Attachment 1B

Health SMC

September 19, 2018

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# Attachment 1B: Master List of Discussion Items

Public Input on the Draft *Health Education Framework*

This table summarizes the non-actionable public comments submitted to the California Department of Education (CDE) during the first 60-day review period. A “+” symbol indicates that multiple comments were submitted with similar or identical language. Statements that begin with an asterisk (\*) *and are italicized* indicate text additions made by the CDE for formatting purposes. All public comments appear exactly as they were submitted to the CDE. Instances where comments appear to be incomplete are due to the fact that respondents had a maximum number of characters to use when submitting public comment through the online survey. The public comments indexed as “Att 01—Att 127” are included as individual files in **Attachment 4: List of Health Education Framework Public Comment Received**. Public comments indexed as “Attachment 2B” are included in **Attachment 2B: First 60-Day Public Review Health Education Framework Survey Responses (Raw Data File).** Please email healtheducationframework@cde.ca.gov to request access to any or all of the individual public comments submitted during the first 60-day review period.

**The following abbreviations are used throughout this document for formatting purposes:**

* CRED = Credential
* P/G/C of TK–12 Student = Parent/Guardian/Caretaker of TK–12 Student
* Att = Attachment

| **Comment #** | **Chapter** | **Method of Submission** | **Source** | **Comments** | **Comment Index** |
| --- | --- | --- | --- | --- | --- |
| 595 | General Comment | Regular Mail and Email | Family Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*CDE received 32 unique public comment submissions in opposition of the California Healthy Youth Act and/or the Health Education Framework. These 32 individuals include family members/caretakers of TK-12 California students, active and retired California teachers, and community members. Some of the reasons these individuals oppose CHYA and/or the framework include: “belief what is currently being taught is over-sexualizing and is not age-appropriate;” school is not an appropriate place for children to receive a sexual education due to the belief that the Health Education Framework is not aligned with familial/cultural/religious values, etc. Below is one example of the public comments submitted by this group of individuals:*I am grateful for our public education system, but feel very strong about the right of the parent to teach their children morals according to their personal beliefs. I DO NOT feel this is the responsibility of our schools. And if there is anything our school is teaching that as I parent I do not agree with I should always have the RIGHT to not have my children participate. I would hope that our educators would be responsible to not interfere or contradict principles parents are teaching in the home and if there is ever something the school is teaching that a parent isn't comfortable with that they ALWAYS have the right to know and not have their child participate. (KendraHada, Att 44) | Att 33 – Att 64 |
| 596 | General Comment | Email | Amy Haywood et al.Family Members, Legal Guardians, Caretakers of California Students, Community Members | *\*The following comment was submitted with similar or identical language by 11 individuals*Dear IQC Commission:As I have been reviewing the draft health education framework, I have noticed a strong bias in favor of Sexual Orientation and Gender Identity (SOGI) ideology. As you know, schools are not allowed to favor one belief/religion over another; however, this framework favors SOGI ideology.If you are going to teach about gender dysphoria and the often resulting sex change that causes a person to become transgender, you also need to teach about the negative side effects and regret that often accompany such drastic actions. If you only present transgenderism in a positive light and leave out the negative, it begins to sound more like indoctrination than education.If you are going to teach children about anal sex, you need to make sure they know that condoms are not approved by the FDA for anal sex; otherwise, children are going to wind up contracting STDs because of inaccurate medical advice being given by sex educators in public schools. | Att 27+ |
| 596 continued | General Comment | Email | Amy Haywood et al.Family Members, Legal Guardians, Caretakers of California Students, Community Members | If you are going to market abortion to young girls, you need to tell them about the negative consequences that can come from having an abortion. Maybe you should even have kids observe an abortion; isn’t it their right to know exactly what will happen to their bodies??I read through the Health Education Focus Group Report: https://www.cde.ca.gov/ci/he/cf/documents/healthedfgreport.pdf. It’s clear that only people of one political persuasion have been included in this process. Would you consider including more stakeholders so as to break up the current group think that is taking place on this project? When it comes to teaching about sex, have you considered looking at sexual risk avoidance (SRA) approaches?As it is, I strongly oppose the current framework, and I hope you will begin to make every effort to include evidence-based, age-appropriate (as has been traditionally defined by parents and teachers) research before you finalize this draft. (Amy Haywood et al., Att 27+) | Att 27+ |
| 597 | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*CDE received 5 different form emails submitted by 192 individuals. All of these form emails included an attachment with identical or similar line edit recommendations, which are all included in Item A1 and organized by chapter, page, and line number. Each of the versions of the form emails that accompanied the line edits are included in the Att 28+ folder and are summarized in this table in comments 597a – 597e.**\*CDE* received *291 unique emails with belief statements and/or brief personal introductions. All of these emails included the same line edit recommendations (included in Att 28+).**\**Anadditional102 *individuals sent blank emails but attached the same line edit recommendations. These individuals’ names are included in Att 28+, 6 -19 Eric Buehrer et al.* | Att 28+ |
| 597a | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*Example of Form Email with slight variations submitted to CDE by 5 individuals that included similar or identical line edit recommendations originally submitted by Eric Buehrer:*Board Members and Committee Members,I am a parent of public school students and I am very concerned about the recent direction and degree of sexual education in our schools. I do expect that medically accurate and unbiased information be taught to educate our students about sexual health and community diversity.I appreciate that The California State Board of Education is accepting public comment on the new California Health Education Framework.I request that the California State Board of Education seriously and carefully consider the age-appropriateness of sexualized/diversity topics and teach respect for the sincerely held cultural views of Californians, including those of the many different religious communities and non religious communities that hold traditional family values. Please find attached a thorough documentation of concerns that I share and recommendations to improve the California Health Education Framework for all concerned. | Att 28+ |
| 597b | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*Example of Form Email with slight variations submitted to CDE by 37 individuals that included similar or identical line edit recommendations originally submitted by Eric Buehrer:*Dear State Department of Education:I am a mom of 5 children, who attend Elementary, And High School in Aliso Viejo. They go to Aliso Niguel and Oakgrove. Our family, friends, neighbors and community are very concerned about the recent direction and degree of sexual education now mandated by the CHYA. The law dictates what must be taught, but not how. Consequently, we expect that: 1. Districts will be allowed flexibility in determining the “how”. 2. Every Sex Ed. Subject will be supported by medically accurate information. My Brother is a Doctor and Teen Talk does not do that. He is alarmed that things taught to children are said to be safe when they actually will cause them harm. The School system can be sued if what is taught is not medically supported. 3. An emphasis will be placed on the physical and emotional benefits of abstinence. 4. All controversial topics be either avoided or taught without bias. We appreciate that The California State Department of Education is accepting public comment on the new California Health Education Framework. We request that the California State Department of Education seriously and carefully consider the age-appropriateness of sexualized topics and teach respect for the sincerely held cultural views of all Californians, including those who share common traditional values. | Att 28+ |
| 597c | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*Example of Form Email with slight variations submitted to CDE by 142 individuals that included similar or identical line edit recommendations originally submitted by Eric Buehrer:*CA SBE Board Members: I am a California resident and concerned community member. I am an aunt to 4 elementary school boys and a mentor and volunteer at my local high school. Having grown up in the public education system, I am aware that the CA SBE’s vision is for all CA students to attain the highest level of academic knowledge, applied learning and performance skills to ensure fulfilling personal lives and careers and contribute to civic and economic progress in our diverse and changing democratic society. I am very concerned about the recent direction and degree of sexual education in our schools, and fear that the interpretation and application of that new direction will actually harm our students. It is imperative that we educate our students about sexual health. I remember learning about menstrual health in 6th grade. I remember Mr. Sonny of Parks Junior High teach my 7th grade class about the reproductive system, what sex is and the risks associated with sex. My classmates and I received a thorough, scientifically accurate education in an age appropriate matter. However, what I have seen is TOO MUCH, TOO SOON. | Att 28+ |
