



Windsor 
CHARTER ACADEMY
GROWING LIFE-LONG LEARNERS

EXECUTIVE BOARD REGULAR SESSION



EXECUTIVE BOARD MEMBERS

Sherry Bartmann	President
Elaine Hungenberg	Vice-President
Donna James	Treasurer
Jenny Ojala	Secretary
John Feyen	Member
Carolyn Mader	Member

AGENDA

- 1.0 OPENING OF THE MEETING
- 2.0 CITIZEN COMMUNICATION
- 3.0 REPORTS
- 4.0 ITEMS FOR INFORMATION
- 5.0 ITEMS FOR ACTION
- 6.0 CONSENT AGENDA
- 7.0 BOARD-PULLED CONSENT AGENDA ITEMS
- 8.0 MEMBERSHIP-PULLED CONSENT AGENDA ITEMS
- 9.0 EXECUTIVE SESSION
- 10.0 ADJOURNMENT



VISION & MISSION

Windsor Charter Academy's vision is "where students are educated, empowered, and equipped to reach their highest potential."

Windsor Charter Academy's mission is "Windsor Charter Academy provides our students with a solid academic foundation through our K-8 Core Knowledge and our rigorous 9-12 early college high school curricula. Our culture empowers our students to achieve academic excellence through critical thinking, character development, and a love for lifelong learning."



ELEMENTARY SCHOOL

680 ACADEMY CT.
WINDSOR, CO
80550

MIDDLE SCHOOL

810 AUTOMATION DR.
WINDSOR, CO
80550

EARLY COLLEGE HIGH SCHOOL

810 AUTOMATION DR.
WINDSOR, CO
80550



FEBRUARY 22, 2024 MINUTES TO BE APPROVED AT THE MARCH 2024 REGULAR SESSION



February 22, 2024 REGULAR SESSION

1.1 Call to Order

The meeting was called to order at 6:02 p.m.

1.2 Roll Call

Executive Board Members Present

Sherry Bartmann, Executive Board President
Elaine Hungenberg, Executive Board Vice-President
Donna James, Executive Board Treasurer
Jenny Ojala, Executive Board Secretary
Carolyn Mader, Executive Board Member

Staff Present

Rebecca Teeples, Executive Director
SarahGennie Colazio, Director of Finance & HR
Kelly Seilbach, Director of Middle School Education
Kala Mawlawi, Executive Director Assistant

1.3 Pledge of Allegiance

1.4 Mission Statement

Windsor Charter Academy provides our students with a solid academic foundation through our K-8 Core Knowledge and our rigorous 9-12 early college high school curricula. Our culture empowers our students to achieve academic excellence through critical thinking, character development, and a love for lifelong learning.

1.5 Adoption of Agenda

A motion to approve the agenda for the February 22, 2024 Regular Session was made by Donna James and seconded by Jenny Ojala. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

1.6 Adoption of the Minutes

A motion to approve the minutes for the January 25, 2024 Regular Session and the February 6, 2024 Special Session was made by Jenny Ojala and seconded by Donna James. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

1.6 JANUARY REGULAR SESSION MINUTES

1.0 Opening of the Meeting

1.1 Call to Order

The meeting was called to order at 5:58 p.m.

1.2 Roll Call

Executive Board Members Present

Elaine Hungenberg, Executive Board Vice-President

Donna James, Executive Board Treasurer

Jenny Ojala, Executive Board Secretary

Carolyn Mader, Executive Board Member

Staff Present

Rebecca Teeples, Executive Director

Jessica Wilson, Director of Elementary Education

Kala Mawlawi, Executive Director Assistant

1.3 Pledge of Allegiance

1.4 Mission Statement

Windsor Charter Academy provides our students with a solid academic foundation through our K-8 Core Knowledge and our rigorous 9-12 early college high school curricula. Our culture empowers our students to achieve academic excellence through critical thinking, character development, and a love for lifelong learning.

1.5 Adoption of Agenda

A motion was made to approve the January 2024 Regular Session agenda with an amendment to move Items of Action before Items of Information by Ojala and seconded by Mader. Members voted the following: James, aye; Mader, aye; Ojala, aye; Hungenberg, aye. The motion passed unanimously.

1.6 Adoption of the Minutes

A motion to approve the minutes for the December 14, 2023 Regular Session, with a revision to the Adjournment section, noting that Mader was not present was made by James and seconded by Mader. Members voted the following; Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; The motion passed unanimously.

2.0 Citizen Communication

There were no parents/guardians that spoke during Citizen Communication at the Executive Board Regular Session.

3.1 Executive Director Report

New Staff

Windsor Charter Academy is thrilled to have Chloe Burke back with us as our new Technology Assistant. Chloe is a 2020 graduate of WCA and has rejoined us to provide technology support to teachers and students. The school has also welcomed Kala Mawlawi as our new Executive Administrative Assistant. Kala was a middle school math teacher and brings a unique set of skills to this position that will help support the work of our Executive Director and Director of Curriculum, Instruction and Innovation.

2nd Semester Book Studies

Our Instructional Coaches are offering professional development through two book studies during the second semester. The first professional development opportunity explores the book [Reaching Boys, Teaching Boys](#) by Michael Reichert and Richard Hawley. The book offers detailed example lessons that succeed with male students and draws on an in-depth, worldwide study to reveal what strategies most engage boys in the classroom. To help support our AVID goal of increasing engagement and collaboration in the classrooms, our Instructional Coaches are bringing back a very popular book study

of [Total Participation Techniques](#) by [Pérsida Himmele](#) and William Himmele. Teachers who choose to participate in one of the book studies will earn credit towards horizontal advancement.

Parent Information Webinars

In January, we have hosted three webinars:

- ES Parent Information Webinar - January 16th at 5:30 p.m.
- MS Parent Information Webinar for 5th Grade Families - January 17th at 5:30 p.m.
- HS Registration Night for 8th Grade Families - January 18th at 5:30 p.m.

Currently, we have had 99 registrants for the ES webinar, 85 registrants for the MS webinar, and 56 registrants for the HS webinar. These attendance numbers are on par, if not higher, than previous years.

HB21-1110

Over the past several months, members of the administrative team have researched and reviewed HB21-1110. HB21-1110 makes it a state civil rights violation for a government agency to exclude people with disabilities from receiving services or benefits because of lack of accessibility. Any Colorado government entity that doesn't meet accessibility standards could be subject to a fine of \$3,500 payable to the plaintiff. In the current legislative session, the state legislature is working to clarify rules around this new law. In addition, we are working with our attorney to seek additional clarification around the law. While we wait for additional clarification, we are working on compliance measures across multiple departments. The Technology Department is conducting an internal audit on our current software programs to determine if they meet accessibility requirements. The Communications Department will be conducting a website audit to ensure compliance. Training will also occur in April for teachers and administrators on this new law, and a toolkit will be provided for staff members to learn how to make documents more accessible.

ParentSquare

ParentSquare is a communication tool that was adopted by Weld RE-4 School District. The District is pilot testing this tool with staff and families at select schools. ParentSquare syncs daily with Infinite Campus and serves as a front-facing interface with IC. In short, ParentSquare is an all-in-one communication tool for parents. This single communication tool will likely replace Mailchimp, SignUpGenius, HelpCounter Web, SportsYou, SNAP! Manage, and Remind. In addition, a primary benefit to this software is that all content can be translated into different languages.

Windsor Charter Academy has partnered with Weld RE-4 to launch this software at our school, but on a slightly different timeline than the district. We are currently setting up and testing the software. A soft launch to staff and teachers will occur in April, and the app will be rolled out to families as part of our summer communication. Full use will begin in August.

ES Mid-Year Evaluations

As part of the evaluation process, all staff are reflecting on the professional goals prior to meeting with their administrators for mid-year evaluations. In order to support our school wide goals, all certified staff have created goals around increasing academic growth in math and reading as well as implementing AVID writing strategies in the classrooms. Teachers also reflect on the mid-year iReady data and discuss their plan for ensuring all students meet grade level expectations in math and reading.

ES Math Data Digs

All grade levels came together to analyze mid-year data results from iReady math testing. Teachers, interventionists and admin participated in a thoughtful discussion around next steps and made adjustments to groups and instruction based on student needs in moving toward mastery of mathematical standards. Mid-year data will be shared out with parents in student data reports sent out to families at the end of January and in spring conferences at the start of February.

ES 12 Days of Christmas and Staff Holiday Party

Administration, ES Sunshine Committee and PTC came together to host the 3rd annual 12 Days of Christmas to celebrate ES Staff prior to winter break. Some of the highlights were: polar parfaits, hot cocoa bar, Christmas tree cake cart delivery, door decorating competition, white elephant mitten exchange, cookies, ugly sweater competition, bingo, Elf on the Shelf scavenger hunt, and more.

Administration also hosted games and delicious finger foods at an offsite staff holiday party for staff and their significant others.

MS Data Digs

Teachers and administration reviewed mid-year data to determine which students need additional support in WIN, literacy intervention and math lab.

Q2 Firebird on Firebird Strong

We had a great quarter 2 Firebird Strong assembly that included a schoolwide sing along with the choir, recognition of our girls' volleyball and Vex Robotics teams, a candy cane relay with our Crews and a dodgeball tournament with students and staff.

5th Grade Music Concert at the Middle School

Fifth grade students walked over for an assembly to introduce them to the middle school band and choir programs.

MS 12 Days of Christmas and Staff Holiday Party

Staff were spoiled with something special for the 12 days before Christmas break. Some of the highlights were: hot cocoa bar, snack cart delivery, breakfast burritos, white elephant gift exchange, cookies, special cards from the students created by the art club, and pancakes and bacon cooked by administration. Staff and their significant others enjoyed a wonderful meal and time to visit at Palominos for the staff holiday party.

HS PSAT/SAT Practice Testing

9th-11th grade students completed their mid-year PSAT/SAT practice testing during the first week of semester 2. Our math and English teams will be working together as teams to look at the data and determine how we can move more students to meeting the state benchmarks. This year's PSAT/SAT tests will be digital. There are many other changes to the test this year, but we are hopeful that we are on top of how to adjust our instruction to these changes.

HS 12 Days of Christmas

The high school administration hosted our annual 12 Days of Christmas with our staff. This year we partnered with PTC and student council to create events for the last 12 days of school. It was a great way to have some fun as a staff!

HS Winter Athletics

The winter sports season is off to a strong start! The girls' basketball team is 6-6 and the boys' team is 10-1 and are currently ranked 6th in the state for 3A CHSAA. The best news is that our stands are full almost every game. Our WCA community continues to be very supportive of our teams and are doing their best to cheer on our Firebirds!

College Counselors

The high school is continuing to partner with Virtual College Counselors, Jessica and Sawyer. They visited our seniors once a month last semester and kicked off this semester with their junior meetings. This month they met with the juniors about finding the perfect fit for college as there are many things that students need to consider when choosing a college!

3.1 Executive Board Reports

The Executive Board members shared that they attended the following events in support of Windsor Charter Academy Schools:

- Sherry Bartmann: Coffee with Leadership, Weld RE-4 District Board Meeting
- Elaine Hungenberg: School Accountability Committee, Honor Roll Assembly
- John Feyen: Finance Committee & School Accountability Committee
- Donna James: Finance Committee
- Jenny Ojala: Construction Planning & OAC Meetings

4.1 Items for Information

JROTC Program

Claudio Innocenti and Hannah Mancina presented information on a potential JROTC Program to the Executive Board.

5.1 Items for Action

The Staff Retention Bonus Program was presented at the December Executive Board Regular Session as an Item for Information. This month, as an Item for Action, a motion was proposed and approved the proposed Staff Retention Bonus Program by Mader and seconded by Ojala. Members voted the following: James, aye; Mader, aye; Ojala, aye; Hungenberg, aye. The motion passed unanimously.

5.2 Sex Education Waiver

The Executive Director presented the proposed waiver to the Executive Board that outlined the replacement plan. A motion was made to approve the Sex Education Waiver by James and seconded by Ojala. Members voted the following: James, aye; Mader, nay; Ojala, aye; Hungenberg, nay. The motion did not pass.

5.3 2022-2023 Financial Accreditation

SarahGennie Colazio, Director of Finance & HR, reviewed the purpose of the process for an annual financial accreditation. A motion was made to approve the 2023-2023 financial accreditation by Hungenberg and seconded by Ojala. Members voted the following: Feyen, aye; Hungenberg, aye; James, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

6.1 Personnel

6.1.1 Appointments

6.1.1.1 Bob Valiunas- Facilities Custodian

6.1.2 Terminations/Resignations

6.1.2.1 David Sprecker- Facilities Custodian

6.1.2.2 Yolanda Mendoza- Facilities Custodian

6.1.2.3 Herman Vasquez-HS Assistant Basketball Coach

6.1.3 Transfers

6.1.2.4 Brenda Henderson- Food Services to Facilities Custodian

6.2 Policies

6.2.1 Policy GCC Employee Leaves, First Read

6.2.2 Policy JICA Dress Code, Second Read

6.3 Financials

6.3.1 November 2023 Financials

6.3.2 December 2023 Financials

The motion was made by James and seconded by Ojala to approve the Consent Agenda. Members voted the following: James, aye; Mader, aye; Ojala, aye; Hungenberg, aye. The motion passed unanimously

7.0 Executive Board-Pulled Consent Agenda

8.0 Member-Pulled Consent Agenda

9.0 Executive Session

There was no Executive Session.

10.0 Adjournment

The motion was made by James and seconded by Mader to adjourn. Members voted the following: James, aye; Mader, aye; Ojala, aye; Hungenberg, aye. The motion passed unanimously. The Executive Board adjourned at 6:51 p.m.

1.6 FEBRUARY SPECIAL SESSION MINUTES

1.1 Call to Order

The meeting was called to order at 6:03 p.m.

1.2 Roll Call

Executive Board Members Present

Sherry Bartmann, Executive Board President
Elaine Hungenberg, Executive Board Vice-President
Donna James, Executive Board Treasurer
Jenny Ojala, Executive Board Secretary
John Feyen, Executive Board Member
Carolyn Mader, Executive Board Member

Staff Present

Rebecca Teeples, Executive Director
SarahGennie Colazio, Director of Finance & HR

1.3 Pledge of Allegiance

1.4 Mission Statement

Windsor Charter Academy provides our students with a solid academic foundation through our K-8 Core Knowledge and our rigorous 9-12 early college high school curricula. Our culture empowers our students to achieve academic excellence through critical thinking, character development, and a love for lifelong learning.

