBQ+ youth are at disproportionate risk for health disparities.

**Indicator 8 (K-12):** Demonstrate three strategies to prevent and/or intervene in bullying and teasing. (S)

**Indicator 9 (K-12):** Demonstrate three strategies that can be used to include positive portrayals of LGBQ+ people in lessons. (S)

**Indicator 9 (K-12):** Demonstrate three strategies to help students identify a trusted adult.

**Indicator 7 (K-12):** Explain the impact of childhood trauma on the decision-making and sexual health of students.

**Indicator 8 (K-12):** Demonstrate three strategies to prevent and/or intervene in bullying and teasing. (S)

**Indicator 9 (K-12):** Describe three strategies to help students identify a trusted adult.

**Indicator 1 (K-12):** Explain how availability of supportive school staff, presence of Gay-Straight Alliances (GSAs), LGBQ-inclusive curricular resources, and the presence of comprehensive, enumerated anti-harassment school policies are related to improved school climate for students of all sexual orientations.

**Indicator 2 (K-12):** Define sexual orientation and sexual identity, including that everyone has both.

**Indicator 3 (6-12):** Explain the difference between sexual orientation, sexual behavior, and sexual identity.

**Indicator 4 (K-12):** Demonstrate the use of inclusive and affirming language. (S)

**Indicator 5 (K-12):** Demonstrate the ability to intervene effectively in homophobic and other bullying comments and actions. (S)

**Indicator 6 (K-12):** Demonstrate the ability to intervene effectively in transphobic, sexist, misogynistic and other gender-related bullying comments and actions. (S)

**Indicator 7 (K-12):** Identify three credible, medically accurate, youth-friendly resources that can provide information or support related to sexual orientation.

**Indicator 8 (K-12):** Explain why it is essential to include positive portrayals of LGBQ+ people in lessons.

**Indicator 9 (K-12):** Demonstrate three strategies that can be used to include positive portrayals of LGBQ+ people in lessons. (S)

**Indicator 1 (K-12):** Explain how availability of supportive school staff, presence of Gay-Straight Alliances (GSAs), gender-inclusive curricular resources, and the presence of comprehensive, enumerated anti-harassment school policies are related to improved school climate for students of all gender identities.

**Indicator 2 (K-12):** Demonstrate the use of inclusive and affirming language. (S)

**Indicator 3 (K-12):** Define gender identity and sex assigned at birth.

**Indicator 4 (K-12):** Explain how gender identity and gender expression are distinct from each other and from sexual orientation.

**Indicator 5 (K-12):** Demonstrate the ability to intervene effectively in transphobic, sexist, misogynistic and other gender-related bullying comments and actions. (S)

**Indicator 6 (K-12):** Explain three ways that transgender and gender expansive youth are at disproportionate risk for health disparities.
DOMAIN #4: KEY CONTENT AREAS

Indicator 7 (K-12): Identify three credible, medically accurate, youth-friendly resources that can provide information or support related to transgender and gender expansive people.

Indicator 8 (K-12): Explain why it is essential to include positive portrayals of transgender and gender expansive people in lessons.

TOPIC 4.5: PUBERTY AND ADOLESCENT DEVELOPMENT

Indicator 1 (K-12): Describe how puberty prepares the human body for the potential to reproduce.

Indicator 2 (K-12): List three physical, three social, and three emotional changes that occur during puberty.

TOPIC 4.6: SEXUAL & REPRODUCTIVE ANATOMY AND PHYSIOLOGY

Indicator 1 (K-12): Explain the benefits of teaching young children the medically accurate terms for genitals.

Indicator 2 (K-12): Demonstrate the ability to use medically accurate terms for sexual and reproductive anatomy, including all external genitals. (S)

Indicator 3 (K-12): Identify three practices that students can adopt for maintaining healthy habits beginning during puberty.

Indicator 4 (6-12): Explain the stages of the human sexual response cycle.

TOPIC 4.7: CONTRACEPTION, PREGNANCY, AND REPRODUCTION

Indicator 1 (6-12): Explain fertilization, implantation, conception, and how pregnancy occurs.

Indicator 2 (6-12): Demonstrate the steps necessary for effective external and internal condom use and how to access condoms. (S)

Indicator 3 (6-12): Describe the differences in mechanisms of action and access between emergency contraception and the abortion pill.

Indicator 4 (6-12): Explain methods of contraception, including the latest medical advances that are popular among young people.

Indicator 5 (6-12): Describe pregnancy options, including parenting, adoption, and abortion.

Indicator 6 (6-12): Identify three federal and/or state laws that impact young peoples’ access to effective reproductive and sexual health care (e.g. age of consent for services, confidential access to health care services, and access to condoms).

Indicator 9 (K-12): Demonstrate three strategies that can be used to make lessons affirming for transgender and gender expansive people. (S)
TOPIC 4.8: HIV AND OTHER SEXUALLY TRANSMITTED DISEASES/INFECTION

**Indicator 1 (6-12):** Describe HIV and three common STDs/STIs, and how each can and cannot be transmitted.

**Indicator 2 (6-12):** Explain that many STD/STIs do not cause symptoms and the only way to know if you have one is to be tested.

**Indicator 3 (6-12):** Explain the benefits of getting tested and treated for HIV and other STDs/STIs.

**Indicator 4 (6-12):** Explain three facilitators and three barriers to STD/STI testing and treatment.

**Indicator 5 (6-12):** Demonstrate the steps necessary for effective external and internal condom use and how to access condoms. (S)

**Indicator 6 (6-12):** Describe the latest medical advances in HIV and other STDs/STIs prevention and treatment.

**Indicator 7 (6-12):** Identify three medically accurate and youth-friendly resources for STD/STI and HIV prevention, testing, and treatment.

A glossary of terms is available at: https://bit.ly/NSES_Glossary

For further training in the above domains, visit the Training Hub at SexEducationCollaborative.org