| 597c continued | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | It is not age appropriate. And, in some cases, it is not medically accurate. The Teen Talk program, for instance, cites statistics and attributes the citations to the CDC; however, when you go to the CDC website, the data is actually in direct contradiction to what Teen Talk claims. This has a direct impact on the physical and psychological health of our students, which can impede academic learning. I appreciate that the CA SBE is accepting public comment on the new California Health Education Framework. I request that the CA SBE 1) seriously and carefully consider the age-appropriateness of sexualized topics, 2) ensure that all topics be medically accurate and 3) teach respect for the sincerely held cultural views of Californians, including those of the many different religious communities. Please find attached a thorough documentation of concerns that I share and recommendations to improve the California Health Education Framework for all concerned. | Att 28+ |
| 597d | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*Excerpt from Form Email with slight variations submitted to CDE by 4 individuals that included similar or identical line edit recommendations originally submitted by Eric Buehrer:*Board Members;I am a parent of public school students. My family and I are very concerned about the recent direction the board has taken in the new health curriculum.We expect that medically accurate information be taught to educate our students about sexual health. I agree that children must be taught about the changes that occur during puberty, the basics about sex, how to prevent sexually transmitted diseases, and how to prevent pregnancies. However, some of the information in the curriculum is inaccurate and biased. | Att 28+ |
| 597e | General Comment | Email | Eric Buehrer et al., Gateways to Better EducationFamily Members, Legal Guardians, Caretakers of California Students, Community Members, active and retired California Teachers | *\*Excerpt from Form Email with slight variations submitted to CDE by 4 individuals that included similar or identical line edit recommendations originally submitted by Eric Buehrer:*There is a lot of valid research on this subject that suggest that teen sexual activity is extremely risky. Waiting for sex, preferably until marriage, improves the prospect for positive outcomes. Specifically the research reveals that when teens have sex, the following negative outcomes are more likely to occur:* less likely to use contraception
* more likely to experience sexually transmitted infection
* more likely to experience pregnancy
* lower educational attainment (and not linked to pregnancy)
* increased sexual abuse and victimization
* decreased general physical and psychological health, including depression
* decreased relationship quality, stability and more likely to divorce later in life
* more likely to participate in anti-social or delinquent behavior
* more frequent engagement in other risk behaviors such as smoking, drinking, and drugs
* less likely to exercise self efficacy and self regulation
* less attachment to parents, school, and faith
* less financial net worth and more likely to live in poverty
 | Att 28+ |
| 598 | General Comment | Email | Wendy Chin et al.Family Members, Legal Guardians, Caretakers of California Students | *\*The following comment was submitted with similar or identical language by 9 individuals:*Dear State Department of Education:I am a parent of children in public school in California. My husband and I are deeply concerned about the recent direction and degree of sexual education now mandated by the CHYA. It violates our personal beliefs and addresses controversial topics with great bias. The law dictates what must be taught, but not how. Consequently, we expect that:1. Districts will be allowed flexibility in determining the “how”.2. Every Sex Ed. subject will be supported by medically accurate information.3. An emphasis will be placed on the physical and emotional benefits of abstinence.4. All controversial topics be either avoided or taught without bias.We request that the California State Department of Education seriously and carefully consider the age-appropriateness of sexualized topics and teach respect for the sincerely held cultural views of all Californians, including those who share common traditional values. | Att 29+ |
| 599 | General Comment | Email | David Alcala et al.Family Members, Legal Guardians, Caretakers of California Students | *\*The following comment was submitted with similar or identical language by 25 individuals:*Dear Sirs/Madames,Thank you very much for giving parents an opportunity to voice their concerns in regard to the new proposed Health Education curriculum! As you may have already been informed by many parents, the proposed curriculum is far too explicit. Much of it is unnecessary sexual overload, most especially for elementary and middle school students.The issue of sexuality is an extremely private matter that is best left to parents to determine how the topic is breached. Don’t we as parents know our children best?This issue is the very reason why so many parents either homeschool their children or are now seriously considering it. I am one of those parents who is now considering it for our 1st grader. Bottom line, if the new proposed Sex Ed/Health Ed material is mandated then California will lose potentially thousands of pupils whose parents will not allow their children to be exposed to the new California Health Ed curriculum.Thank you for your diligent considerations! | Att 30+ |
| 600 | General Comment | Regular Mail and Email | Organization, Community Members, Family Members of California Students, current California Secondary students, active and retired Teachers of California Students, professionals who work with California Young People (ex. Social Workers, Counselors) | *\*CDE received 40 Letters in Support of the Health Education Framework and for the California Healthy Youth Act (CHYA) from individuals and organizations. The individuals represent family members of California students, Credentialed California teachers, and professionals who work with California students (ex. Social Workers and counselors). A few examples of the reasons that were stated for supporting the current framework and CHYA include: “reducing STIs, raising awareness, demystifying youth bodies, and decreasing confusion and sexual tension in classrooms,” helping children understand the importance of oral hygiene and the connection for overall health, and for raising awareness on the topic of food allergies. Below is an excerpt from one of the Emails sent from one of the organizations, who support the Health Education Framework:*In the two years since the California Healthy Youth Act went into effect, we have heard from the communities and schools that we support about the value of this mandate and the need for continued support for implementation. We are pleased that the current draft of the Framework offers guidance to educators on how to create inclusive, supportive classrooms; navigate challenging conversations and topics with students; and engage parents and establish connections with community resources. (Health Connected, Att 06) | Att 01Att 02Att 06Att 07Att 09Att 11Att 12Att 13Att 22Att 23Att 65 – Att 92Att 126Att 127 |
| 601 | General Comment | Email | Secondary students, college students, and adults from the LGBTQ Community in California | *\*CDE received 16 emails from members of California’s LGBTQ community supporting the California Health Education Framework and/or the California Healthy Youth Act (CHYA). These individuals represent middle and high school students, undergraduate and graduate students, and adults, who provided testimonials on the importance of a “comprehensive and inclusive” health education by sharing their personal experiences of the challenges they have overcome as members of the LGBTQ community. An emergent theme of these comments is the strong belief that their overall high school experience and quality of life could be/would have been positively impacted. These individuals cited instances where their “lack of education and fear to identify or disclose” as LGBTQ led them to, “self-harm, an aborted suicide attempt, depression, and confusion.” Below is an excerpt from one of the emails sent from this group of individuals:*I was questioning my sexual orientation at the time [high school], and just knowing that there were others like me would have made me feel included and respected. (\*excerpt from public comment submitted by Nick Quach, M.D. Candidate, Class of 2022, Stanford University, Att 104) | Att 93 – Att 108 |
| 602 | General Comment | Email | Family Members of Transgender Children and Organizations representing Transgender Children and their families | *\*CDE received 14 emails from parents of transgender children in support of the California Health Education Framework and/or the California Healthy Youth Act (CHYA). Many of these parents cited California law (SB 179), which “recognizes Non-binary gender identities and allows parents to designate this on a child’s birth certificate” Many of these parents also provided examples of instances where their child experienced bullying and discrimination during the school day. Below is an excerpt from one of the emails submitted by this group of individuals.*My youngest child, a 10-year-old, is transgender. When she came out this year, her teacher wasn’t allowed to explain anything to her class. We were told that this isn’t something that is discussed in class. So her teacher announced that she would be changing her pronouns and her name, because “that’s what she wants,” and the rest of the responsibility to teach and to explain, was left to my child and her supportive friends on the playground. That’s a LOT to put on a child’s shoulders. A simple classroom lesson on gender diversity, or a reading of Jazz’s book, could have saved my child hours of frustration, questions, and inappropriate comments that were still being said to her on the last day of school. (excerpt from public comment submitted by Juli Stowers, Lake Forest, CA, Att 119) | Att 109 – Att 122 |