1.5 Adoption of Agenda

A motion was made to approve the February 2024 Special Session agenda by Feyen and seconded by James. Feyen amended the motion to include Items for Information as 3.0 for a discussion on Bylaw revisions that pertain to Board elections. James seconded the motion. Members voted the following: Feyen, aye; Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

2.1 High School Renovation Project

Dr. Teeples summarized the work that had occurred for the high school renovation plan. The first plan included everything that was prioritized by the Board, with additional renovations for the new conference room and the community space for copying. This plan met the budget cap of \$500,000 set by the Executive Board. An additional plan was shared that included the construction of a second restroom in the high school office. The cost for construction for this plan totaled \$520,406. Architect Carol Vaughan and Owner's Representative, Brett Brown, were present to answer questions that the Board had about the two plans.

A motion was made to approve the second plan that included the construction of a second restroom in the high school office for \$520,406 by Feyen and seconded by James. Members voted the following: Feyen, aye; Hungenberg, nay; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed.

3.1 Bylaw Revisions

Elaine Hungenberg discussed the need to revisit the Bylaws specific to Board elections and candidacy. The Board discussed the history of the Bylaws section on elections. Additional discussions will occur at future Board meetings.

4.0 Adjournment

The motion was made by Ojala and seconded by Feyen to adjourn. Members voted the following: Feyen, aye; Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously. The Executive Board adjourned at 8:06 p.m.

2.0 Citizen Communication

There were no parents or community members that spoke during Citizen Communications.

3.1 Executive Director Report

Bi-Annual Report on Exit Survey Data

There were 10 separations between July and Dec 2023. 6 staff members were eligible for an exit interview. 5 staff members completed interviews.

The following were rationale on why 4 did not receive an offer to interview:

- One was a student position that only worked two days and had scheduling issues.
- One staff member passed away.
- One staff member resigned but was about to be terminated.
- One staff member resigned on the start date,

From the 5 staff members that participated in an exit interview the following data was captured:

1. Do you feel you received adequate support from your fellow teachers and administrators at WCA?
 - a. WCA is an amazing school; staff and administration are all supportive. I never would have left but I moved.
 - b. WCA is a wonderful school. I didn't want to leave.
2. Were there contributing factors that we could improve upon for new WCA teachers/employees?
 - a. Communication for coaches needs to be improved. I didn't know I was supposed to be coaching debate in the 23-24 year.
 - b. Part-time positions can be very time consuming; communicate this up front.
3. Did you feel the training you received was adequate?
 - a. Training for coached needs to be improved, especially as a new program gets built.
 - b. Yes
4. Did you feel that you understood the job requirements when you were hired and what would be expected of you?
 - a. I didn't realize I was expected to be a head coach of debate. I would have preferred to be an assistant coach the first year.
 - b. Yes, more training on specific food service equipment, like the skillet.
 - c. Yes, for a part time position there's a lot that needs to happen
5. What are the primary reasons that you are leaving WCA?
 - a. Lack of time and communication
 - b. Health reasons
 - c. Opportunity to start my own business
 - d. Going back to school

Firebird Facility

As of Mid-February, we have the following updates:

- The second-floor concrete decks have been completed and the exterior wall framing and sheeting has commenced.
- The roof is underway and over 50% complete.
- Interior the MEPF roughs are continuing.
- We anticipate work on the soccer field to start first of March.
- We anticipate the balance of the parking lot work to start as soon as school is out, late May.
- Currently we have experienced seven contractual weather days for the building. On time, completion is still expected (Aug '24). July 24 contractually.

- We are on budget for the project and continue to explore options to enhance the spaces and make it the best building possible. We are carrying \$225k in contingency.
- We have finalized our furniture layouts and are prepared to place the order.
- The rec space came in a little below anticipated budget and is proceeding.
- The soccer field came in on budget and is proceeding.
- We are still finalizing the impacts of the grandstands not arriving in time for fall sports and the best solutions around that issue. Currently the end zone will be done, and we use a temporary solution for the grandstand location. We are trying to find a solution that ensures bleachers are available for basketball.

Gaggle and GoGuardian

In-house firewalls and filtering, along with *Gaggle* and *GoGuardian* are used in our schools to monitor the safety and wellbeing of students who access online resources and tools for their education. *Gaggle* and *GoGuardian* allow teachers and administrators to be made aware of any concerning situations, gather information, evaluate details, and establish plans to avoid potentially harmful situations.

Over the course of the school year, our technology department has offered two sessions of *GoGuardian* professional development consisting of four after-school modules each, to support teachers with the use of *GoGuardian* during instructional time to monitor student activity. In addition, quarterly "Tech Talks" are presented to elementary, middle and high school staff during staff meetings where a variety of tech tools are shared to support teachers. Providing ongoing professional development for our teachers helps to ensure our tech-rich environment is safe, and that technology is used to foster learning experiences that promote problem solving, collaboration, creativity, critical thinking and communication.

Billboard

If you have driven down Hwy 257 over the last few months, you have seen a WCA billboard! We have commissioned this billboard two years in a row during enrollment season. This is an opportunity for WCA to be top-of-mind for our community, as well as an opportunity to showcase some of our amazing students. This year, Yaletzy Tena was featured on our billboard. Yaletzy is a stand-out WCA student who has truly been a WCA success story. Mrs. Dellanini reports that Yaletzy initially struggled at WCA, but after support and mentorship from our teachers and staff members, Yaletzy will be the first in her family to go to college. We were excited to celebrate Yaletzy and honor her hard work and commitment!

Parent Information Webinars: *In January, we hosted three webinars:*

- ES Parent Information Webinar
- MS Parent Information Webinar for 5th Grade Families
- HS Registration Night for 8th Grade Families

The attendance numbers were on par, if not greater, than in years past. This is also the case for our school tours. Our elementary school tour for the month of February was so full that we had close the sign-ups for the tour! February also saw the highest attendance of the year for our middle and high school tours.

ES Parent Teacher Conferences and Mid-Year Data

Spring conferences were conducted with many elementary families to discuss student progress, needs and celebrations around growth. Parents were able to view all data collected during mid-year benchmark assessments on student data sheets sent home at the end of January.

Honor Roll Assembly

3rd, 4th and 5th grade families were invited to celebrate the achievements of students who made the honor roll and high honor roll for second quarter. Students were honored with certificates and a special honor roll pencil.

ES Mid-Year Evaluations

During the month of January, all certified and classified staff had the opportunity to meet with administration to reflect on their professional goals and mid-year data. Each certified staff member is responsible for a goal around strengthening student writing outcomes through AVID Writing to Learn

implementation and a work life balance goal. Goal reflections and mid-year data conversations helped to support our school-wide goals in math achievement and growth and reading achievement.

ES Candy Gram Sales

The fifth graders in the elementary Student Council sold Valentine candy grams to raise money for Children's Hospital. Parents were invited to purchase festive lollipops to be delivered to their children and selected teachers.

ES Battle of the Books

Students are participating in Battle of the Books and gearing up for competition in March. This is a fun Family Feud-style competition where teams of students compete against peer schools to test their knowledge of a selection of books.

Teacher Spa Day

In appreciation for paras and teachers during two busy weeks of conferences, teachers were invited to a relaxing, treat filled time to relax and unwind with their teams in the spa-inspired lounge while the admin and counseling team created "Why We Love Our Teacher" booklets with students back in the classrooms.

ES Mid-Year Evaluations

During the month of January, all certified and classified staff had the opportunity to meet with administration to reflect on their professional goals and mid-year data.

MS & HS AVID Coaching Visit

Two representatives from AVID visited our MS and HS last month to help us prepare for the rigorous process to become an AVID National Demonstration School. AVID National Demonstration Schools are centers of teaching and learning that also serve as models for those interested in learning about the AVID College Readiness System. They clearly demonstrate an ongoing pursuit of excellence, both in the AVID Elective and AVID Schoolwide, to ensure college and career readiness for all AVID Elective students and improved academic performance for all students based on increased opportunities and support for success. A National Demonstration School exhibits a college and career readiness system that is evident across the campus through rigor and high expectations for all students. There is significant evidence of AVID impact schoolwide, particularly with the infusion of AVID methodologies in content-area classrooms.

MS Spring Conferences

Teachers held individual and group conferences for students needing additional support. This was a great opportunity to partner with families to ensure a successful second semester.

HS Winter Dance

Our student council hosted a winter dance and we had a great turnout. It was a Sadie Hawkins dance where the girls asked the boys to the dance. They had a great time!

HS Wellness Challenge

Over half of our staff have opted into our wellness challenge for the month of February. They committed to five daily tasks to prioritize their health this month. They are entered into a weekly raffle for their participation.

3.2 Executive Board Reports

The Executive Board members shared that they attended the following events in support of Windsor Charter Academy Schools:

- Sherry Bartmann: Special Session, Board Walkthrough w/ Weld RE-4, Bi-monthly Meeting with Executive Director, & Coffee @ Coffee House 29
- Elaine Hungenberg: Special Session & Bi-monthly Meeting with Executive Director, Spring Conferences, ES Honor Roll Assembly, & Executive Director Evaluation
- John Feyen: Special Session
- Donna James: Special Session, Coffee with Leadership, Finance Committee, & Election Committee

- Jenny Ojala: Special Session, Construction Planning & OAC Meeting, & Board Walkthrough w/ Weld RE-4
- Carolyn Mader: Special Session & Strategic Plan Committee



4.1 Executive Board Elections

Donna James presented information regarding the upcoming Executive Board elections.

4.2 High School Weight Room

Dr. Teeple presented on a plan for a high school weight room in the Firebird Facility. During phase 1 of the building, the exterior athletic storage room will be converted to a weight room.



5.1 Designation of Official Posting Notice Location

A motion to approve the elementary and middle school lobbies as the official posting notice location was made by Carolyn Mader and seconded by Jenny Ojala. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

5.2 JROTC Program

A motion to approve a JROTC Program at Windsor Charter Academy was made by Donna James and seconded by Elaine Hungenberg. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

5.3 Furniture for Firebird Facility

A motion to approve the furniture bid from OfficeScapes for the Firebird Facility was made by Donna James and seconded by Carolyn Mader. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

5.4 Sex Education Waiver

A motion to approve the sex education waiver was made by Carolyn Mader and seconded by Jenny Ojala. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

5.5 Bylaw Revisions

A motion to table the bylaw revisions until the new board was seated was made by Donna James and seconded by Jenny Ojala. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

5.3 FURNITURE FOR FIREBIRD FACILITY

Memorandum To:	Windsor Charter Academy Executive Board
From:	Dr. Rebecca Teeples, Executive Director
Date:	February 22, 2024
Re:	Furniture for Firebird Facility
Agenda Item:	5.3
Pertinent Background Information:	The Firebird Facility Planning Committee collaborated with OfficeScapes to create a furniture plan that seamlessly matched the look and feel of the middle and high school building.
Financial Considerations:	
Recommendation(s):	It is the recommendation to the Executive Board to approve OfficeScapes furniture bid.
Attachments:	OfficeScapes Furniture Bid

