

HIV PREVENTION EDUCATION

The board of education believes HIV education should be integrated into the comprehensive health education curriculum, but may also be applied to other curriculum areas.

The district HIV education program must address, at a minimum, the nature, transmission, prevention and effects of the disease. The program shall be provided through a coordinated sequential elementary and secondary curriculum, taking into consideration the age, growth, development and maturity of the pupils and the subject matter of the course. Development of the program should take into account the instructional needs of all pupils in the district.

The chief school administrator shall ensure that the information presented as a part of the HIV prevention education program is articulated in such a way that transition from grade to grade in the elementary schools and from elementary to secondary approaches to the material will be appropriate for all pupils.

The chief school administrator shall be responsible for the preparation and development of an HIV prevention education program, with (if deemed necessary) a consultation and participation of an **advisory committee\*** consisting of teachers, administrators, parents/guardians, pupils (as appropriate), physicians, members of social and health service agencies, members of the clergy and representative members of the community. The board shall appoint the members of the committee upon the recommendation of the chief school administrator. The advisory committee shall be responsible for reviewing the instructional program and all materials to be used and, through the chief school administrator, of recommending same for board adoption.

The chief school administrator shall ensure that all staff involved in teaching the HIV prevention education program are properly certified for the subject area in which they are teaching and adequately prepared to teach the material. As necessary, appropriate staff training shall be provided.

The chief school administrator shall establish a process for evaluating and updating the HIV prevention education program to incorporate new information. Any such revisions shall be implemented after consultation with and review by an advisory committee as described above.

Upon request, the HIV education curriculum will be made available to parents/guardians for their review. The superintendent will establish procedures whereby pupils whose parents/guardians presents to the building principal a signed statement that a designated part of the instruction is in conflict with his/her conscience, morals or religious beliefs will be excused from that part of the curriculum. An alternative educational opportunity shall be provided during the time a pupil is excused from part or the entire program. The alternative educational opportunity will include topics that are not conflict with the parents/guardians beliefs but fall within the same subject area (i.e. comprehensive health education) as the program from which the pupil is excused. There shall be no loss of class credit or credit toward promotion from such an exemption

The board of education alone, upon the recommendation of the chief school administrator, shall determine the content, sequence, and materials of the HIV prevention education program. The board shall ensure compliance with all requirements of state and federal law concerning the content of the curriculum and distribution of materials.

**Date:**

**Review Date: June 10, 2008**

**First Reading: June 26, 2008**

**Second Reading and Adoption: July 24, 2008**

**Review Date: July 20, 2011 – No Changes**

**Review Date: July 6, 2017**

**Revision and Adoption: July 20, 2017**

**\*An advisory committee is an effective means used by districts when the law specifies that curriculum be developed through appropriate consultation and participation of groups and individuals.**

**Legal References:**

<u>N.J.S.A.</u> 18A:33-1	District to furnish suitable facilities; adoption of courses of study
<u>N.J.S.A.</u> 18A:35-4.7	Parents statement of conflict with conscience
<u>N.J.S.A.</u> 18A:35-4.19 through-4.22	“AIDS Prevention Act of 1999”
<u>N.J.S.A.</u> 26:5c-1 <u>et seq.</u>	Acquired Immune Deficiency Syndrome
<u>N.J.A.C.</u> 6A:8-3.1(d)	Curriculum and instruction
<u>N.J.A.C.</u> 6A:16-2.1(a)7	Health services policy and procedural requirements
<u>N.J.A.C.</u> 8:61-1.1 <u>et seq.</u>	Participation and Attendance at School by Individuals with HIV Infection
<u>N.J.A.C.</u> 12:100-4.2	Safety and Health Standards for Public Employees (Adoption by reference)
29 <u>CFR</u> 19910.1030 - Bloodborne Pathogen Standard	
<u>Every Student Succeeds Act of 2015</u> , Pub. L. 114-95, 20 <u>U.S.C.A.</u> 6301 <u>et seq.</u>	
<u>S. T. v. Board of Education of the City of Millville</u> , 1986 <u>S.L.D.</u> (December 24), <u>aff'd St. Bd.</u>	

**Possible**

**Cross References:**

1220	<u>Ad hoc</u> advisory committees
4131/4131.1	Staff development; in-service education/visitations/conferences
5124	Reporting to parents/guardians
5131.6	Drugs, alcohol, tobacco (substance abuse)
5141	Health
5141.2	Illness
5145.4	Equal educational opportunity
6122	Articulation
6140	Curriculum adoption
6141	Curriculum design/development
6142	Subject fields
6142.1	Family life education
6142.4	Physical education and health
6144	Controversial issues
6146	Graduation requirements
6161.2	Complaints regarding instructional materials
6300	Evaluation of the instructional program

**Key Words**

AIDS, HIV Prevention Education