| 603 | GeneralComment | Email | Heather Martonik Graff et al.Family Members of California Students, Community Members, Professionals who work with California Youth (ex. Social Workers and Teachers)  | *\*CDE received 29 emails with similar or identical language from family members of California students, community members, and professionals who work with California Youth (ex. Social Workers and Counselors) in support of the California Health Education Framework and/or the California Healthy Youth Act (CHYA). Below are excerpts from emails submitted by this group of individuals:*•Comprehensive sexual health education is vital to the safety and protection of our LGBTQ youth.•Creating a space in schools where LGBTQ youth can feel that their marginalized identities are affirmed and respected is key to basic health and well-being of these youth.•LGBTQ youth are still at a much higher risk of trauma-related mental illness and suicide, especially transgender and bisexual youth. Inclusive and comprehensive sex ed curriculum is one piece of a larger picture of greater support for these marginalized youth.•Curriculum that explicitly includes LGBTQ youth contributes to an environment of greater acceptance for LGBTQ youth, potentially decreasing bullying based on sexual orientation and gender identity. | Att 31+ |
| 604 | General Comment | Survey | Cindy Lederer, Physical Education, CRED Teacher TK-12 | The important Health Curriculum and Standards should be delivered by a "Highly Qualified" certificated Health teacher. Science and/or Physical Educator teachers are NOT qualified to teach Health which is happening in the Fairfield-Suisun USD. The Fairfield-Suisun USD Science and Physical Education teachers do not get any professional development nor funding to teach Health.*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 605 | 1– Introduction | Survey | Susan Roseli, Other, Mental Health Provider | This is a good refresher on healthy habits including diet, gender expression, healthy relationships, positive body image and how risk factors contribute to compromise in these areas of health. It did provide a strong outline for the remaining chapters. | Attachment 2B |
| 606 | 1– Introduction | Survey | Sara Chrisman, CRED Teacher TK-12, Single Subject Teaching CRED in Health Science | All chapters look excellent. Great introduction. | Attachment 2B |
| 607 | General Comment | Survey | Heather A.P., P/G/C of TK12 Student | Not in favor of Teen Taalk or LGBT explicit sex education*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 608 | General Comment | Survey | Joseph McCarthy | Teach our children math, science, and history. We do not need you indoctrinating them with your distorted gender curriculum. Leave sexual education to the parents!*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 609 | General Comment | Survey | Sarah Bulis, P/G/C of TK12 Student | I have 4 children in California Public Schools. I am not comfortable with public school teachers instructing my children on transgender and sexuality-based issues. These are issues which are not part of a public education, but are topics that should be taught under the love and care of each child's home and family beliefs. If these topics will be taught in public school, I would withdraw my student on every single day they are taught in the classroom.*\*This comment was submitted multiple times throughout this individual’s survey responses* | Attachment 2B |
| 610 | General Comment | Survey | Jennifer Orejudos, P/G/C of TK12 Student | I believe this curriculum oversteps legal and ethical boundaries by trying to teach children not about health but about a very exclusive moral point of view with regard to sexual orientation and sexual activity. The state has absolutely no right to teach my children something that is in direct violation of our family’s (and countless others’) personal values/views. Under the guise of being “inclusive” the state is imposing an agenda that blurs the lines separating church and state. I, along with many others, intend to remove my children from school on such designated health education forum days, and possibly from the public education system altogether if these changes go into effect.*\*This comment was submitted multiple times throughout this individual’s survey responses* | Attachment 2B |
| 611 | General Comment | Survey | Tamii Viveros, College/University Faculty Member, P/G/C of TK12 Student | Not in agreement.*\*This comment was submitted multiple times throughout this individual’s survey responses* | Attachment 2B |
| 612 | 1– Introduction | Survey | Howard Taras, Other, School District Physician; Professor at UCSD | I like the Introduction as it is. (a) I oppose adding "religious beliefs" to this particular document, although I have no problem with students and teachers discussing "religious beliefs" elsewhere in the school curriculum. (b) I believe that gender-neutral language can be cumbersome and confusing. On the other hand, I think that our State's students should learn that sometimes such language is necessary for those who are not "gender binary". | Attachment 2B |
| 613 | 1– Introduction | Survey | Lita Esposito, Other, Single Subject Physical Education, Biology supplement | Please maintain all reference and appropriate language as it pertains to gender identity and growth and development throughout the framework. | Attachment 2B |
| 614 | General Comment | Survey | Lora Caldwell, P/G/C of TK12 Student | 100% agree we need inclusive, comprehensive sexuality education*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 615 | 1– Introduction | Survey | Austin Rio Mursinna, Community Member | I attended CA public schools for all years K-12 in San Diego County. | Attachment 2B |
| 616 | 1– Introduction | Survey | Jessica Geyer, P/G/C of TK12 Student | Excellent introduction! Love the aspect of comprehensive and complete physical, mental and social wellbeing. | Attachment 2B |
| 617 | General Comment | Survey | Summer Hellewell , CRED Teacher TK-12, ,Other, Single subject English | I think it’s wonderful and imperative that the curriculum framework is affirming I’d different gender identities, sexual orientations, and other challenges to stereotypes. We know that representation matters and reduces bullying as well as affirms student identities. We know that LGBTQ students are more at risk for risk taking behaviors starting at young aged in part because they are bullied. Please persevere against the vocal minority who are sending in transphobic and homophobic comments.*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 618 | 1– Introduction | Survey | Juliet Stowers, CRED Teacher TK-12, P/G/C of TK12 Student, Multiple Subject Teaching CRED | Love that gender neutral language and gender expression are recognized and affirmed. | Attachment 2B |
| 619 | 1– Introduction | Survey | Michelle Childers , P/G/C of TK12 Student | Remove gender expresion and replace with religious beliefs and or add "and religious beliefs" after gender expression. | Attachment 2B |
| 620 | 1– Introduction | Survey | Rebecca Drexler Tweedle | -Keep "Gender expression", -keep gender neutral nouns/pronouns and create an inclusive classroom especially in cases where a child wishes to be addressed as they/them/theirs, -affirm different sexual orientations and same-sex relationships to include al | Attachment 2B |
| 621 | 1– Introduction | Survey | Susan Gorospe , P/G/C of TK12 Student | Please refer to the list of recommendations sent to the healtheducationframework@cde.ca.gov Email address.*\*This comment was submitted multiple times throughout this individual’s survey responses and their list of recommendations can be found in Item A1, Att 28+* | Attachment 2BAtt 28+ |
| 622 | 1– Introduction | Survey | David Ball , P/G/C of TK12 Student | I’d prefer you not teach my child about the food pyramid as its not based on any scientific data but more influenced by the food lobby. Your definition of healthy foods is entirely different than ours. You could leave out your food lobby health recommendations. In stead of teaching our kids that they are obese because they are addicted to technology, why don't you help them get outside. Instead you chain them to desks with technology on them ingraining these unhealthy behaviors. I’d prefer you not teach my child to be the sole responsibility for the pollution you have allowed to occur on our planet. Your claim "you must incorporate technology when available to support the 21 century learner" What data do you have that supports this as beneficial? Did the kids tell you that they can only learn with technology? No they did not. Seems to me more like silicon valley telling you what you need. Again, you claim to be concerned with kids and their obesity rates but yet you walk them right in | Attachment 2B |
| 623 | 2– Supporting Health Education | Survey | Sarah Alvarado, CRED Teacher TK-12 | The Employee Wellness section should be more robust is defining what a comprehensive wellness approach should include. Teaching is a very stressful job, and the acknowledgment of that is appreciated, but there needs to be more included than “here are some resoursces” | Attachment 2B |
| 624 | 2– Supporting Health Education | Survey | Barbara Hughes, Curriculum Specialist, Registered Dietitian | I am the director of a program targeting the nutrition/health/lifestyles of low income populations. Many of the tens of thousands of residents we reach are Pre - 12 students. We are disheartened at the lack of nutrition education these students receive, given this should be a priority in our current childhood obesity crisis. There is a need for more concrete direction and resources for staff in the schools to prioritize health and nutrition practices beyond the general - and unhelpful - current directive: "EC Section 51210.4–nutrition education that focuses on pupils’ eating behaviors and based on theories and methods proven effective by published research" Nutrition education is still not a priority in local school districts and a more concrete CDE directive would give this vague directive some traction. | Attachment 2B |