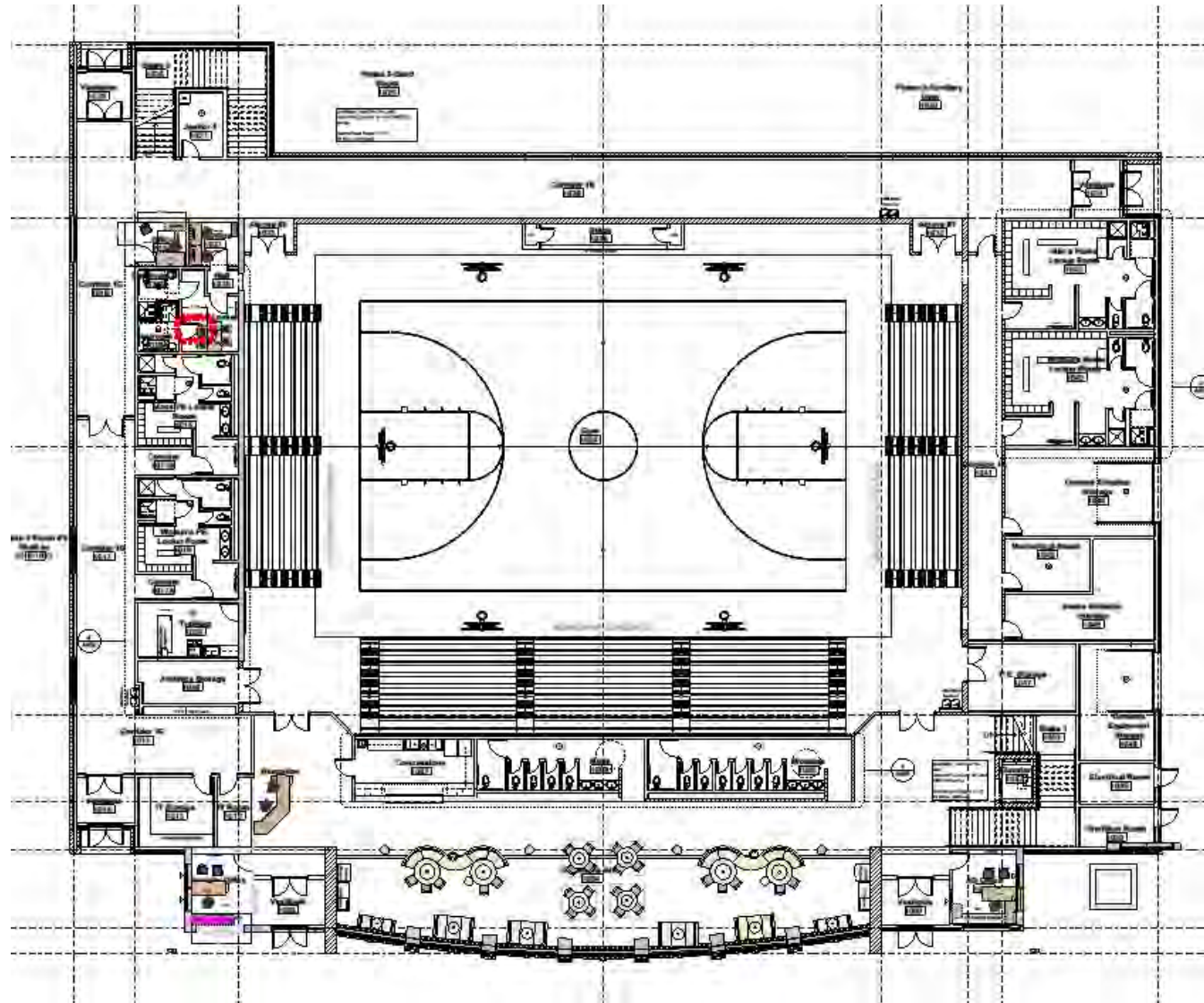
FURNITURE SUMMARY PREPARED FOR

FIREBIRD FACILITY



PROJECT CONTACT

Seth Elliott | 719.377.1853 | selliott@osschools.com





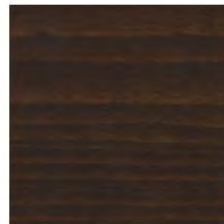
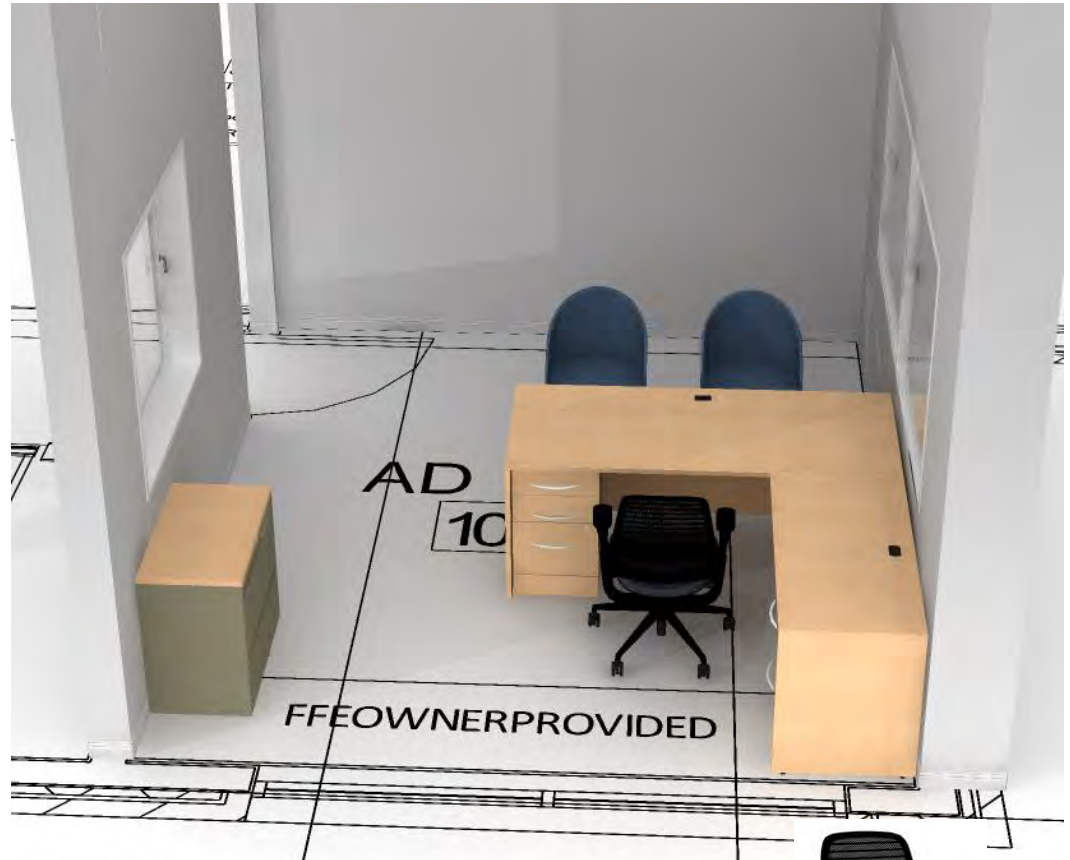
Clear Maple (CMB)



Moss (MOS)



Flared Silver (HS) Handle



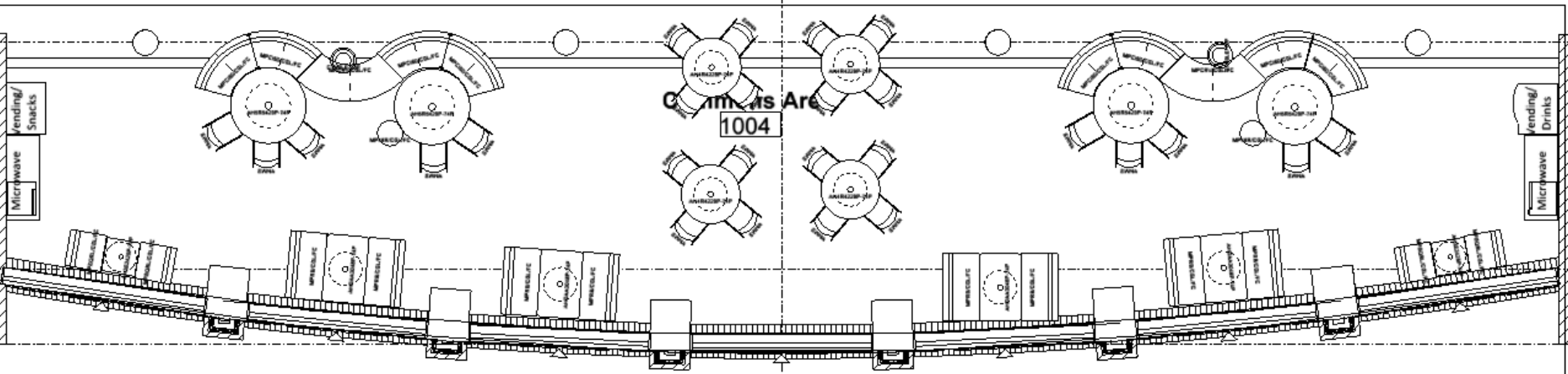
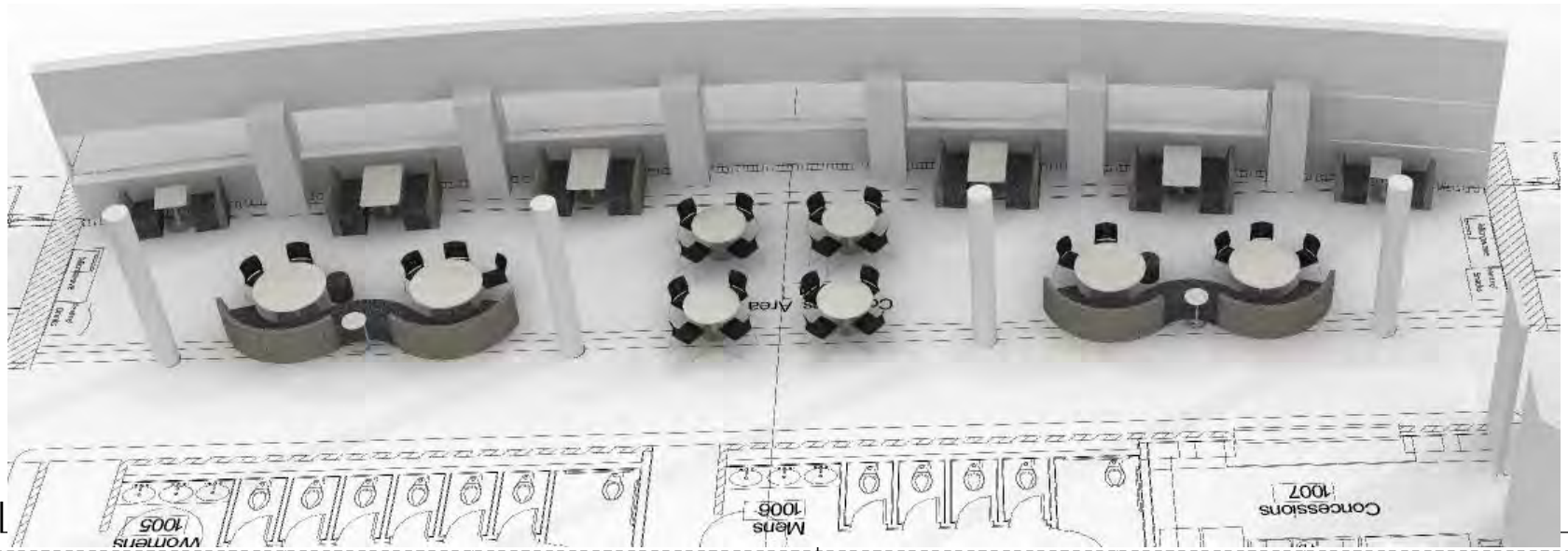
Espresso Cafe (ECM)

Vitality Armada (VY42)



BLACK FRAME
SEAT VINYL: FOUNDATION BLACK

Note: Photos are representation of product only and may not accurately reflect actual finish selections

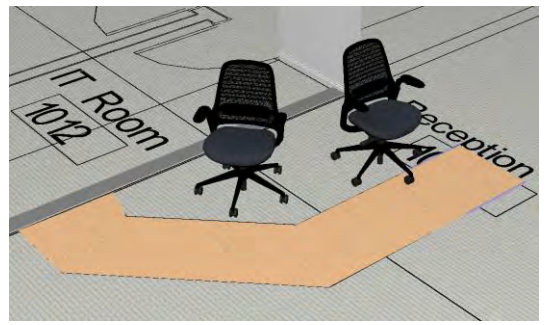


note: photos are representation of product only and may not accurately reflect actual finish selections

CUSTOMER: FIREBIRD FACILITY – WINDSOR CHARTER ACADEMY
PROJECT #: 10520

1004 COMMONS

BLACK FRAME
SEAT VINYL: FOUNDATION BLACK



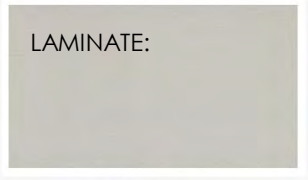
2 TASK CHAIRS AT RECEPTION



MY PLACE LOUNGE BOOTHS



Black



Crisp Linen



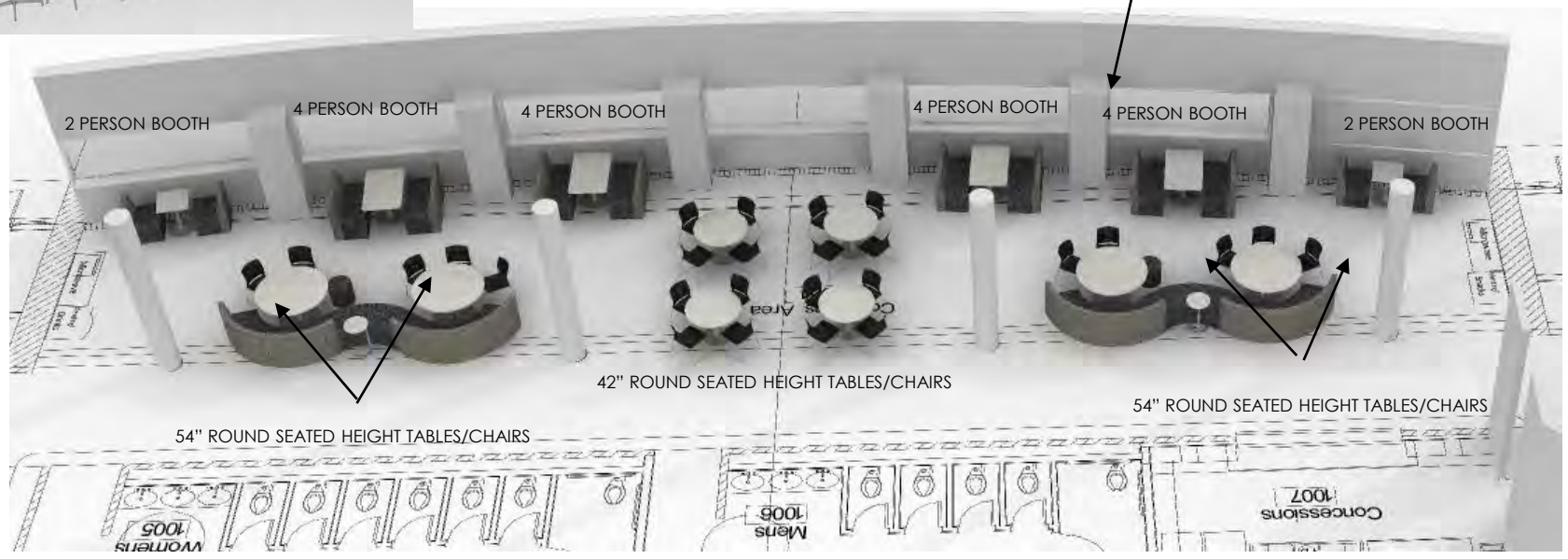
Carbon



Slate



6 ADDITIONAL CHAIRS
2 ADDITIONAL STOOLS

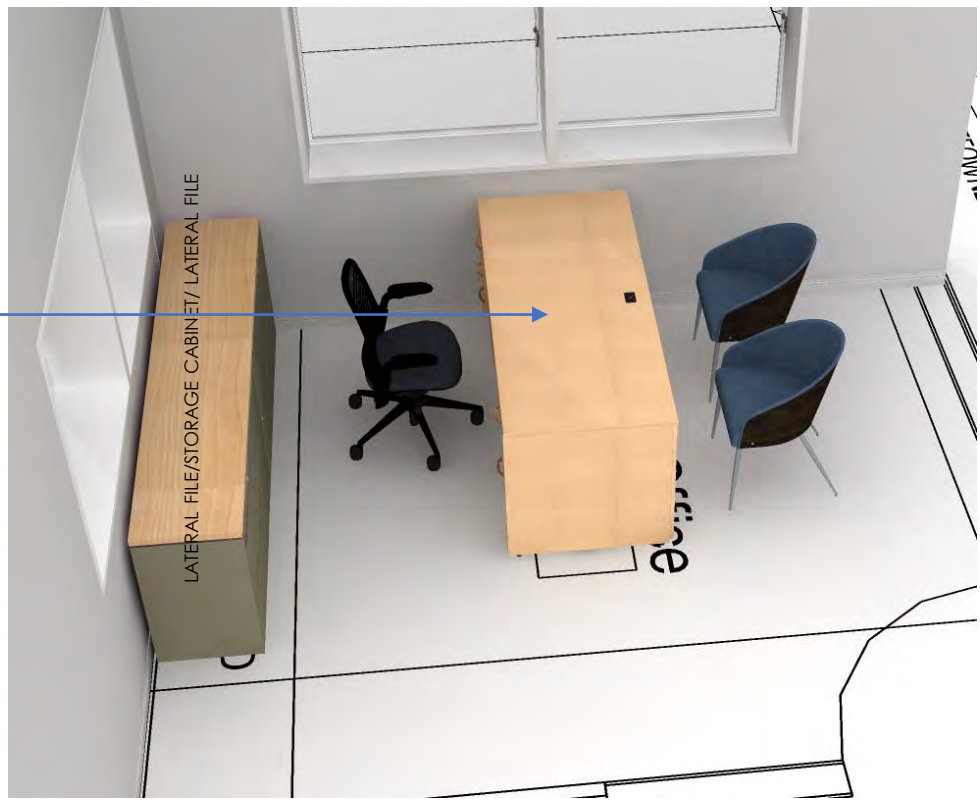




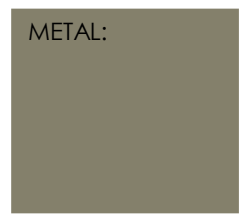
DOUBLE PED STORAGE



Flared Silver (HS) Handle



Clear Maple (CMB)



