

Directive to Administrators (Specify which administrators)		WAD (Wednesday) Publication Date	WAD Notice ( Number )	No. of Pages
Middle & High School Site Administrators		October 13, 2010		1 of 2
WAD Title ( Limit to 4-6 Words )		Date Due (if applicable)	Not Applicable After this Date:	
Sexuality Education Professional Development		Nov. 3, 2010	Nov. 17, 2010	
From:	Title:	Signature:	Telephone:	
Kim Coates	Supervisor, SHP		242-2615	
Inform:				
<input checked="" type="checkbox"/> Certified Staff <input type="checkbox"/> Classified Staff <input type="checkbox"/> Parents <input type="checkbox"/> Post on Bulletin Board    Other _____				
<p><b>WHO:</b>     <b><u>Middle School and High School</u> Certificated Staff who teach health education and</b> are responsible for teaching lessons on Sexuality and Sexually Transmitted Diseases (STDs), including HIV prevention.  <b>A substitute will be provided by School Health Programs (SHP) if registration form is received by <u>November 3, 2010.</u></b></p> <p><b>WHAT:</b>   <b>Sexuality and HIV/STD Prevention (MS &amp; HS)</b></p> <ul style="list-style-type: none"> <li>➤ <b><u>Positive Prevention HIV/STD Prevention</u></b> – Age appropriate research-based sex education and HIV/STD prevention curriculum will be distributed to both middle school and high school levels.</li> <li>➤ Successful HIV/STD prevention education strategies to reach young people will be discussed.</li> </ul> <p><b>WHEN:</b>   <b>Wednesday, November 17, 2010 from 8:30 a.m. – 3:30 p.m.</b></p> <p><b>WHERE:</b>   <b>School Health Programs</b>  <b>1515 Quintara Street @ 24<sup>th</sup> Avenue</b></p> <p><b>WHY:</b></p> <ul style="list-style-type: none"> <li>➤ To be familiar with Parent Notification policy</li> <li>➤ To comply with SFUSD mandated health education policy requirement</li> <li>➤ To receive current information about Sexuality and HIV/STD Curriculum</li> <li>➤ To increase awareness of Community Based Organizations/Resources related to sexuality</li> </ul> <p><b>HOW:</b>     Email or fax attached registration form by <b>Wednesday, November 3, 2010</b> to:</p> <p style="text-align: center;"><b>Wendy Tran, <u>tranh2@sfusd.edu</u> OR Fax 242-2618</b>  <b>School Health Programs 1515 Quintara Street</b></p>				
<i>Approved</i>	Cabinet Member: <b>Kevin Truitt</b>	Title: <b>Associate Superintendent, Student Support Services</b>	Signature:	
SAN FRANCISCO UNIFIED SCHOOL DISTRICT – WEEKLY ADMINISTRATIVE DIRECTIVE (WAD)				

# Professional Development Opportunity for Middle and High School Teachers

**Name of Training:** Middle School/High School Sexuality PD

**Offered to:** Middle School and High School Certificated Staff responsible for teaching lessons on Sexuality and Sexually Transmitted Diseases (STDs), including HIV prevention

**Content of training:**

- **Positive Prevention HIV/STD Prevention** - Age appropriate research-based sex education and HIV/STD prevention curriculum will be distributed to both middle school and high school levels
- Current trends in San Francisco regarding HIV/STDs
- Successful HIV/STD prevention education strategies to reach young people
- Parent notification policy

**Contact person:** Rosalia Lopez  
School Health Programs  
Phone: 242-2615

**Date/Time of Training:** Wednesday, November 17, 2010  
8:30 a.m. – 3:30 p.m.

**Location:** School Health Programs  
1515 Quintara Street (at 24<sup>th</sup> Avenue)

(Please keep a copy of your completed registration form for your records)

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**November 17, 2010: Sexuality Education PROFESSIONAL DEVELOPMENT**

**Participants must register by November 3, 2010**

**To guarantee a substitute for the day.**

**Any request received after November 3, 2010 will not receive a substitute**

**Name** \_\_\_\_\_ **Employee ID #** \_\_\_\_\_  
*(mandatory)*

**School** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Subject/ Grade** \_\_\_\_\_ **Email** \_\_\_\_\_

**Check here if you do NOT need a substitute**

**Name of Sub. Requested** \_\_\_\_\_ **Sub's ID#** \_\_\_\_\_  
*(mandatory for preferred sub)*

*Please note: Please confirm personally with the substitute requested to ensure availability. Every effort will be made by the substitute office to procure the requested substitute; however, this cannot be guaranteed.*

I agree to attend teacher training.

**Teacher's signature** \_\_\_\_\_

As the administrator, I support the district health education policy which provides professional development opportunities to assist certificated teachers in the implementation of the SFUSD Health Education Curriculum.

**Please email or fax your registration form to:**  
**Wendy Tran at tranh2@sfusd.edu or Fax 242-2618**  
**SHP, 1515 Quintara St, S. F., CA 94116**