| 625 | 2– Supporting Health Education | Survey | Susan Roseli, Other, Mental Health Provider | The reasons for the curriculum is supported and to why and how health education is needed to improve health. There is a need for better health education and the rationale is supported. Employee wellness was also discussed which is of benefit. However, the implementation idea of whole school, whole child, and whole community will likely be challenging. Other thoughts include where the funding for such in depth curriculum is going to be taken from. Additionally, it is discussed that teachers will have credentials for health education and this may pose a limit to the number of available teachers to teach. Community and parental engagement, although a good idea, how will this be regulated, implemented, and prove valuable to the program. The curriculum assumes that kids and families will be sharing information related to home life, family dynamics, and interpersonal relationships that may not be appropriate for a teacher to know and likely kids and families will not share. Some of the cur | Attachment 2B |
| 626 | 2– Supporting Health Education | Survey | Sara Chrisman, CRED Teacher TK-12, Single Subject Teaching CRED in Health Science | Be sure to reinforce the fact that all districts must comply with standards and health MUST be implemented properly (taught by a credentialed health teacher at all levels) and students cannot meet the comprehensive health course requirements by taking an online course (if they are at a comprehensive high school) UNLESS they have failed the course and they are taking again for remediation. Health science must be as valued as Math, English, and other Sciences. And in high school it must be a year long course (or ten credits). any districts are already doing this but should be universally required if California really cares about following the standards and helping the mental and emotional health of our older kids who often take health online with a non-credentialed teacher but are emotionally unstable and need the comprehensive course. | Attachment 2B |
| 627 | 2– Supporting Health Education | Survey | Brenda Lebsack, CRED Teacher TK-12, Multiple Subject Teaching CRED | I am a school board trustee AND a PE teacher in public school. I believe we need to survey parents approval rating on teaching the gender spectrum to students of all grade levels. The vast majority of parents in my community do not support teaching the "gender spectrum". We also need to look closer at research.. The APA- DSM-5 notes gender dysphoria desistence rates of 70 to 97 percent in “natal males” and 50 to 88 percent in “natal females.” The American Psychological Association’s APA Handbook on Sexuality and Psychology states that the vast majority of gender dysphoric boys and girls accept their birth/chromosomal sex by adolescence or adulthood. University of Toronto psychologist Dr. James Cantor cites three large scale and other smaller studies showing trans-identifying kids will outgrow it 60 to 90 percent of the time.A 2008 study affirmed that 80 to 95 percent of gender dysphoric pre-pubertal children will accept their biological sex by the end of adolescence. | Attachment 2B |
| 628 | 2– Supporting Health Education | Survey | Janet Chang, P/G/C of TK12 Student | The California public education is just that. It's for the general public and not for a small percentage of people who are trying to drive this curriculum to their benefit. I find it appalling and frustrating how this educational code is geared towards a very small population of people. According to the earlier report published in April 2011 by the Williams Institute, it is estimated that 3.8 percent of Americans identified as gay/lesbian, bisexual, or transgender: 1.7 percent as lesbian or gay, 1.8 percent as bisexual, and 0.3 percent as transgender. Yet, the health ed section of this curriculum is mostly about this very small population of people. Let's be more "inclusive" of everyone who will be in the classroom. | Attachment 2B |
| 629 | 2– Supporting Health Education | Survey | Angela, Eilers, P/G/C of TK12 Student | I support Full health & sex education as age appropriate in public school. Doing anything but is harmful to our children. | Attachment 2B |
| 630 | 2– Supporting Health Education | Survey | Janice Lim, P/G/C of TK12 Student | Health Education should be for health issues not political*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 631 | 2– Supporting Health Education | Survey | Elisa Hofmeister, Community Member | Health education that includes and LGBTQ framework is so important and necessary. Kids who identify as LGBTQ are especially vulnerable to mental health and wellness issues, and have health needs that must be addressed in curriculum. Additionally, being explicit about the many ways a person can be will help build inclusive schools and overall help with a community of care in our schools. | Attachment 2B |
| 632 | 2– Supporting Health Education | Survey | Austin Rio Mursinna, Community Member | Inclusive sexual and health education from credentialed teachers is imperative. Too many households refuse to talk about the subject with their children, and the results of uninformed and misinformed youths are DEVASTATING. In my years attending CA public schools I saw teenage pregnancy, sexual harassment and bullying, and suicide, all of which may have been prevented at least partially by better understanding of sex and related mental health issues. LGBTQ-inclusive lessons are a must for the sake of inclusiveness and the prevention of harassment and bullying. | Attachment 2B |
| 633 | 2– Supporting Health Education | Survey | Wayland Wong, P/G/C of TK12 Student | Safety for all identities is important. | Attachment 2B |
| 634 | 2– Supporting Health Education | Survey | Summer Hellewell, CRED Teacher TK-12, Single subject English | I think it’s wonderful and imperative that the curriculum framework is affirming I’d different gender identities, sexual orientations, and other challenges to stereotypes. We know that representation matters and reduces bullying as well as affirms student identities. We know that LGBTQ students are more at risk for risk taking behaviors starting at young aged in part because they are bullied. Please persevere against the vocal minority who are sending in transphobic and homophobic comments. | Attachment 2B |
| 635 | 2– Supporting Health Education | Survey | Vernita Gutierrez, Community Member | Sometimes teachers do not want to approach a particular topic (e.g. sex education), so I appreciate the recognition that community-based organizations with expertise in particular subject matter can and should also have a vital role to play in health education and child development. | Attachment 2B |
| 636 | 2– Supporting Health Education | Survey | Caroline Zha | LGBTQ inclusive sex education MUST be a part of California curriculums. As a queer woman of color, I received most of my sexual health education from the Internet, and not from my school, even though we had a sex ed program, because it wasn’t LGBTQ inclusive. I never learned about things like dental dams that could have kept me healthy and safe until I came to college. In addition, I know plenty of people who are trans or non binary who were only able to take control of their health and well-being after coming to college, when information about these topics was more readily accessible. By not teaching students about LGBTQ inclusive health, you rob them of their ability to make safe, healthy choices, and hurt them more in the long run. | Attachment 2B |
| 637 | 2– Supporting Health Education | Survey | David Ball, P/G/C of TK12 Student | "Health education is necessary and essential for students" It may be necessary but there is no evidence to suggest public schools teaching it has any benefit. Clearly your obesity-prevention program failures should tell you all you need to know about your success. I know you won't stop but please be aware many of us see your intentions and more and more will find alternative options. | Attachment 2B |
| 638 | 3— TK–Grade 3 | Survey | Jan Resler, County of Sacramento - Public Health - Oral Health, Dental hygienist, former educator, public health administrator | In the section on Nutrition, the discussion on sugar could include the relationship between sugar and dental caries (cavities) and the importance of limiting the number of episodes of sugar intake per day to minimize the conditions that contribute to dental caries. Example: sugar + oral bacteria = acid. Acid + tooth enamel = decay. Each episode of sugar intake = 20 minutes of acidic environment. This concept also correlates with "germ" examples given later in the section titled "Personal and Community Health". The section on Health Habits could include registered dental hygienists (RDH) as RDHs are the dental professional most likely to provide oral hygiene instruction and preventive oral health education. Under Social-Emotional Development, it may be too early to introduce the impact of poor oral health on confidence and performance, but it is an important concept for teachers to understand. Exercise examples: Why do we need our teeth? To eat, to speak, and to SMILE :) | Attachment 2B |
| 639 | 3— TK–Grade 3 | Survey | Susan Roseli, Mental Health Provider | The program has too much information for this age group. The cognitive ability of this age may not lend itself to learning the detail listed within the curriculum. | Attachment 2B |
| 640 | 3— TK–Grade 3 | Survey | Diane Johnson, CRED Teacher TK-12 | Appreciate the focus on learning through play and feel like everything was covered very well. | Attachment 2B |
| 641 | 3— TK–Grade 3 | Survey | Jessica Patterson, Community Member | Our kids should not have to be subject to information about gender identity and transgenders at this age... or ever. | Attachment 2B |