Moss (MOS)



Espresso Cafe (ECM)



BLACK FRAME SEAT VINYL: FOUNDATION BLACK



Note: Photos are representation of product only and may not accurately reflect actual finish selections

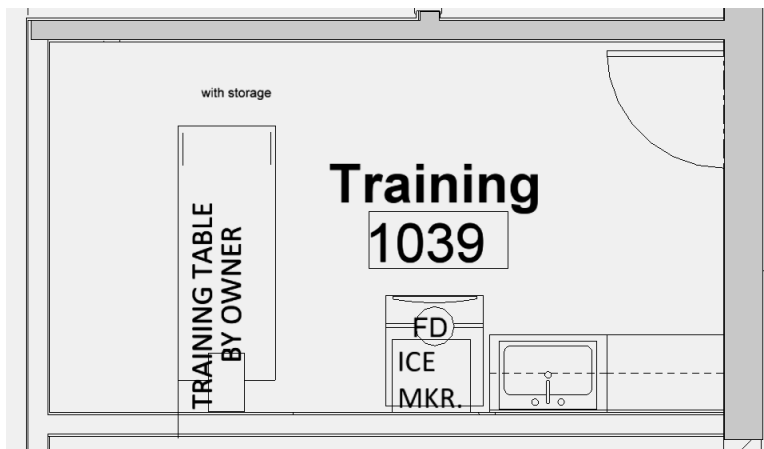


**Model 7151 –
Standard Table
with Shelf and
Backrest**



REGIMENTAL BLUE

VINYL:



Note: Photos are representation of product only and may not accurately reflect actual finish selections



Interion® 16\"/>

16\"/>

Back Plate Dimensions: 16\"/>

Shelf Dimensions: 16\"/>



Note: Photos are representation of product only and may not accurately reflect actual finish selections



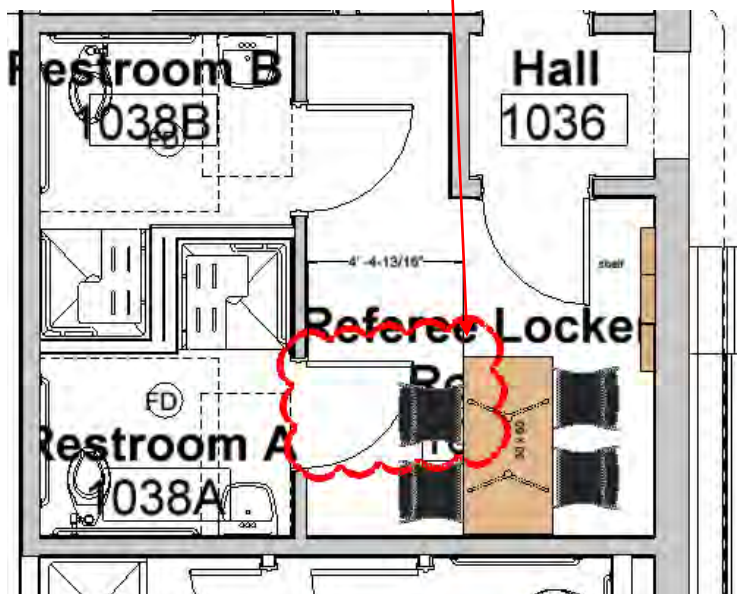
LAMINATE

Clear Maple
(CMB)

4 LEG CHAIR
POLY:

BLACK

TIGHT BETWEEN TABLE/CHAIRS AND BATHROOM
DOOR



(2) 16"W WALL MOUNTED COAT HOOK WITH 3
HOOKS EACH



Interior® 16"W Coat Rack with Shelf - Stainless Steel - Silver

16"W Stainless Steel coat rack features 3 hooks and a storage shelf. 10lb weight capacity.

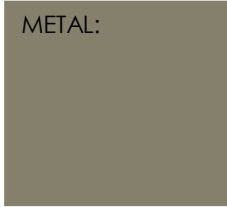
Back Plate Dimensions: 16"W x 3-1/4"H

Shelf Dimensions: 16"W x 4-3/4"D



LAMINATE

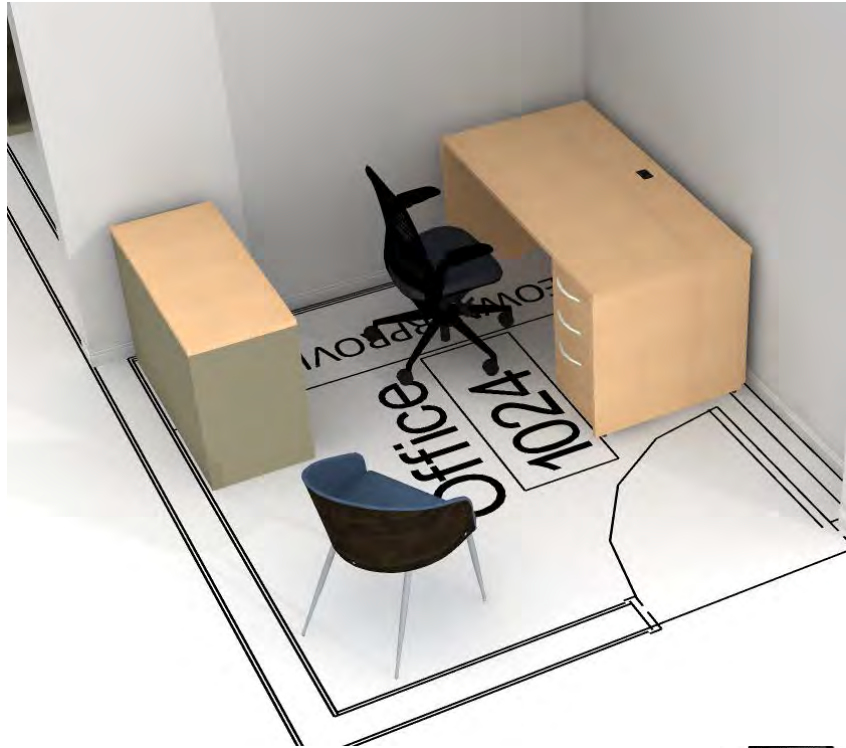
Clear Maple
(CMB)



METAL:

Moss
(MOS)

NOTE: 1 DESK IS 42"W AND 1 DESK IS 48"W



Espresso Cafe
(ECM)

Vitality Armada (VY42)



BLACK FRAME
SEAT VINYL: FOUNDATION BLACK

Note: Photos are representation of product only and may not accurately reflect actual finish selections



LAMINATE

Clear Maple
(CMB)



METAL:

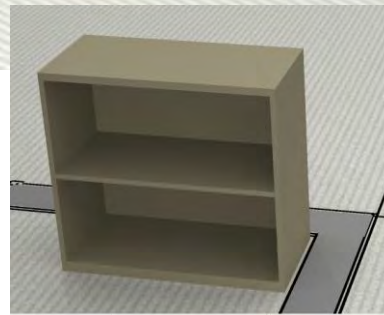
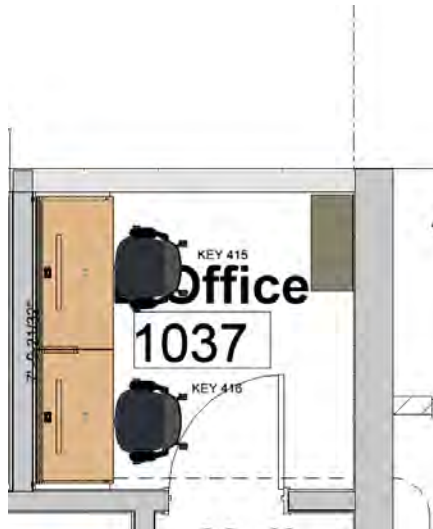
Moss
(MOS)



Urban Green Grass (URBS)

TACKBOARD
GREEN GRASS

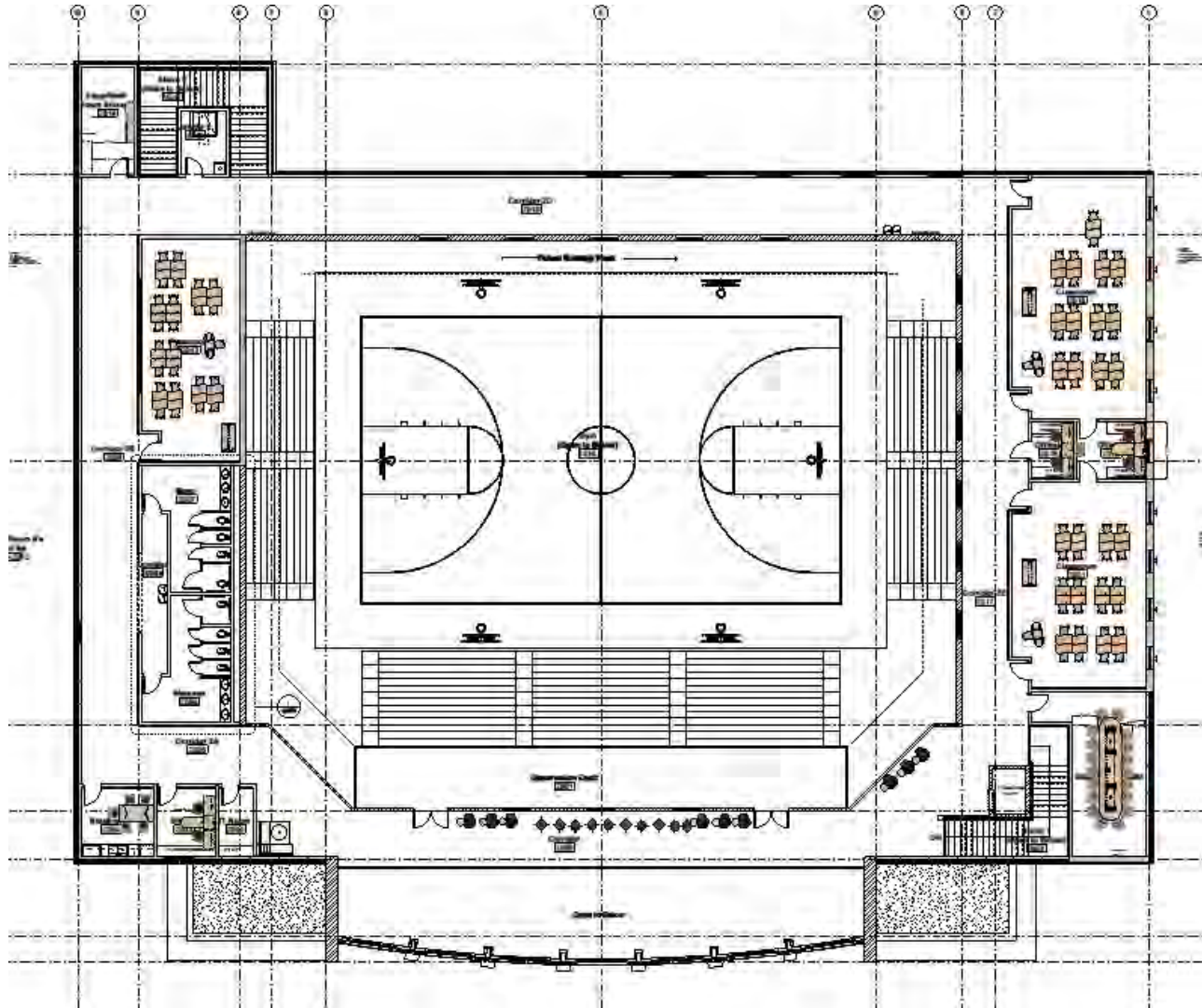
NOTE: 1 DESK IS 42"W AND 1 DESK IS 48"W

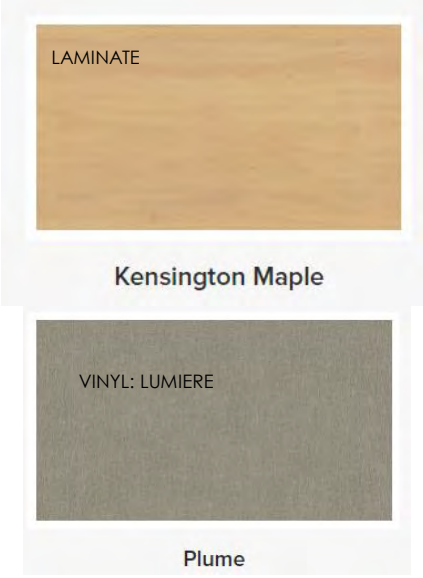
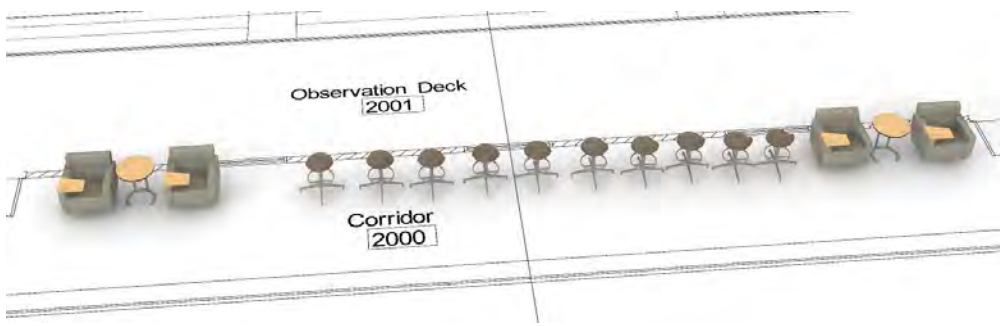


2 SHELF BOOKCASE



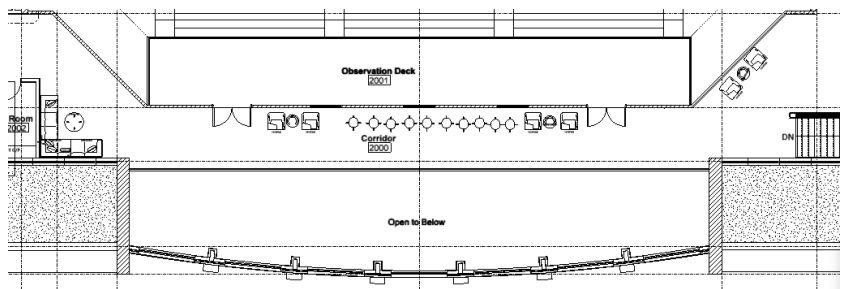
BLACK FRAME
SEAT VINYL: FOUNDATION BLACK





Tablet Arm

KI – SELA LOUNGE CHAIR WITH TABLET



KI – 24" ROUND 26" H C TABLE



Juxta 46642

KEILHAUER JUXTA STOOL – SEAT HEIGHT 24" H FOR USE AT COUNTER HEIGHT 34-36" H

Note: Photos are representation of product only and may not accurately reflect actual finish selections



Juxta 46642

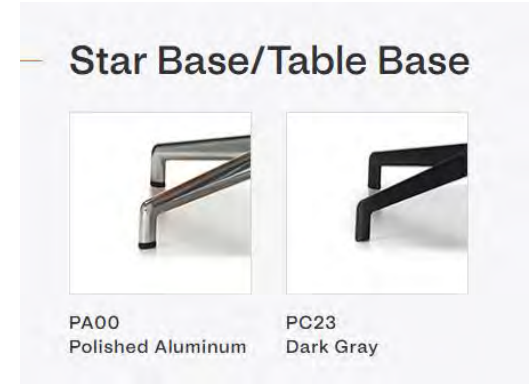
KEILHAUER JUXTA STOOL – SEAT HEIGHT 24" H FOR
USE AT COUNTER HEIGHT 34-36"H

SPECIFIED IN VANGUARD STEEL CLEAN VINYL
WITH POLISHED ALUMINUM BASE.



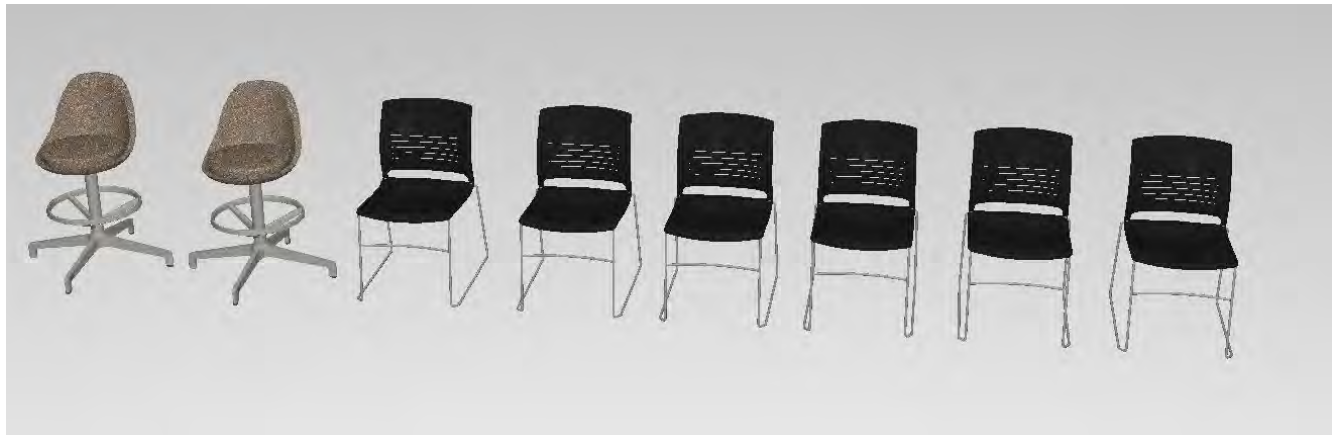
VANGUARD PEBBLE

09486948



MOMENTUM VANGUARD

ADDITIONAL
SEATING

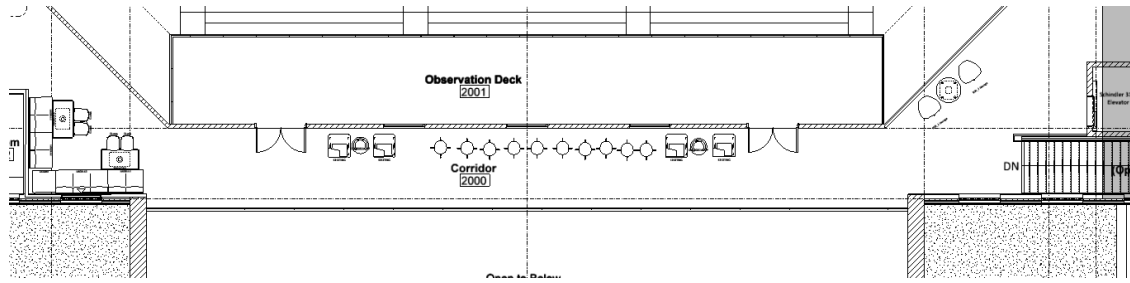


Note: Photos are representation of product only and may not accurately reflect actual finish selections



STEELCASE LAGUNITAS LOUNGE W/ CORNER
STEELCASE TABLE 30X54
CUBB ARMLESS CHAIR

STEELCASE ELBROOK ROUND 36" TABLE
STEELCASE SW_1 LOUNGE CHAIR



CUSTOMER: FIREBIRD FACILITY – WINDSOR CHARTER ACADEMY
PROJECT #: 10520

2000 CORRIDOR



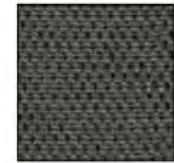
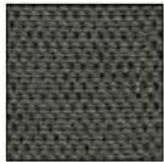
BASE KNIT - COAL

VINYL – FOUNDATION OREGANO

SPECIFIED IN THE FINISHES SHOWN

STEELCASE ELBROOK ROUND 36" TABLE
STEELCASE TABLE 30X54

STEELCASE SW_1 LOUNGE CHAIR



Coal
5KG5
CORNER OTTOMAN
ELMO LEATHER STORM

5888 Oregano
CUBB ARMLESS CHAIR
LEGS FINISH:



5888 Oregano

Coal
5KG5

STANDARD LEG FINISH – POLISHED ALUMINUM



5878 Sailor

Steelcase
V3AK Natural Oak
Veneer | Wood 1

7243 Seagull



Clear Maple (CMB)



Moss (MOS)



Urban Green Grass (URGG)
TACKBOARD GREEN GRASS



BLACK FRAME
SEAT VINYL: FOUNDATION BLACK

Note: Photos are representation of product only and may not accurately reflect actual finish selections

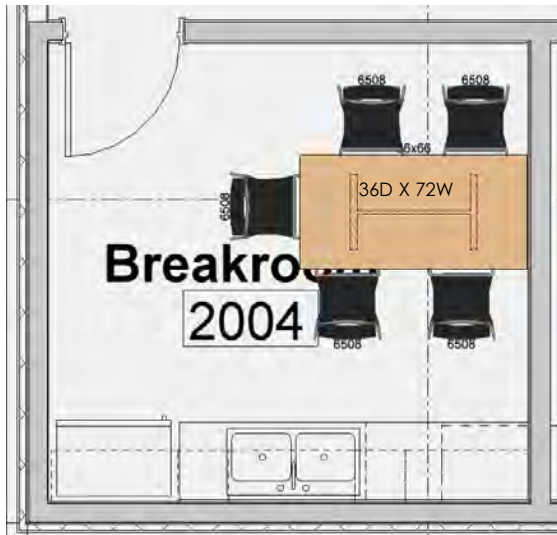
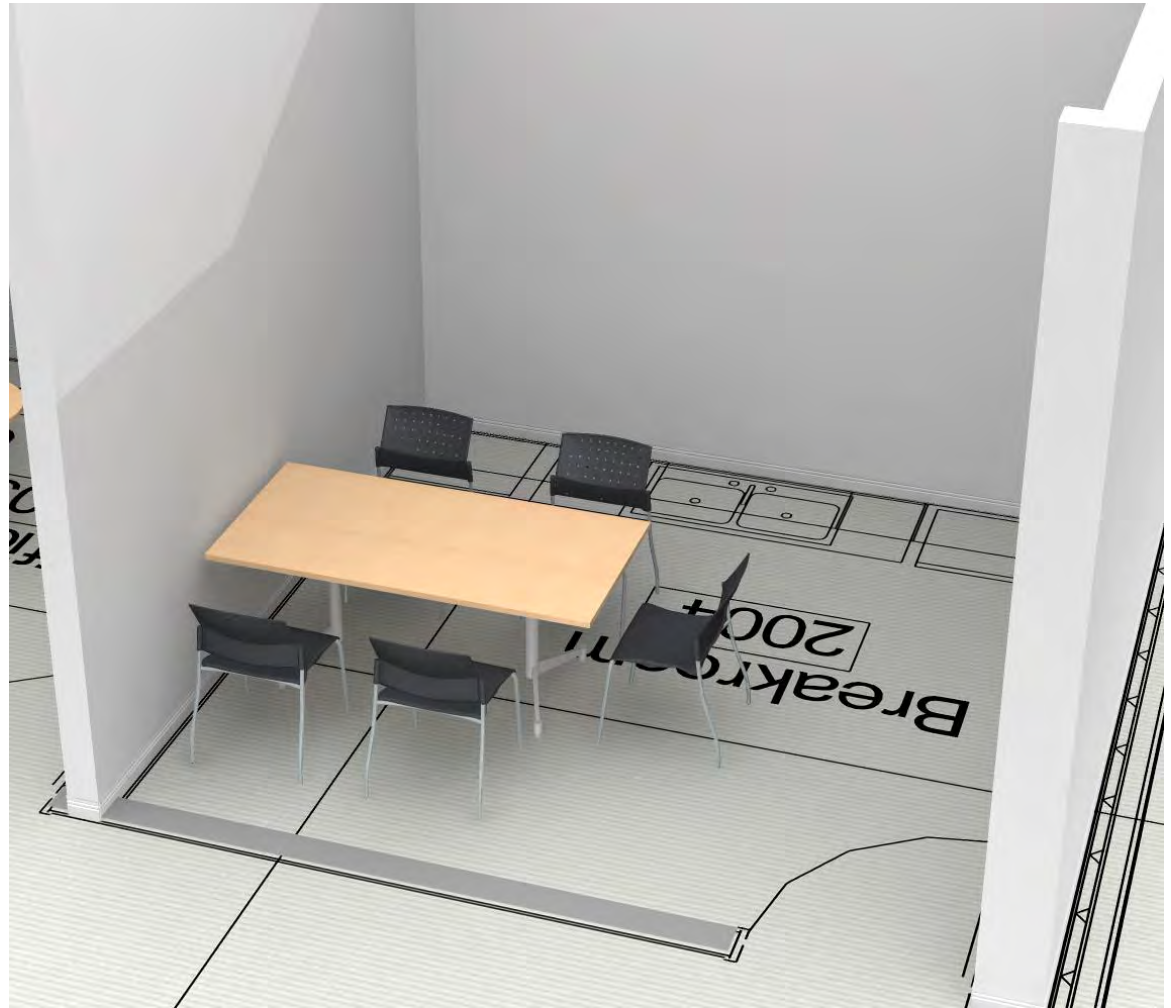


LAMINATE

4 LEG CHAIR
POLY:

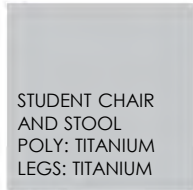
BLACK

Clear Maple
(CMB)





Fusion Maple
7M



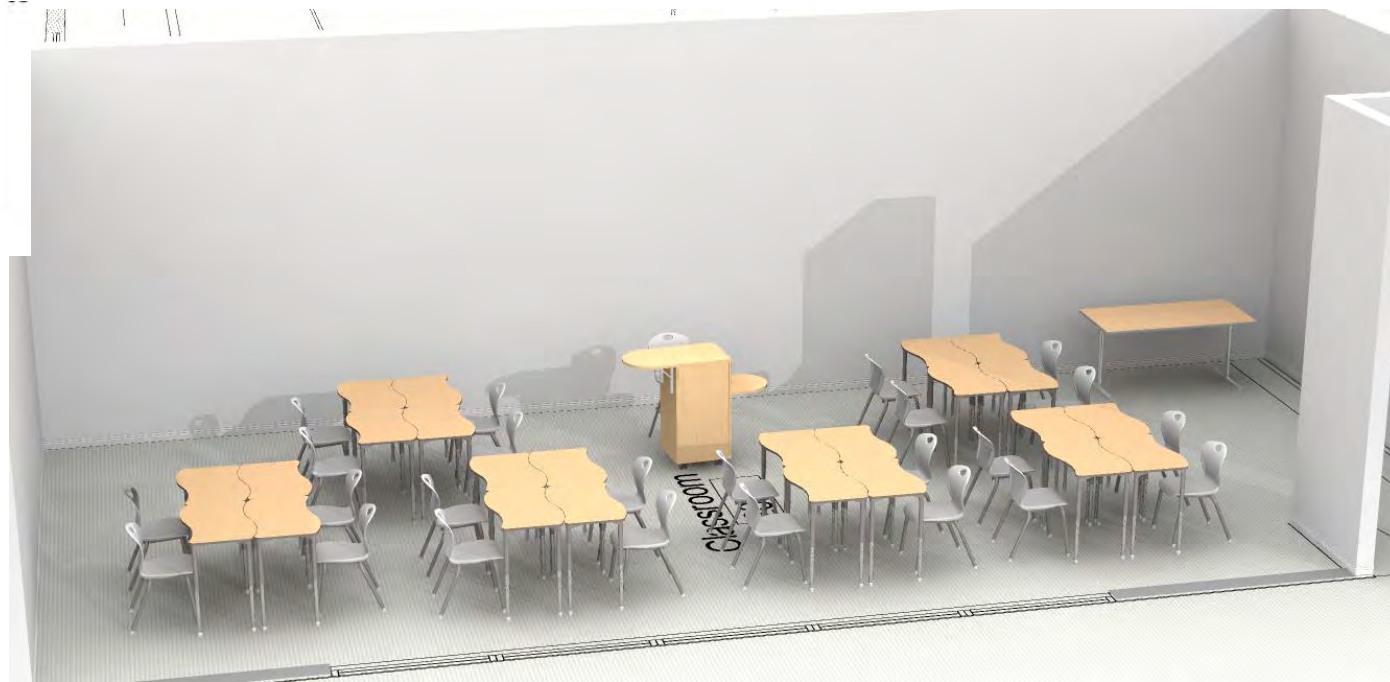
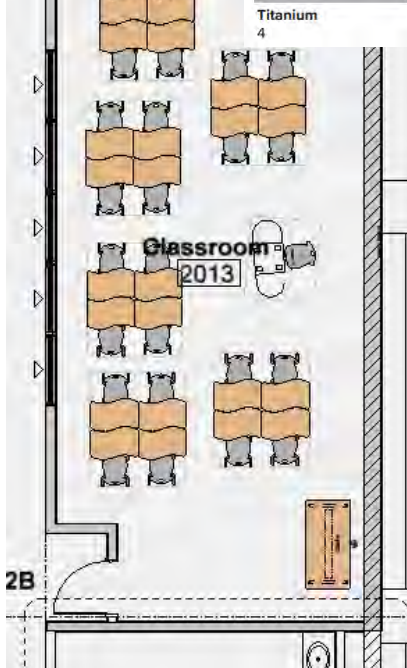
STUDENT CHAIR
AND STOOL
POLY: TITANIUM
LEGS: TITANIUM