| 642 | 3— TK–Grade 3 | Survey | Brynda DeArte, P/G/C of TK12 Student | As an overweigh woman this issue is near and dear to my heart. Can we stop focusing on obese people as having all kinds of problems? Some people have GENETIC factors that make weight loss tough and no matter how healthy they eat they are not successful. Can we add this information? My kids were tortured in school because I am fat. I am sick of kids being fat shamed and your curriculum supporting that. | Attachment 2B |
| 645 | 3— TK–Grade 3 | Survey | Shari Palicke, P/G/C of TK12 Student | Gender identity and families with lesbian, gay, bisexual, or transgender teachings does not have a place in our educational system. Especially anytime prior to the high school years. The California educational system has crossed a line and I intend to pull my children from any discussions related to these topics.*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 646 | 3— TK–Grade 3 | Survey | Janet Chang, P/G/C of TK12 Student | Many research studies have been done to show that the part of the brain that's responsible for critical/logical thinking doesn't get fully developed until one is 25 years of an age. Considering this fact, why would the public education curriculum use languages that neutralize genders? Wouldn't that cause more confusion in the general population, thus possibly even pushing some of these children to identify themselves as transgender? And we all know that the suicide rates for these transgender children are extremely high. These types of health ed curriculum will not help our children but will hurt them tragically! Leave all the LGBTQ stuff out of our public education. It is up to the individual families to decide when/how to discuss about this topic! | Attachment 2B |
| 647 | 3— TK–Grade 3 | Survey | Austin Miller, P/G/C of TK12 Student | It is not the job of the school to teach this type of material to my child. Nor do I want or trust the school to teach my child this material that is inline with our family beliefs.*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 648 | 3— TK–Grade 3 | Survey | Ying Tong, P/G/C of TK12 Student | Teaching about gender identity and family structure and related complex topic to 4-5 year olds can be overloading. Children at such young age often tend to process complex concept partially, in fact may only pick up part of the story rather than a well rounded overview of the concepts presented. Such topic should be educated one on one by their parents or guardians at the child’s own pace instead of in a group academic setting where kids learn at veey different pace. | Attachment 2B |
| 649 | 3— TK–Grade 3 | Survey | Veronica Concha, P/G/C of TK12 Student | I’m outraged you are teaching this filth! Whether or not out world is going through this gender confussion , it’s still not the schools job to teach! | Attachment 2B |
| 650 | 3— TK–Grade 3 | Survey | Jennifer Chien, P/G/C of TK12 Student | While I understand that all people should be treated with respect, I would not feel comfortable with my children being exposed to and taught about LGBTQ concepts at such a young age by their school. I'd rather have them encounter this at a much older age and get exposed to it by their parents. | Attachment 2B |
| 651 | 3— TK–Grade 3 | Survey | Lita Esposito, CRED Teacher TK-12, Single Subject Physical Education, Biology supplement | Maintain all references as they pertain to the internal and external organs, reproduction, and any references to gender identity. | Attachment 2B |
| 652 | 3— TK–Grade 3 | Survey | Juliet Stowers | Love the discussion about gender stereotypes - this will be so helpful to the children that just "feel different," and don't yet have the words to describe it. | Attachment 2B |
| 653 | 3— TK–Grade 3 | Survey | David Ball, P/G/C of TK12 Student | One in six kids now obese. Your doing a great job teaching these kids healthy eating habits designed by the food industry. You should be proud. Keep up the great work. Your doing such a great job teaching these kids about a healthy diet we should also give you access to asses and treat their mental health too. We want to be sure they all are obese, autistic and medicated. Most third graders are becoming proficient using technology to research. Thats insane. I would never allow my 3rd grader to access the internet. Teaching k-3rd grade kids about gender dysphoria should be a crime. I'm amazed that you guys get away with it. | Attachment 2B |
| 654 | 4— Grade 4–Grade 6 | Survey | Jan Resler, County of Sacramento - Public Health - Oral Health, Dental hygienist, former educator, public health administrator | Many of the scientific, behavioral and social concepts above lend themselves to age appropriate inclusion in the curriculum and offer an interesting way to weave topics throughout many aspects of learning. | Attachment 2B |
| 655 | 4— Grade 4–Grade 6 | Survey | Jennifer Hooper, CRED Teacher TK-12 | I teach 5th grade and feel the section on "sexual health" is not appropriate for this age. These kids are age 10/11. I feel this topic would be better taught in 6th or 7th grade. I do like the remainder of the plan for 5th grade. | Attachment 2B |
| 656 | 4— Grade 4–Grade 6 | Survey | Brynda DeArte, P/G/C of TK12 Student | While the gang curriculum is nice for areas affected by it, can it be optional for areas not affected by it. Can the lesson guides be flexible to let the teachers focus on where their issues are. For example we are in an affluent area. Gangs are not the problem but bullying is. Our lessons should focus more on the social emotional well being and less on the gang issue so that the curriculum is useful to its audience. Some topics are general enough to affect everywhere. but others aren't. As for the lesson in comparing food for healthy content, the rich can afford fancy food not the poor so you are creating another way for kids who are poor to be bullied. Instead of studying their own food. you should have the teacher provide examples that the kids all look at so that poor kids aren't singled out and then send them home to find examples of good and bad. | Attachment 2B |
| 657 | 4— Grade 4–Grade 6 | Survey | Annette Crosbie, Other, School Board Trustee  | I am surprised that puberty isn't discussed in 4th grade, given that children are maturing at a younger age. In households where there are taboos about discussing development it can mean that girls are caught without requisite knowledge of menstruation and what to do if they are at school when their period begins. This can lead to fear and life long ostracization and shame regarding an instance of bleed through. | Attachment 2B |
| 658 | 4— Grade 4–Grade 6 | Survey | Jeannie Garrettson, P/G/C of TK12 Student | We think that body changing topics should be discussed at home and not in school. Mental health issues such as transgender, and self-identity topics should be addressed with a medical professional with parents present. These type of topics should not be the responsibility of the school system.*\*This comment was submitted multiple times throughout this individual’s survey responses* | Attachment 2B |
| 659 | 4— Grade 4–Grade 6 | Survey | Veronica Concha, P/G/C of TK12 Student | Parents job to teach this! You want prayer out of schools, keep this liberal agenda out of schools! | Attachment 2B |
| 660 | 4— Grade 4–Grade 6 | Survey | Louise Sozo, Community Member | "This is also an important time to discuss gender, gender roles, and gender expression as puberty can be a difficult time for young transgender students. Educators should acknowledge this and create an environment that is inclusive and challenges binary concepts about gender. Students must also receive sexual health and HIV prevention instruction from trained instructors. While recognizing that gender is not binary..." I was unaware that "gender is not binary" until I read the Framework. This is clearly not factual, yet this dishonest statement forms the basis for what is taught. Why force ALL students to discuss "gender expression" because of "transgender" youth? If any are present, address their needs individually rather than create confusion for the majority of students, who do not need to question their gender. I doubt many 9-11 year olds WANT to know about same sex relationships or aberrant "expressions." Parents are the best 'trained instructors." We know plenty about sex. | Attachment 2B |
| 661 | 4— Grade 4–Grade 6 | Survey | Michael Stones, P/G/C of TK12 Student | I am highly in support of the sex ed curriculum beginning in 6th grade and meeting the standards of the California Healthy Youth Act. I am greatly concerned with efforts in my community (San Diego) to undermine my ability to have my 3 kids educated about their own bodies and critical community safety issues. As a mental health professional I see the effects every day of relationship violence, LGBTQ bullying and discrimination, sexual abuse, child sex trafficking and other critical areas that evidence based comprehensive sex education can prevent. I wish to thank you for your work and express my full voiced support for the curriculum as it stands. | Attachment 2B |
| 662 | 4— Grade 4–Grade 6 | Survey | Janice Lim, P/G/C of TK12 Student | Health education should be age appropriate and political unbais | Attachment 2B |
| 663 | 4— Grade 4–Grade 6 | Survey | Edward Matthews, CRED Teacher TK-12 | I have utilized the 6th grade lesson plans, topics, and extension activities. The topics of gender identity and sexual orientation has sparked the most interest in youth of this age group and higher. Continuing topics of inclusivity is so vital to the growth and development of youth today. Learning about various orientations and genders validates their thoughts and feelings. These discussions have lessened shaming and name calling. I want these topics to remain and for more extension activities. | Attachment 2B |
| 664 | 4— Grade 4–Grade 6 | Survey | Summer Hellewell, CRED Teacher TK-12 | I think it’s wonderful and imperative that the curriculum framework is affirming I’d different gender identities, sexual orientations, and other challenges to stereotypes. We know that representation matters and reduces bullying as well as affirms student identities. We know that LGBTQ students are more at risk for risk taking behaviors starting at young aged in part because they are bullied. Please persevere against the vocal minority who are sending in transphobic and homophobic comments. | Attachment 2B |