*Titanium
TN

STUDENT DESK
LAMINATE: FUSION
MAPLE
EDGE AND LEGS:
TITANIUM



Titanium
4



TEACHER



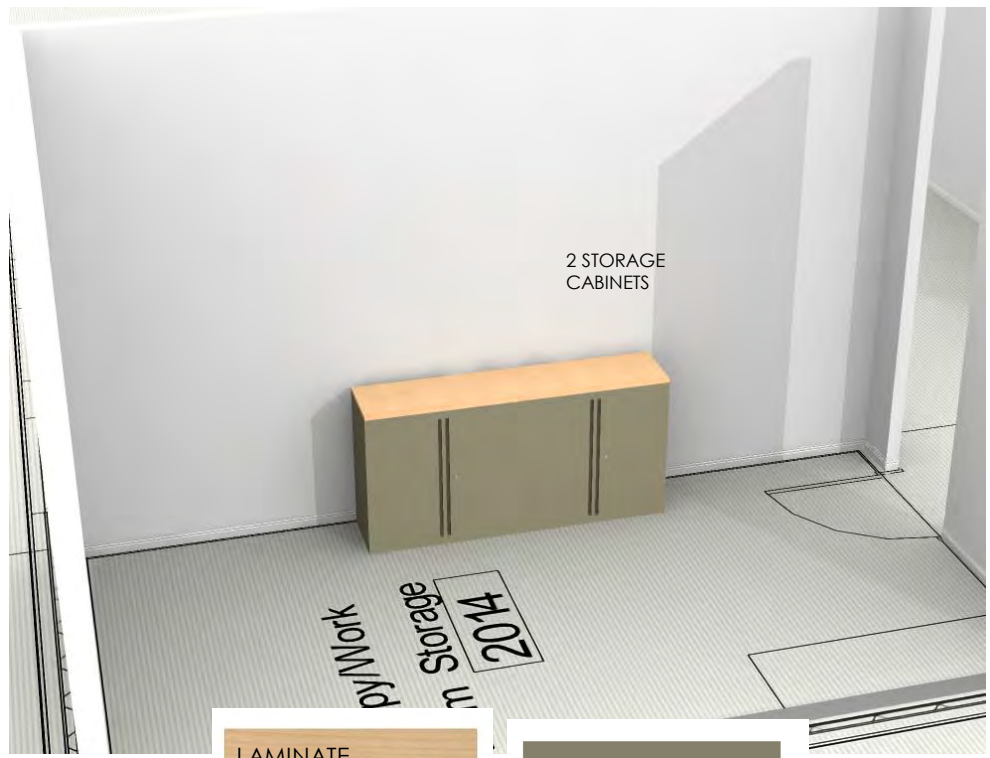
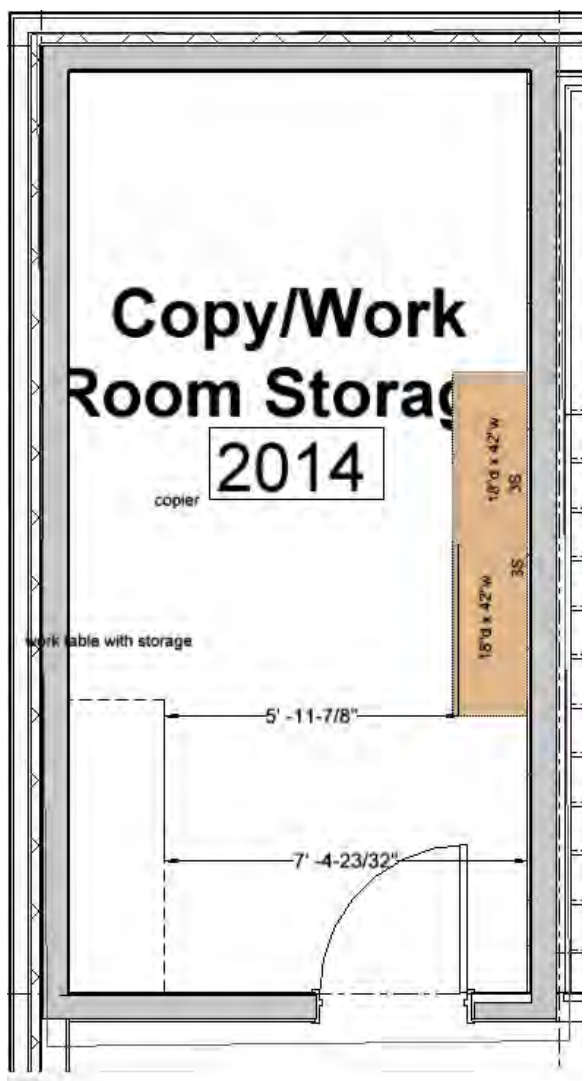
WB Fusion Maple
WI 7909 -60



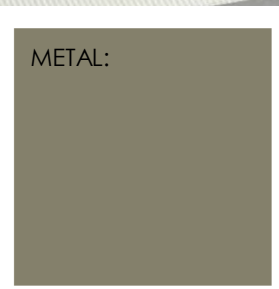
TABLE LAMINATE:
WITH GREY EDGE

Clear Maple
(CMB)

Note: Photos are representation of product only and may not accurately reflect actual finish selections



Clear Maple (CMB)



Moss (MOS)

Note: Photos are representation of product only and may not accurately reflect actual finish selections

CUSTOMER: FIREBIRD FACILITY – WINDSOR CHARTER ACADEMY
PROJECT #: 10520

2018 CLASSROOM



Fusion Maple
7M



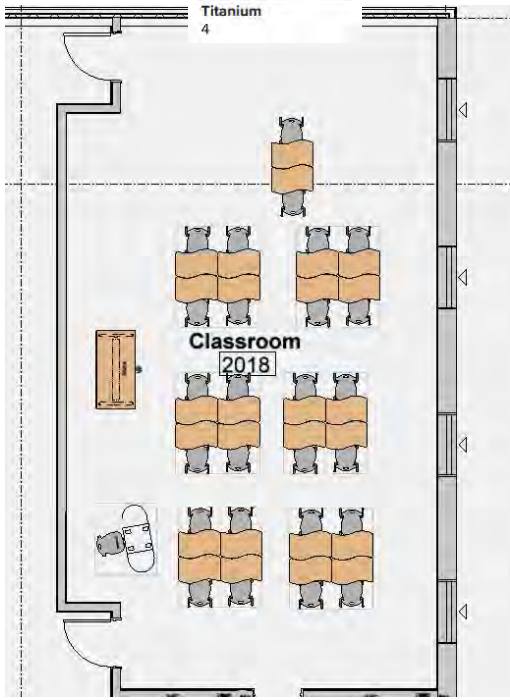
STUDENT CHAIR
AND STOOL
POLY: TITANIUM
LEGS: TITANIUM

*Titanium
TN

STUDENT DESK
LAMINATE: FUSION
MAPLE
EDGE AND LEG:
TITANIUM



Titanium
4



WB Fusion Maple
WI 7909 -60

TEACHER LECTERN



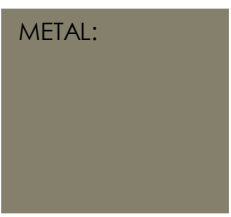
TABLE LAMINATE:
WITH GREY EDGE

Clear Maple
(CMB)



LAMINATE

Clear Maple (CMB)



METAL:

Moss (MOS)



Urban Green Grass (URGG)

TACKBOARD GREEN GRASS

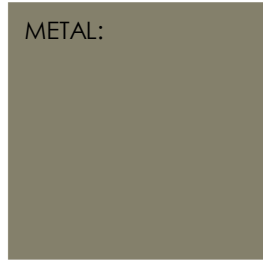


BLACK FRAME SEAT VINYL: FOUNDATION BLACK

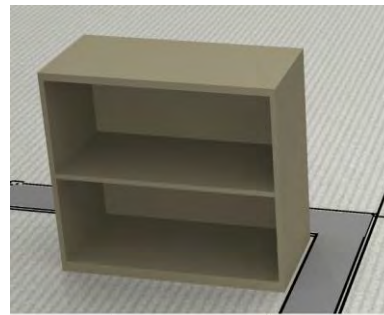
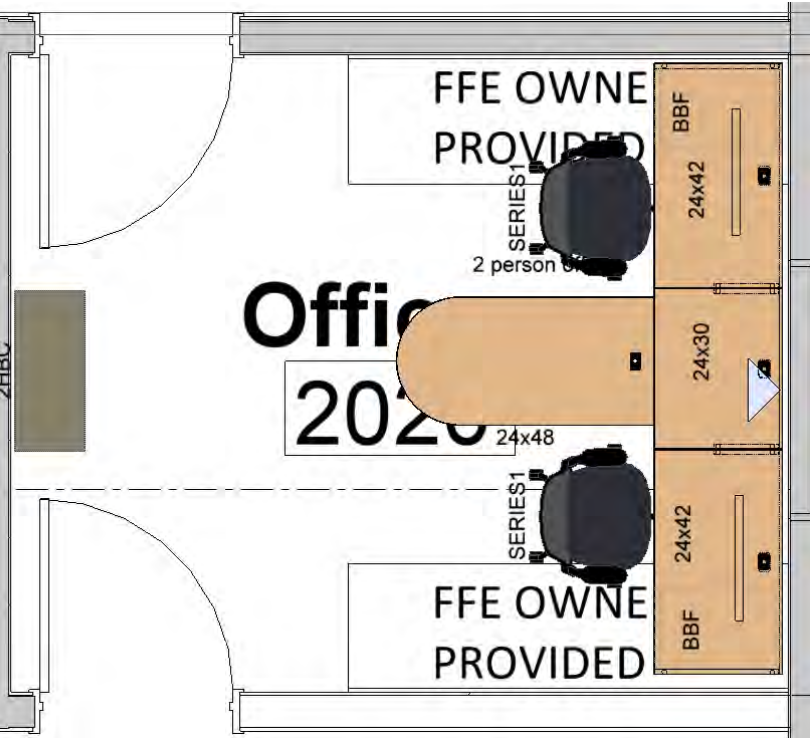
Note: Photos are representation of product only and may not accurately reflect actual finish selections



Clear Maple
(CMB)



Moss
(MOS)



2 SHELF BOOKCASE



BLACK FRAME
SEAT VINYL: FOUNDATION BLACK

Note: Photos are representation of product only and may not accurately reflect actual finish selections



Fusion Maple
7M

STUDENT DESK
LAMINATE: FUSION
MAPLE
EDGE AND LEG:
TITANIUM

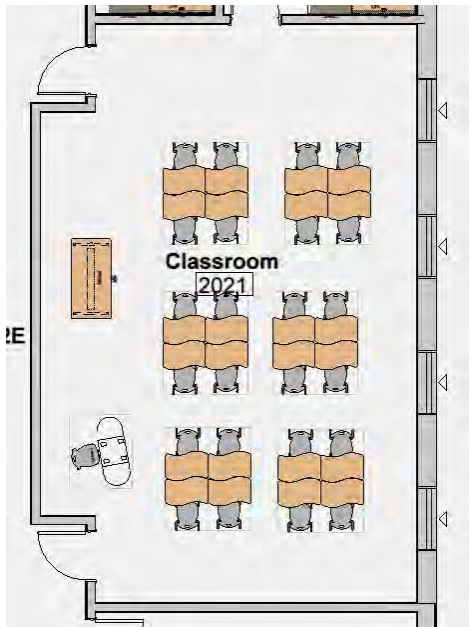
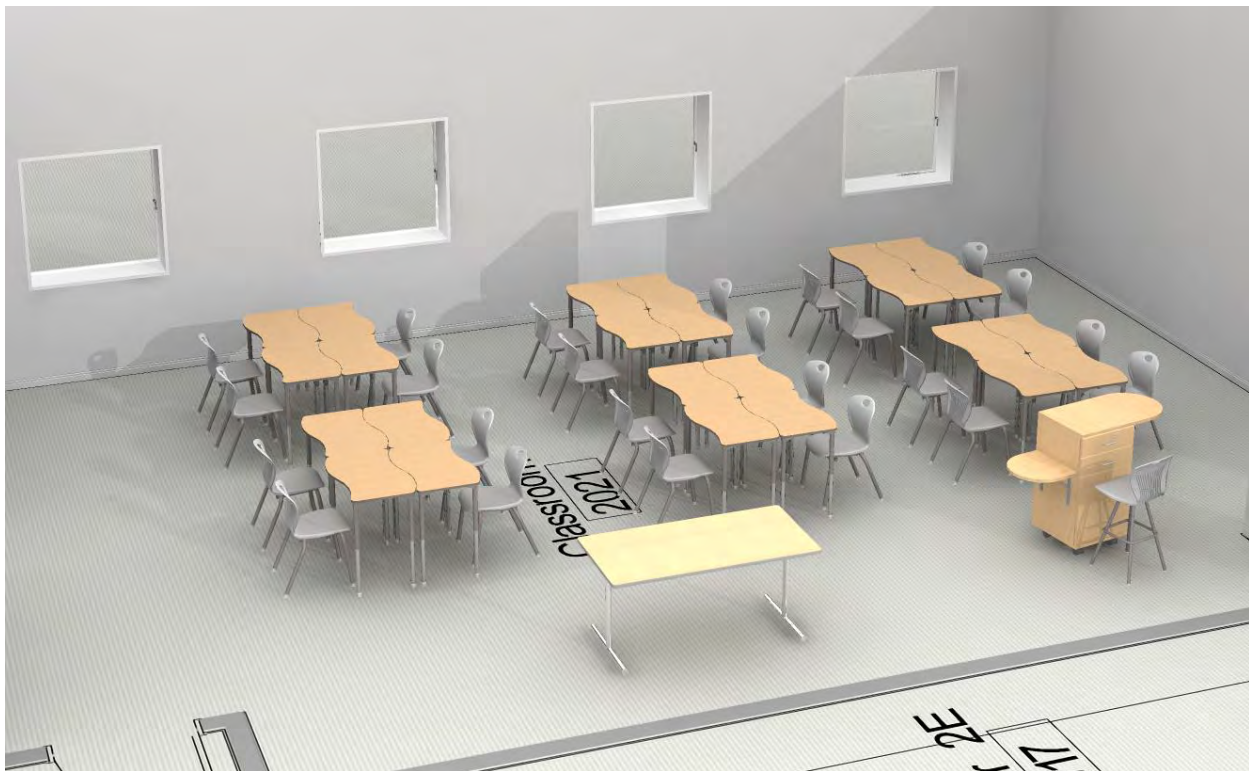


STUDENT CHAIR
AND STOOL
POLY: TITANIUM
LEGS: TITANIUM

*Titanium
TN



Titanium
4



WB Fusion Maple
WI 7909 -60
TEACHER LECTERN



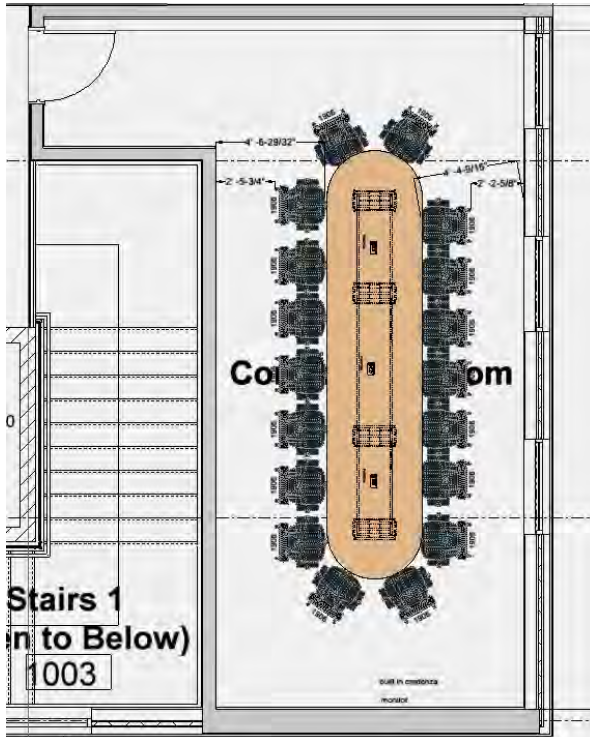
TABLE LAMINATE:
WITH GREY EDGE

Clear Maple
(CMB)

Note: Photos are representation of product only and may not accurately reflect actual finish selections



2 POWER AND DATA UNITS



18' L CONFERENCE TABLE



NOTE: ROUND DRUM BASE DOES NOT ALLOW FOR ELECTRICAL ACCESS. ELECTRICAL ACCES RECTANGULAR BASE SHOWN HERE

SHOWN WITH CORDED PLUG IN ELECTRICAL AT SURFACE WITH 6' CORD

COST WILL VARY DEPENDING ON ELECTRICAL APPLICATION CHOSEN. HARDWIRE VS CORDED(PLUG IN)



Note: Photos are representation of product only and may not accurately reflect actual finish selections



2 POWER AND DATA UNITS

18' L CONFERENCE TABLE



LAMINATE:



Clear Maple
(CMB)

VINYL: NAVY

Release (Global) 1-navy



Note: Photos are representation of product only and may not accurately reflect actual finish selections

Final Quote

WINDSOR CHARTER FIREBIRD FACILITY

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
1001 AD OFFICE								
23	1001	AD OFFICE	GUS	2	8622	MARCHE, Side Chair, Closed Upholstered Wood Back, Std 4 legged Metal Frame, Does not Stack, GLOBAL SEATING USA ~WOOD ECM Marche Wood Back Finish ~02 1-Espresso Cafe, Wood Back ECM ~GPM2 Grade 02 GMP2 Graded in Grade 02 VITALITY ARMADA VY42 TTU 2-Graded in Grade 02 Fabrics ~STD F-(STD) Tungsten TTU Non-GSA (Commercial Furniture Offering)	\$698.89	\$1,397.78
32	1001	AD OFFICE	GUF	1	9330P-2F1H	18"d x 30"w x 27.12"h, 2 Fixed Front Drawers, 9300P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W411 C-Keyed For Lock #W411 PC302 M-30"w - 2H Counterweight ~STD Non-GSA (Commercial Furniture Offering)	\$584.29	\$584.29
51	1001	AD OFFICE	GUF	1	T1830	18"d x 30"w x 1.13"h, Laminate Top for Metal Files, UNIVERSAL FILING ~LTOP Laminate File Top Finishes CMB 1-Clear Maple CMB ~STD Non-GSA (Commercial Furniture Offering)	\$112.03	\$112.03

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
55	1001	AD OFFICE	GCU	1	Z16L2BFS	23.4"d x 16"w x 28.5"h, Storage Shell w/2 Box and 1 File Drawer, ZIRA ~ZBASE Zira Storage Base Finish CMB 1-Clear Maple CMB ~ File Drawer (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-411 C-Keyed for Lock #411 ~STD Non-GSA (Commercial Furniture Offering)	\$480.49	\$480.49
59	1001	AD OFFICE	GCU	1	Z16M2ES	19.3"d x 16"w x 28.5"h, Storage Shell w/2 File Drawers, ZIRA ~ZBASE Zira Storage Base Finish CMB 1-Clear Maple CMB ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-411 C-Keyed for Lock #411 ~STD Non-GSA (Commercial Furniture Offering)	\$380.79	\$380.79
70	1001	AD OFFICE	GCU	1	Z2448ER	24"d x 48"w x 29.5"h, Right Flush Return w/No Pedestal, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$368.97	\$368.97

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
75	1001	AD OFFICE	GCU	1	Z3072T	29.69"d x 72"w x 29.5"h, Freestanding Tables w/ 2 Full End Panels, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple ~ M-Full Modesty Panel (1" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$529.82	\$529.82
120	1001	AD OFFICE		1	435A00	Steelcase Series 1; Chair-Task Back Finish Group 3D Microknit Back Finish 5T21:LICORICE Back Color Scheme Non-Contrasting Outer Back Outer Back Finish Group Plastic - PG1 Outer Back Finish 6205:BLACK Seat Finish Group Foundation Seat Finish 5875:BLACK Headrest Option No Headrest Coat Hanger No Coat Hanger Frame Finish Group Plastic - PG1 Frame Finish 6205:BLACK Color Scheme Black Arm Type Height,Width,Pivot,Depth Arm Cylinder Type Standard Range Base Type Plastic Base Base Finish Group Plastic - PG1 Base Finish 6205:BLACK Lumbar Option Adjustable Lumbar Caster or Glide Type Hard Casters Soil Retardant Option No Soil Retardant Sewn Upholstery Type Sewn	\$464.81	\$464.81
Sub-total for							1001	\$4,318.98

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
1004 COMMONS AREA								
103	1004	COMMONS AREA	KIT	2	AH3S2429P-74P	Athens Square Table,3"Column,22" Base,Powdercoat,29"H,24x24",74P Edge /ECG Cool Grey edge Standard KI Laminates /LRI CRISP LINEN 4942-38 /SX Starlight Silver Metallic	\$493.78	\$987.56
104	1004	COMMONS AREA	KIT	4	AH4R4229P-74P	Athens Round Table,4"Column,24" Base,Powdercoat,29"H,42"Dia,74P Edge /ECG Cool Grey edge Standard KI Laminates /LRI CRISP LINEN 4942-38 /SX Starlight Silver Metallic	\$834.17	\$3,336.68
105	1004	COMMONS AREA	KIT	4	AH5R5429P-74P	Athens Round Table,5"Column,32" Base,Powdercoat,29"H,54"Dia,74P Edge /ECG Cool Grey edge Standard KI Laminates /LRI CRISP LINEN 4942-38 /SX Starlight Silver Metallic	\$1,449.56	\$5,798.24
106	1004	COMMONS AREA	KIT	4	AHDAA3048P-74P	Athens Booth Rectangular Table,4"Column,24" Base,Powdercoat,29"H,30x48",74P Edge /ECG Cool Grey edge Standard KI Laminates /LRI CRISP LINEN 4942-38 /SX Starlight Silver Metallic	\$746.78	\$2,987.12
108	1004	COMMONS AREA	KMP	2	CTABLE-73P	C-Table, 27" Fixed Height,18" worksurface, 73P edge /ECG Cool Grey edge Standard KI Laminates /LRI CRISP LINEN 4942-38 /SX Starlight Silver Metallic	\$361.17	\$722.34

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
109	1004	COMMONS AREA	KSL	2	MP18R/CGL/FC	MyPlace 18" Round, Concealed Glides, Contrast E Fabric Grade E /NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON /NMB No Moisture Barrier	\$508.44	\$1,016.88
110	1004	COMMONS AREA	KMP	8	MPCI60/CGL/FC	MyPlace Inside Back 60° Curve, Concealed Glide, Contrast E Fabric Grade E /NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E TERRA TERRA /27.223.192.P SLATE /NMB No Moisture Barrier	\$1,466.06	\$11,728.48
111	1004	COMMONS AREA	KMP	2	MPCR/CGL/FC	MyPlace Backless 90° Curve, Concealed Glides, Contrast E Fabric Grade E /NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON /NMB No Moisture Barrier	\$1,173.33	\$2,346.66

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
112	1004	COMMONS AREA	KMP	8	MPRB/CGL/FC	MyPlace Rectangle w/Back,Concealed Glides,Contrast E Fabric Grade E /NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E TERRA TERRA /27.223.192.P SLATE /NMB No Moisture Barrier	\$1,213.06	\$9,704.48
113	1004	COMMONS AREA	KMP	4	MPSQRL/CGL/FC	MyPlace Lounge Chair, Concealed Glides, Contrast E Fabric Grade E /NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E 2VUPHZIZANIA 2V ZIZANIA /VZCA CARBON NFR Compliance to TB 117-2013 E Fabric Grade E TERRA TERRA /27.223.192.P SLATE /NMB No Moisture Barrier	\$935.00	\$3,740.00
115	1004	COMMONS AREA	KQS	26	SWNA	Strive High Density Armless Chair,Poly /SX Starlight Silver Metallic /NFR No Fire Retardant /PBL Black /H Polycarbonate glides	\$138.33	\$3,596.58
Sub-total for							1004	\$45,965.02

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
1009 SECURITY OFFICE								
25	1009	SECURITY OFFICE	GUS	2	8622	MARCHE, Side Chair, Closed Upholstered Wood Back, Std 4 legged Metal Frame, Does not Stack, GLOBAL SEATING USA ~WOOD ECM Marche Wood Back Finish ~02 1-Espresso Cafe, Wood Back ECM ~GPM2 Grade 02 GMP2 Graded in Grade 02 VITALITY ARMADA VY42 TTU 2-Graded in Grade 02 Fabrics ~STD F-(STD) Tungsten TTU Non-GSA (Commercial Furniture Offering)	\$698.89	\$1,397.78
33	1009	SECURITY OFFICE	GUF	2	9330P-2F1H	18"d x 30"w x 27.12"h, 2 Fixed Front Drawers, 9300P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W412 C-Keyed For Lock #W412 PC302 M-30"w - 2H Counterweight ~STD Non-GSA (Commercial Furniture Offering)	\$584.29	\$1,168.58
34	1009	SECURITY OFFICE	GUF	1	9330P-2S1	18"d x 30"w x 27.12"h, 2 Door, Non-Slotted, 1 Adj Shelf, 9300 SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W412 C-Keyed For Lock #W412 ~STD Non-GSA (Commercial Furniture Offering)	\$289.83	\$289.83
54	1009	SECURITY OFFICE	GUF	1	T1890	18"d x 90"w x 1.13"h, Laminate Top for Metal Files, UNIVERSAL FILING ~LTOP Laminate File Top Finishes CMB 1-Clear Maple CMB ~STD Non-GSA (Commercial Furniture Offering)	\$341.22	\$341.22

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
56	1009	SECURITY OFFICE	GCU	1	Z16L2BFS	23.4"d x 16"w x 28.5"h, Storage Shell w/2 Box and 1 File Drawer, ZIRA ~ZBASE Zira Storage Base Finish CMB 1-Clear Maple CMB ~ File Drawer (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-412 C-Keyed for Lock #412 ~STD Non-GSA (Commercial Furniture Offering)	\$480.49	\$480.49
58	1009	SECURITY OFFICE	GCU	1	Z16L2ES	23.4"d x 16"w x 28.5"h, Storage Shell w/2 File Drawers, ZIRA ~ZBASE Zira Storage Base Finish CMB 1-Clear Maple CMB ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-412 C-Keyed for Lock #412 ~STD Non-GSA (Commercial Furniture Offering)	\$417.28	\$417.28
76	1009	SECURITY OFFICE	GCU	1	Z3072T	29.69"d x 72"w x 29.5"h, Freestanding Tables w/ 2 Full End Panels, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple ~ M-Full Modesty Panel (1" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$529.82	\$529.82

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
121	1009	SECURITY OFFICE		1	435A00	Steelcase Series 1; Chair-Task	\$464.81	\$464.81
						Back Finish Group 3D Microknit		
						Back Finish 5T21:LICORICE		
						Back Color Scheme Non-Contrasting Outer Back		
						Outer Back Finish Group Plastic - PG1		
						Outer Back Finish 6205:BLACK		
						Seat Finish Group Foundation		
						Seat Finish 5875:BLACK		
						Headrest Option No Headrest		
						Coat Hanger No Coat Hanger		
						Frame Finish Group Plastic - PG1		
						Frame Finish 6205:BLACK		
						Color Scheme Black		
						Arm Type Height,Width,Pivot,Depth Arm		
						Cylinder Type Standard Range		
						Base Type Plastic Base		
						Base Finish Group Plastic - PG1		
						Base Finish 6205:BLACK		
						Lumbar Option Adjustable Lumbar		
						Caster or Glide Type Hard Casters		
						Soil Retardant Option No Soil Retardant		
						Sewn Upholstery Type Sewn		

Sub-total for 1009 \$5,089.81

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
1010 RECEPTION								
123	1010	RECEPTION		2	435A00	Steelcase Series 1; Chair-Task	\$464.81	\$929.62
						Back Finish Group 3D Microknit		
						Back Finish 5T21:LICORICE		
						Back Color Scheme Non-Contrasting Outer Back		
						Outer Back Finish Group Plastic - PG1		
						Outer Back Finish 6205:BLACK		
						Seat Finish Group Foundation		
						Seat Finish 5875:BLACK		
						Headrest Option No Headrest		
						Coat Hanger No Coat Hanger		
						Frame Finish Group Plastic - PG1		
						Frame Finish 6205:BLACK		
						Color Scheme Black		
						Arm Type Height,Width,Pivot,Depth Arm		
						Cylinder Type Standard Range		
						Base Type Plastic Base		
						Base Finish Group Plastic - PG1		
						Base Finish 6205:BLACK		
						Lumbar Option Adjustable Lumbar		
						Caster or Glide Type Hard Casters		
						Soil Retardant Option No Soil Retardant		
						Sewn Upholstery Type Sewn		
Sub-total for							1010	\$929.62
1015 LOCKER ROOM								
95	1015	LOCKER ROOM	GLI	3	WB695717	INTERIOR WALL MOUNTED COAT RACK WITH 3 HOOKS ,SHELF 16" 10 LB CAPACITY STAINLESS STEEL	\$68.51	\$205.53
Sub-total for							1015	\$205.53
1016 LOCKER ROOM								
97	1016	LOCKER ROOM	GLI	3	WB695717	INTERIOR WALL MOUNTED COAT RACK WITH 3 HOOKS ,SHELF 16" 10 LB CAPACITY STAINLESS STEEL	\$68.51	\$205.53
Sub-total for							1016	\$205.53