| 665 | 4— Grade 4–Grade 6 | Survey | David Ball, P/G/C of TK12 Student | "and low-fat calcium rich foods each day. High-sugar and high-fat food" I still can't figure what why you claim to be experts on nutrician when you admitted it yourself, one in six kids is obese. What will it take for you to learn. You are teaching false information. | Attachment 2B |
| 666 | 5— Grade 7- Grade 8 | Survey | Jan Resler, County of Sacramento - Public Health - Oral Health, Dental hygienist, former educator, public health administrator | The section on Mental, Emotional, and Social Health could emphasize the social and economic consequences of poor oral health: dietary, psychological, and communication. Lesson example for Community Health: Water Fluoridation Debate! Students learn to critically review evidence-based versus speculative literature and participate in mock debate on both sides of the community water fluoridation issue. Epidemiology triangle meets oral health lesson example: Periodontal (gum) disease. Host + bacteria + susceptibility = bone and tooth loss. Standard precautions lesson example: Dentistry! There are great videos showing the "splatter" that occurs in a dental office during treatment and how dental office personnel must use standard/universal precautions to avoid cross-contamination. | Attachment 2B |
| 667 | 5— Grade 7- Grade 8 | Survey | Susan Roseli, Mental Health Provider | How would you find a licensed mental health/ credentialed health educator? The scope of the teachers can only go so far and there seems to be concern of scope of practice with the developed curriculum. | Attachment 2B |
| 668 | 5— Grade 7- Grade 8 | Survey | Sabrina Hughes, Waymakers Sexual Assault Victim Servics, Sexual Assault Prevention Educator with the non-profit Waymakers, in Orange County | I love the talk of primary prevention!!! Yes!!! I think a little more inclusion of LGBTQ+ survivors and male survivors could be brought into the discuss - a lot of middle schoolers I've worked with think sexual violence only happens to cis women. I incorporate this into my presentations by pointing out victim-blaming towards specific populations, and then telling them that in order to make survivors feel safe and get the help they need, we need to stop blaming victims and in order to prevent assault, we must respect people of all identities. | Attachment 2B |
| 669 | 5— Grade 7- Grade 8 | Survey | Shelley Molina, P/G/C of TK12 Student | I do not want my daughter to know about this stuff. She is too young and innocent and you were going to corrupt her mind if you do this. I am totally against this and I will not allow my daughter to be a part of this. | Attachment 2B |
| 670 | 5— Grade 7- Grade 8 | Survey | Bela Patel, P/G/C of TK12 Student | Teaching barrier methods to 7th and 8th graders is way too soon. 9th grade may be better. discuss about rape and abuse is absolutely ridiculous and definitely too early. | Attachment 2B |
| 671 | 5— Grade 7- Grade 8 | Survey | Tim Peters, P/G/C of TK12 Student | There is WAY TOO much emphasis on the LGBTQ+ non-gender specific language and for reasons related to Christian beliefs rooted in the Word of God (the Bible), this NEEDS to be an option for parents to opt their students out of this teaching which goes against our beliefs and how God designed humans. This sinful practice should not be encouraged and taught to anyone in the public school where we claim it is "under God" and "in God we trust". Please make sure that the curriculum is equally supportive of the teachings of Jesus in the Bible which our country's founding fathers believed in. It would be a constitutional right that parents should know about this and be able to have their children opt out of this sinful teaching.*\*This comment was submitted multiple times throughout this individual’s survey responses* | Attachment 2B |
| 672 | 5— Grade 7- Grade 8 | Survey | Brenda Lebsack, CRED Teacher TK-12 | Teen Talk for Middle School,which is highly recommended for this state, is medically inaccurate. It fails to state the relative risk of anal sex. It lumps the efficacy rate of vaginal sex with anal sex when it comes to condom use. Teen Talk teaches anal sex with condoms, yet condoms are NOT FDA approved for anal sex. Truvada for PrEP is FDA approved to prevent HIV when engaging in high risk sexual behaviors and this is what should be emphasized for HIV prevention in combination with condoms. Condom use ALONE should not be taught to prevent HIV when engaging in anal sex, since condoms are not FDA approved for anal sex. Our curriculum is breaking the law and placing kids in harms way of HIV, an incurable disease. This curriculum is endorsed by the ACLU. | Attachment 2B |
| 673 | 5— Grade 7- Grade 8 | Survey | Kristin Spieler, P/G/C of TK12 Student, Parent of 3 children in the district | In general, at this age there needs to be a discussion of the psychological aspect of sexuality and gender identity. As far as I can see there is no discussion about brain chemistry as it relates to sexuality (i.e. dopamine and oxytocin and how, when and why it’s released in the body). This is an important aspect that is significantly overlooked. In addition, there needs to be a discussion of porn both independent and as part of the sex trafficking conversation. The ramifications of porn on young people, the rate of addiction and the inaccurate information teens are getting from porn should be addressed. Given that a large percentage of porn is created from sex trafficking victims, teens should also be educated about this. | Attachment 2B |
| 674 | 5— Grade 7- Grade 8 | Survey | Andres Hernandez, P/G/C of TK12 Student | The level of sexual "orientation" starting at 7th grade is simply too strong. You are dealing with kids not even in puberty yet. I understand your progressive attitude, adherence to CHYA directives and all that, but kids must be kids and enjoy the part of their lives that will never ever come back. Why do we want to push them into adulthood at such an early age? This definitely deserves an open and broad discussion between you and the parents. We, as parents should have the right to opt in or opt out when it comes to the mental, medical and social well being of our children. You (Schools) need to return to teach children the fundamentals of education, not social engineering. To be clear: I could not disagree more with your approach to "Growth, Development, and Sexual Health (G)" | Attachment 2B |
| 675 | 5— Grade 7- Grade 8 | Survey | Louise Sozo, Community Member | NO Planned Parenthood. This agency is more interested in creating clientele for abortions than in helping youth make wise sexual decisions. "...spiritual abuse can include abuse related to religion, culture, or an individual’s sense of self...Ms. L explains that a person’s sense of self could include how they feel about themselves, the language or languages they are most comfortable speaking...Examples...include..insisting on rigid gender roles...banning the language or dialect they speak...including interfering with their education." It is an outrageous lie to tell youth that believing and defending SCIENTIFIC FACT (only two genders exist) is somehow abusive! How did the CDE determine what qualifies as "spiritual abuse?" Or "interfering" with a child's education? Regarding "languages", are we teaching children that LBGTQ adherents speak another language and are disabled if their "dialect" is not used? How insulting to them! Basic English is sufficient; everyone understands it. | Attachment 2B |
| 676 | 5— Grade 7- Grade 8 | Survey | Jennifer Chien, P/G/C of TK12 Student | I would not feel comfortable with my child's school instructing them on how to use a condom and dental dams. This is such a young age to expose children to these ideas and it would be best for this information to come from their parents. | Attachment 2B |
| 677 | 5— Grade 7- Grade 8 | Survey | Lynsey Monterastelli, P/G/C of TK12 Student | should Planned Parenthood be invited to come speak to your middle schoolers? Should they then be asked to place condoms on their fingers in a mixed-gender classroom? | Attachment 2B |
| 678 | 5— Grade 7- Grade 8 | Survey | Lita Esposito, CRED Teacher TK-12 | Maintain all references as they pertain to student curiosity about their changing bodies as they enter puberty which includes interest in sexual relationships. | Attachment 2B |
| 679 | 5— Grade 7- Grade 8 | Survey | Judy Norman, CRED Teacher TK-12 | I am a parent am a middle school teacher. I know that students in 7th and 8th grade need this information. I have had students who didn't know that it wasn't okay to be sexually abuse by a stepfather. My students received this content this year and were extremely thankful to know so much and be able to make informed decisions about their sexual health. | Attachment 2B |
| 680 | 5— Grade 7- Grade 8 | Survey | Edward Matthews, CRED Teacher TK-12 | I also teach 7th and 8th grade students in the GSA club and have used this curriculum as the resource for conversation. Topics about healthy and unhealthy relationships have been the highlight. Including various types of relationships is important to the self esteems of those who are LGBTQIA. I appreciate the inclusive curriculum. | Attachment 2B |
| 681 | 5— Grade 7- Grade 8 | Survey | Susan Gorospe, P/G/C of TK12 Student | My oldest child will be entering the public school system for the first time as a 7th grader. I do not believe it is age appropriate to have 7th/8th graders be provided a barrier method demonstration. This should be at the high school level; 9th/10th grade instead. Please refer to the list of recommendations sent to the healtheducationframework@cde.ca.gov Email address.  | Attachment 2BAtt 28+ |
| 682 | 5— Grade 7- Grade 8 | Survey | Jennifer Wong, College/University Faculty Member, P/G/C of TK12 Student | Haven't the time to dissect this chapter or beyond; however, I feel that the content 1. normalizes risky sexual behavior for an age group that does not have the developmental maturity to make quick, in-the-moment decisions about their sexual health or that of a partner's, AND may not be able to advocate for him/herself in an uncomfortable situation where they feel pressured to "consent" Abstinence does not seem to be covered thoroughly as an option. | Attachment 2B |
| 683 | 6— Grade 9–Grade 12 | Survey | Jan Resler, County of Sacramento - Public Health - Oral Health, Dental hygienist, former educator, public health administrator | Again, many of the examples listed above lend themselves to age appropriate expansion into the curriculum. Adding "the oral health angle" to lessons like Health Promotion - Think Before You Drink, adds dimension to the nutrition messaging. | Attachment 2B |
| 684 | 6— Grade 9–Grade 12 | Survey | Susan Roseli, Mental Health Provider | There was comment to asking about foster care placements and homelessness, but by asking these questions it lends itself to going beyond the scope of the teaching. | Attachment 2B |
| 685 | 6— Grade 9–Grade 12 | Survey | Sara Chrisman, CRED Teacher TK-12, Single Subject Teaching CRED in Health Science | Be sure to reinforce the fact that all districts must comply with standards and health MUST be implemented properly (taught by a credentialed health teacher at all levels) and students cannot meet the comprehensive health course requirements by taking an online course (if they are at a comprehensive high school) UNLESS they have failed the course and they are taking again for remediation. Health science must be as valued as Math, English, and other Sciences. And in high school it must be a year long course (or ten credits). any districts are already doing this but should be universally required if California really cares about following the standards and helping the mental and emotional health of our older kids who often take health online with a non-credentialed teacher but are emotionally unstable and need the comprehensive course. | Attachment 2B |
| 686 | 6— Grade 9–Grade 12 | Survey | Bela Patel, P/G/C of TK12 Student | Abuse section is too much. Healthy living is fantastic, the sex discussion is way too much. Tone it down and focus on core subjects which is lacking in our schools | Attachment 2B |
| 687 | 6— Grade 9–Grade 12 | Survey | Kristin Spieler, P/G/C of TK12 Student, Parent of 3 children in the district | In general, at this age there needs to be a discussion of the psychological aspect of sexuality and gender identity. As far as I can see there is no discussion about brain chemistry as it relates to sexuality (i.e. dopamine and oxytocin and how, when and why it’s released in the body). This is an important aspect that is significantly overlooked. In addition, there needs to be a discussion of porn both independent and as part of the sex trafficking conversation. The ramifications of porn on young people, the rate of addiction and the inaccurate information teens are getting from porn should be addressed. Given that a large percentage of porn is created from sex trafficking victims, teens should also be educated about this. Also, when addressing gender identify and expression, besides addressing intolerance towards those that are transgender, homosexual, etc. there also should be a discussion of intolerance towards those that choose celibacy or towards those that may be uncomforta | Attachment 2B |
| 688 | 6— Grade 9–Grade 12 | Survey | Janet Chang, P/G/C of TK12 Student | The majority of the topics covered in this new health ed curriculum would be most tolerated by older high schoolers in my opinion. I'd save all the LGBTQ, suicides, and more graphic sex talks for sophomores and up. Most parents, by then, hopefully have already had these talks with their own children. Children need to hear the truth from their parents first. | Attachment 2B |
| 689 | 6— Grade 9–Grade 12 | Survey | Andres Hernandez, P/G/C of TK12 Student | I understand the need to help young adults to protect themselves. Still, this must be done in concurrence with the parents. It will not work unilaterally. This definitely deserves an open and broad discussion between you and the parents. We, as parents should have the right to opt in or opt out when it comes to the mental, medical and social well being of our children. You (Schools) need to return to teach children the fundamentals of education, not social engineering. | Attachment 2B |
| 690 | 6— Grade 9–Grade 12 | Survey | Jennifer Chien, P/G/C of TK12 Student | I would not feel comfortable with my children being taught educational sessions from LGBTQ individuals. What are they promoting? It would be best to keep things neutral-- the material and the educators. | Attachment 2B |
| 691 | 6— Grade 9–Grade 12 | Survey | Lita Esposito, CRED Teacher TK-12 | The STI rates are much too high. Students need to know the facts | Attachment 2B |
| 692 | 6— Grade 9–Grade 12 | Survey | Janice Lim, P/G/C of TK12 Student | Parents should be aware of content and able to preview before allowing permission to view | Attachment 2B |
| 693 | 6— Grade 9–Grade 12 | Survey | Wayland Wong, P/G/C of TK12 Student | I understand the need protect youth, but a lot of this material is offensive to me and violates my own belief system. I prefer to be the one who educates and discusses these issues with my child. Dental dams, male/female condoms are protective, but they are also suggestive. I'd like to talk with my own child about these subjects. | Attachment 2B |
| 694 | 6— Grade 9–Grade 12 | Survey | David Ball, P/G/C of TK12 Student | This is why my kid will never set foot in one of your public schools. Its completely disgusting how you are twisting their minds. There are two genders! If your school nurse can find evidence otherwise we could use that now. | Attachment 2B |
| 695 | 7— Access and Equity | Survey | Susan Roseli, Mental Health Provider | There are high expectations to address multiple high- acuity topics. Are teachers knowledgeable about these topics (e.g., homelessness, gender expression, etc)? Referring out to community programs is not always appropriate. The expectation for schools and teachers to assess and address is lengthy, good in theory but how do you get people there. | Attachment 2B |
| 696 | 7— Access and Equity | Survey | Sara Chrisman, CRED Teacher TK-12, Single Subject Teaching CRED in Health Science | In my district our classes are becoming less diverse, my 4 health classes had 63 ELL and SpEd students in them and it is all due to our district allowing students who have not failed the course to "get it out of the way" in summer school. The course should be REQUIRED to be taken NO EARLIER than Junior year in high school for the following reasons: 1. Students are not mature enough yet to understand, synthesize, and assess the information at 13-14 years old 2.They are all receiving comprehensive health in 7-8 grade levels, so giving it to them one time in 9th grade is much too soon and not enough especially if only a semester! 3. Junior and Senior years are far less impacted and the quality of the course is enhanced greatly if health is taught Junior year. 4. Numbers go up right after sophomore year for STD's and drug abuse, health education should be given when they are in the issues as well as before (which is what k-8 health is for!!) 5. I have taught health for 11 years at | Attachment 2B |
| 697 | 7— Access and Equity | Survey | Louise Sozo, Community Member | "Education Code...defines gender as sex and includes a person's gender identity and gender expression. Gender identity...may not necessarily match an individual’s sex assigned at birth. There are an infinite number of ways an individual may identify or choose to express their individuality and sense of self. This list is also expansive...and students may not conform within social norms of the binary gender identities...(e.g., gender non-binary, gender non-conforming, androgynous, gender queer, gender fluid)...recommendations from the GLSEN...as accurate information and terminology evolves" Why is a definition of gender taken from the EC rather than from a medical resource? EC is not necessarily based on scientific knowledge. The goal is to teach about HEALTH, not identities or expressions; these are akin to how a person dresses, styles their hair, etc. GLSEN is not a medical authority. Teach terminology after it is fact, not evolving. Stick to the facts, rather than socialization. | Attachment 2B |
| 698 | 7— Access and Equity | Survey | Judy Norman, CRED Teacher TK-12 | I am a GSA advisor and parent of a gay son. We must use inclusive language and provide access to all if we expect to decrease suicide and hate crimes. | Attachment 2B |
| 699 | 7— Access and Equity | Survey | Austin Rio Mursinna, Community Member | Access should not be limited for any reason, other than a household's right to opt their child out of Sex Ed. curricula. | Attachment 2B |
| 700 | 7— Access and Equity | Survey | Wayland Wong, P/G/C of TK12 Student | Thank you for being specific about stats of victimization & anti-bullying on LGBT. Very important to fight that. | Attachment 2B |
| 701 | 7— Access and Equity | Survey | David Ball, P/G/C of TK12 Student | I just can't read any more of this depressing garbage.*\*This comment was submitted multiple times throughout this individual’s survey responses.* | Attachment 2B |
| 702 | 8— Assessment | Survey | Susan Roseli, Mental Health Provider | Surveys and testing measures take time, and what will the data be used for? These adds another layer on the teachers. The outcomes seem more of concern than. | Attachment 2B |
| 703 | 8— Assessment | Survey | Angela Juarez, Community Member | Again, I want to reiterate as a parent, teacher, and community member, we must make certain aspects of this health curriculum optional, e.g. the sexual and gender sections. In a free society, we must respect each individual's family to decide whether or not they want these specifics addressed at home or at school, thus making parts of this curriculum optional elective periods. Schools must partner with parents by allowing them the liberty to foster their child's understanding about these delicate topics either privately or publicly. What can and should be bellowed from the rooftops of every house AND school is RESPECT! That's a non-negotiable!!! But we must never force anyone to violate what they feel is age-appropriate or culturally or religiously pertinent. Furthermore, students need to understand that they can differ in perspective but still choose to respect each other as beings with inherent dignity. Schools must be careful not preach or mandate, but expose and educate. | Attachment 2B |
| 704 | 9— Instructional Materials for Health Education | Survey | Susan Roseli, Mental Health Provider | Too in depth for the younger ages. | Attachment 2B |
| 705 | 9— Instructional Materials for Health Education | Survey | Janet Chang, P/G/C of TK12 Student | As I've mentioned above, the proper use of condoms and dental dams can all be saved until the children are at least in sophomore in high school to be age appropriate. | Attachment 2B |
| 706 | 9— Instructional Materials for Health Education | Survey | Michelle Garibay, P/G/C of TK12 Student | I am STRONGLY OPPOSED to any instruction of my children in public school about gender identity, LGBTQ and how to use a condom in 7th grade. Complete overreach of the State!! | Attachment 2B |
| 707 | 9— Instructional Materials for Health Education | Survey | Veronica Concha, P/G/C of TK12 Student | Disturbing | Attachment 2B |
| 708 | 9— Instructional Materials for Health Education | Survey | Judy Norman, CRED Teacher TK-12 | Teachers do need quality lessons. | Attachment 2B |
| 709 | 9— Instructional Materials for Health Education | Survey | Elisa Hofmeister, Community Member | Health education that includes and LGBTQ framework is so important and necessary. Kids who identify as LGBTQ are especially vulnerable to mental health and wellness issues, and have health needs that must be addressed in curriculum. Additionally, being explicit about the many ways a person can be will help build inclusive schools and overall help with a community of care in our schools. | Attachment 2B |
| 710 | 9— Instructional Materials for Health Education | Survey | Elizabeth Howland, Community Member | I am in favor of comprehensive sex education for all. Limiting students' access to sex education and other healthcare knowledge only compromises their ability to make safe and healthy choices about their bodies and wellbeing. | Attachment 2B |
| 711 | 9— Instructional Materials for Health Education | Survey | Makena Low, Community Member | It's important to me to have comprehensive and inclusive sex ed that includes information about and affirmation for LGBTQ youth - including gender nonconforming and transgender youth. It's important that I see my family members and friends represented in sex ed class. For the mental and emotional well-being of my loved ones, I believe it is critical that sex ed treat all sexualities and genders of our youth as equally valid. Comprehensive sexual health education is vital to the safety and protection of our LGBTQ youth. Creating a space in schools where LGBTQ youth can feel that their marginalized identities are affirmed and respected is key to basic health and well-being of these youth. LGBTQ youth are still at a much higher risk of trauma-related mental illness and suicide, especially transgender and bisexual youth. Inclusive and comprehensive sex ed curriculum is one piece of a larger picture of greater support for these marginalized youth. Curriculum that explicitly includes | Attachment 2B |
| 712 | Appendix —Sex Trafficking | Survey | Bela Patel, P/G/C of TK12 Student | Way too much detail and almost laughable. My high schooler would lose sleep over this topic. | Attachment 2B |
| 713 | Appendix —Sex Trafficking | Survey | Janet Chang, P/G/C of TK12 Student | Verbally speaking about sex trafficking an what to look out for is a wise thing to start discussing with the children. However, if there are any visuals (i.e. slides, videos), the parents need to be notified in advance so that they can review those materials beforehand. Please do not take away the parental authority from our families. | Attachment 2B |
| 714 | Appendix —Sex Trafficking | Survey | Veronica Concha, P/G/C of TK12 Student | Not necessary information at this age | Attachment 2B |
| 715 | Appendix —Sex Trafficking | Survey | Richard Loya, Calif Assoc School Health Educators (CASHE), CRED Teacher TK-12, Single Subject Teaching CRED in Health Science, Other, Vice President CASHE | ah. about time we deal with this. | Attachment 2B |
| 716 | Appendix —Sex Trafficking | Survey | Lita Esposito, CRED Teacher TK-12 | Maintain all information regarding sex trafficking. | Attachment 2B |
| 717 | Appendix —Sex Trafficking | Survey | Michael Stones, P/G/C of TK12 Student | I greatly appreciate the effort to include a specific appendix addressing sex trafficking. I am a mental health clinician working with manly formerly sexually abused children at high risk for sex trafficking and raising awareness on this issue is critical to protecting our children. | Attachment 2B |
| 718 | Appendix —Sex Trafficking | Survey | Judy Norman, CRED Teacher TK-12 | This is a super important component. Law enforcement would welcome youth knowledge on the topic to help prevent their own trafficking as well as their peers. | Attachment 2B |
| 719 | Appendix —Sex Trafficking | Survey | Angela Juarez, Community Member | Sex-trafficking is a terrible tragedy and a total violation of every person's dignity, so yes, we unfortunately must educate all students about this. | Attachment 2B |
| 720 | Appendix—Examples of Standards Based Instruction | Survey | Susan Roseli, Mental Health Provider | Examples are good, but the length of projects and assignments is too long. | Attachment 2B |
| 721 | Appendix:—Examples of Standards Based Instruction | Survey | Judy Norman, CRED Teacher TK-12 | The examples are helpful. | Attachment 2B |
| 722 | General Comment | Regular Mail | Ronald Portal, Retired Physical Education Teacher | *\*CDE received a hard copy of an article entitled, “Physical Education: Let’s Challenge Our Students”, written by Ronald Portal and published in November 2000. The full article is included in Att 24.* | Att 24 |
| 723 | General Comment | Email | Paul Hetrick, Community Member | As a citizen who is concerned about the high incidence of suicides and attempted suicides amongst LGBTQI youth, and as a retired former minister, I wish to encourage you to include a section on LGBTQI issues in all sex education classes in all schools in California, including all charter schools.The material presented should be based on empirical data which affirms all students and encourages them to accept themselves as created in God’s image whatever their sexual orientation. | Att 26 |
| 724 | General Comment | Email | Lidia Carlton, MPH Chief, Health Education Unit California Department of Public Health, STD Control Branch | Hello,I am a former member of the HE CFCC and I would like to submit additional data to the IQC to support the language we included in the draft about LGBTQ students. During the writing process we had many discussions about this topic and as a group we agreed that LGBTQ students deserve attention in this document. The Committee agreed that teachers need guidance and support to implement inclusive education that meets the needs of these students, and I even had members of the CFCC reach out to me for advice on challenging situation with LGBTQ students in their own educational settings. The need is clear and consensus was met. In the meetings and in my notes to the writers I have recommended citing and including data related to LGBTQ students and their disparate health outcomes as shown in the CA Healthy Kids Survey (CHKS). I am attaching the results of the analysis of CHKS here with some regional breakdowns to show the IQC the data about these students who are especially vulnerable. These fact sheets are broken up by LGB and transgender student outcomes and in some cases includes both groups. These data sheets, along with additional breakdowns can be found here: https://www.chapman.edu/education/research/health-and-safety.aspxIf you read nothing else, please note that for the question "did you ever seriously consider attempting suicide? (past 12 months)" the response for California LGB students was 50% versus non-LGB students 16.7%. This is a heartbreaking data point. I hope the Framework continues to include these students and guides teachers to support them. | Att 123Att 123a – Att 123h |
| 725 | 7— Access and Equity | Email | Gheorge Rosca Jr. | *\*Below are two excerpts from an email submitted to CDE:**\*Excerpt 1:* Dear Instructional Quality Commission Members;My name is Gheorghe Rosca. I am a parent of 3 children, two of which are enrolled in the Orange Unified School District. I would like to provide my comments on today’s agenda, Item 5 Health Subject Matter Committee where Mrs. Lindsay Weiss provided the Agenda Item Memorandum dated July 11, 2018 along with Attachment 1 “July 2018 Draft Access and Equity, Chapter 7”.I along with millions of Californians take significant offense to the values being proposed in this chapter to our children. Chapter 7 of the Health Education Framework is being politicized to advance the far left socialist and communist agenda of those who stand against the framework of the United States Constitution.*\*Excerpt 2:* With such bias, prejudice, intolerance and discrimination towards millions of Californians who share conservative values, I urge you to start the writing process of Chapter 7 and ALL other chapters of the California Health Education Framework immediately. Choose another panel of experts that clearly reflect the values of all Californians and not just those who hold to a radical left-wing agenda.Thank you for listening to my concerns! | Att 124 |
| 726 | General Comment | Email | Robyn Croix | I am hoping this will be forwarded to all of the committee members:I'm writing as a concerned parent in California. Is there a good explanation for why Planned Parenthood has been allowed to help develop the Education Framework for our children? Why are they being allowed in schools to teach anal and oral sex, among so many other things, to these innocent little ones? This must stop. Every committee member must take a protective position for our children, now. Do the right thing with the position you have been given.  | Att 125 |

California Department of Education, August 2018