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
1024 OFFICE								
24	1024	OFFICE	GUS	1	8622	MARCHE, Side Chair, Closed Upholstered Wood Back, Std 4 legged Metal Frame, Does not Stack, GLOBAL SEATING USA ~WOOD ECM Marche Wood Back Finish ~02 1-Espresso Cafe, Wood Back ECM ~GPM2 Grade 02 GMP2 Graded in Grade 02 VITALITY ARMADA VY42 TTU 2-Graded in Grade 02 Fabrics ~STD F-(STD) Tungsten TTU Non-GSA (Commercial Furniture Offering)	\$698.89	\$698.89
35	1024	OFFICE	GUF	1	9342P-2F1H	18"d x 42"w x 27.12"h, 2 Fixed Front Drawers, 9300P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W413 C-Keyed For Lock #W413 ~ 2H Counterweight Not Required ~STD Non-GSA (Commercial Furniture Offering)	\$570.93	\$570.93
52	1024	OFFICE	GUF	1	T1842	18"d x 42"w x 1.13"h, Laminate Top for Metal Files, UNIVERSAL FILING ~LTOP Laminate File Top Finishes CMB 1-Clear Maple CMB ~STD Non-GSA (Commercial Furniture Offering)	\$156.22	\$156.22
57	1024	OFFICE	GCU	1	Z16L2BFS	23.4"d x 16"w x 28.5"h, Storage Shell w/2 Box and 1 File Drawer, ZIRA ~ZBASE Zira Storage Base Finish CMB 1-Clear Maple CMB ~ File Drawer (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-413 C-Keyed for Lock #413 ~STD Non-GSA (Commercial Furniture Offering)	\$480.49	\$480.49

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
74	1024	OFFICE	GCU	1	Z3060T	29.69"d x 60"w x 29.5"h, Freestanding Tables w/ 2 Full End Panel, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finish CMB 2-Clear Maple CMB 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$483.57	\$483.57
122	1024	OFFICE		1	435A00	Steelcase Series 1; Chair-Task Back Finish Group 3D Microknit Back Finish 5T21:LICORICE Back Color Scheme Non-Contrasting Outer Back Outer Back Finish Group Plastic - PG1 Outer Back Finish 6205:BLACK Seat Finish Group Foundation Seat Finish 5875:BLACK Headrest Option No Headrest Coat Hanger No Coat Hanger Frame Finish Group Plastic - PG1 Frame Finish 6205:BLACK Color Scheme Black Arm Type Height,Width,Pivot,Depth Arm Cylinder Type Standard Range Base Type Plastic Base Base Finish Group Plastic - PG1 Base Finish 6205:BLACK Lumbar Option Adjustable Lumbar Caster or Glide Type Hard Casters Soil Retardant Option No Soil Retardant Sewn Upholstery Type Sewn	\$464.81	\$464.81
Sub-total for							1024	\$2,854.91

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
1037 OFFICE								
37	1037	OFFICE	GUF	1	93BC30-2	13"d x 30"w x 28.19"h, 2 High Metal Boockase, 1 Adjustable Shelf, METAL BOOKCASES, UNIVERSAL FILING ~STD ~GLO Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) MOS Global Standard Colors 1-Moss MOS	\$170.10	\$170.10
47	1037	1037 OFFICE	GCU	2	PLED50	23.5"w, LED Tasklight, PRODUCTIVITY SOLUTIONS ~STD Non-GSA (Commercial Furniture Offering)	\$292.40	\$584.80
66	1037	OFFICE	GCU	1	Z2442L	24"d x 42"w x 29.5"h, Connectable Tables, Left w/Full End Panel on Left, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57
73	1037	OFFICE	GCU	1	Z2448R	24"d x 48"w x 29.5"h, Connectable Tables, Right w/Full End Panel on Right, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
80	1037	OFFICE	GCU	1	Z42S36H	15"d x 42"w x 35.5"h, Closed Hutches w/Doors and 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finish CMB 2-Clear Maple CMB ~ Laminated Doors (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-415 C-Keyed for Lock #415 ~STD Non-GSA (Commercial Furniture Offering)	\$517.49	\$517.49
85	1037	OFFICE	GCU	1	Z48S36H	15"d x 48"w x 35.5"h, Closed Hutches w/Doors and 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finish CMB 2-Clear Maple CMB ~ Laminated Doors (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-416 C-Keyed for Lock #416 ~STD Non-GSA (Commercial Furniture Offering)	\$570.42	\$570.42
86	1037	OFFICE	GCU	1	ZTB4016	40"w x 15.75"h, Tackboards for Hutches, For Use on Z42S36H and Z42S36HN, Includes Mounting and Screws, ZIRA ~01 ~URBA Grade 01 UR13 Urban (Global) ~STD 1-Green Grass Non-GSA (Commercial Furniture Offering)	\$163.42	\$163.42
89	1037	OFFICE	GCU	1	ZTB4616	46"w x 15.75"h, Tackboards for Hutches, For Use on Z48S36H and Z48S36HN, Includes Mounting and Screws, ZIRA ~01 ~URBA Grade 01 UR13 Urban (Global) ~STD 1-Green Grass Non-GSA (Commercial Furniture Offering)	\$170.10	\$170.10

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
127	1037	OFFICE		2	435A00	Steelcase Series 1; Chair-Task	\$464.81	\$929.62
						Back Finish Group 3D Microknit		
						Back Finish 5T21:LICORICE		
						Back Color Scheme Non-Contrasting Outer Back		
						Outer Back Finish Group Plastic - PG1		
						Outer Back Finish 6205:BLACK		
						Seat Finish Group Foundation		
						Seat Finish 5875:BLACK		
						Headrest Option No Headrest		
						Coat Hanger No Coat Hanger		
						Frame Finish Group Plastic - PG1		
						Frame Finish 6205:BLACK		
						Color Scheme Black		
						Arm Type Height,Width,Pivot,Depth Arm		
						Cylinder Type Standard Range		
						Base Type Plastic Base		
						Base Finish Group Plastic - PG1		
						Base Finish 6205:BLACK		
						Lumbar Option Adjustable Lumbar		
						Caster or Glide Type Hard Casters		
						Soil Retardant Option No Soil Retardant		
						Sewn Upholstery Type Sewn		

Sub-total for 1037 \$3,851.09

1038 REFEREE LOCKER

22	1038	REFEREE LOCKER	GSP	4	6508	SONIC, Armless Stacking Chair w/Polypropylene Seat and Back/4 Leg Base-Stacks 5 High w/o Dolly, ~DPLS GSP SEATING BLK Sonic Plastic Finish TTU 1-Black Plastic TUNGSTEN	\$170.10	\$680.40
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Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
45	1038	REFEREE LOCKER	GCU	1	GCT5R	30"d x 60"w x 29"h, Rectangular Shape, 2 Leg Base, Self Edge, BOARDROOM TABLES ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~BTOP Boardroom Table Top Finishes CMB 1-Clear Maple ~BMBASE Boardroom Table Metal Base Finishes CHM 2-Chrome [CHM] ~ (STD) Table 1 Piece ~ Grommet/Electrical Not Required - Left Position ~ Grommet/Electrical Not Required - Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$649.04	\$649.04
93	1038	REFEREE LOCKER	GLI	3	WB695717	INTERIOR WALL MOUNTED COAT RACK WITH 3 HOOKS ,SHELF 16" 10 LB CAPACITY STAINLESS STEEL	\$68.51	\$205.53
Sub-total for							1038	\$1,534.97
1039 TRAINING								
19	1039	TRAINING	GSP	1	1105	FILE BUDDY, Allante Free Ink, Swivel Stool w/5" Pneumatic Adjustable Height 20" Base 12" Diameter Seat, GSP SEATING ~02 ~ALLA Grade 02 A16F Allante BK 1-AllanteFree, Ink F-Black Frame	\$229.71	\$229.71
133	1039	TRAINING	WMC	1	7151	STANDARD TRAINING TABLE WITH SHELF AND BACKREST VINYL - REGIMENTAL BLUE	\$888.40	\$888.40
Sub-total for							1039	\$1,118.11
1042 LOCKER ROOM								
96	1042	LOCKER ROOM	GLI	3	WB695717	INTERIOR WALL MOUNTED COAT RACK WITH 3 HOOKS ,SHELF 16" 10 LB CAPACITY STAINLESS STEEL	\$68.51	\$205.53

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell	
							Sub-total for	1042	\$205.53
1043 LOCKER ROOM									
94	1043	LOCKER ROOM	GLI	3	WB695717	INTERIOR WALL MOUNTED COAT RACK WITH 3 HOOKS ,SHELF 16" 10 LB CAPACITY STAINLESS STEEL	\$68.51	\$205.53	
							Sub-total for	1043	\$205.53
2000 COORIDOR									
14	2000	COORIDOR		1	COLAGB1	Lagunitas; Bench, 1 seat	\$996.39	\$996.39	
						SEAT DECK TYPE Knit			
						SEAT DECK FINISH GROUP Knit 01			
						SEAT DECK FINISH 5K59: COAL			
						SEAT CUSHION FINISH FOUNDATION			
						GROUP 5878: SAILOR			
						SEAT CUSHION FINISH Backer Not Required			
						FABRIC BACKER No Power			
						POWER			
15	2000	COORIDOR		3	COLAGLL21	Lagunitas; Lounge-Low, 2 seat, Back screen	\$2,759.61	\$8,278.83	
						SCREEN TYPE Knit			
						SCREEN FINISH GROUP Knit 01			
						SCREEN FINISH 5K59: COAL			
						SCREEN COLOR SCHEME Non-Contrasting			
						SEAT CUSHION FINISH FOUNDATION			
						GROUP 5888: OREGANO			
						SEAT CUSHION FINISH FOUNDATION			
						BACK CUSHION FINISH 5888: OREGANO			
						GROUP Non-Contrasting			
						BACK CUSHION FINISH Smooth Paint			
						CUSHION COLOR SCHEME 4141: PLATINUM MATTE			
						BRACKET FINISH GROUP 2 Articulating Backs			
						BRACKET FINISH Non-Contrasting			
						ARTICULATING BACK No Power			
						PULL COLOR SCHEME Backer Not Required			
						POWER			
						FABRIC BACKER			

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
16	2000	COORIDOR		1	COLAGLL31	Lagunitas; Lounge-Low, 3 seat, Back screen SCREEN TYPE Knit SCREEN FINISH GROUP Knit 01 SCREEN FINISH 5K59: COAL SCREEN COLOR SCHEME Non-Contrasting SEAT CUSHION FINISH FOUNDATION GROUP 5888: OREGANO SEAT CUSHION FINISH FOUNDATION BACK CUSHION FINISH 5888: OREGANO GROUP Non-Contrasting BACK CUSHION FINISH Smooth Paint CUSHION COLOR SCHEME 4141: PLATINUM MATTE BRACKET FINISH GROUP 3 Articulating Backs BRACKET FINISH Non-Contrasting ARTICULATING BACK No Power PULL COLOR SCHEME Backer Not Required POWER FABRIC BACKER	\$3,794.18	\$3,794.18
17	2000	COORIDOR		2	COW713	SW_1; Chair, Collaborative lounge, High back, 4 star COLOR SCHEME Non Contrasting SEAT FINISH GROUP Foundation SEAT FINISH 5888: OREGANO UPPER BACK FINISH Foundation GROUP 5888: OREGANO UPPER BACK FINISH Knit 01 LOWER BACK FINISH 5KG5 COAL GROUP Polished Aluminum LOWER BACK FINISH 8040: ALUMINUM MATTE POLISHED BASE FINISH GROUP No Pillow BASE FINISH No Tablet PILLOW Return Swivel TABLET SWIVEL	\$2,241.15	\$4,482.30
99	2000	COORIDOR		10	46642	JUXTA STOOL SEAT HEIGHT 25" 4 H GRADE D MOMENTUM VANGUARD PEBBLE 09486948 PA00 POLISHED ALUMINUM	\$1,570.63	\$15,706.30

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
100	2000	ADDITIONAL COMMONS SEATING		2	46642	JUXTA STOOL SEAT HEIGHT 25" 4 H GRADE D MOMENTUM VANGUARD PEBBLE 09486948 PA00 POLISHED ALUMINUM	\$1,570.63	\$3,141.26
102	2000	COORIDOR	KSL	4	1313T/NC	Sela Lounge Chair w/Tablet Arm,Non-Contrast /NFR Compliance to TB 117-2013 F Fabric Grade F LUMIERE LUMIERE /27.341.041.P PLUME /PNL Sela Tablet /LFT Left facing (right-handed when seated) /RA Removable arm (standard) /NTP No tablet hole cover Standard KI Laminates /LKM KENSINGTON MAPLE 10776-60 Core Wood finish-Core /MMA2 Kensington Maple on Maple /NMB No Moisture Barrier /SX Starlight Silver Metallic /GNY Nylon glides (black) /NAC No armcap	\$1,797.89	\$7,191.56
107	2000	COORIDOR	KMP	2	CMDGB24-73P	C-Table Max, 26" Fixed Height, Round, 24" worksurface, 73P edge /EKM Kensington Maple edge Standard KI Laminates /LKM KENSINGTON MAPLE 10776-60 /SX Starlight Silver Metallic	\$391.72	\$783.44
114	2000	ADDITIONAL COMMONS SEATING	KQS	6	SWNA	Strive High Density Armless Chair,Poly /SX Starlight Silver Metallic /NFR No Fire Retardant /PBL Black /H Polycarbonate glides	\$138.33	\$829.98

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
117	2000	COORIDOR		1	ETRND	Elbrook Round Table SIZE OPTION Modular HEIGHT Lounge DIAMETER 36 TOP SURFACE FINISH Textured Woodgrain HPL GROUP 2HAK: CLEAR OAK HPL TOP SURFACE FINISH Plastic - PG1 EDGE FINISH GROUP 6219 CLEAR OAK EDGE FINISH TEXTURED PAINT BASE FINISH GROUP 7243 SEAGULL BASE FINISH Wheels WHEEL OPTION	\$805.33	\$805.33
118	2000	COORIDOR		4	OBCUBB01	Cubb Armless Chair with Wood Legs CONFIGURATION Upholstered SEAT FINISH GROUP Foundation SEAT FINISH 5888: OREGANO FRAME FINISH GROUP TEXTURED PAINT FRAME FINISH 7243 SEAGULL LEG FINISH GROUP Wood LEG FINISH V3AK:RC/LS NATURAL (RAW) OAK	\$606.97	\$2,427.88
119	2000	COORIDOR		2	TS4WREC	28 1/2" H Working Height Rectangle SIZE OPTION Modular DEPTH 30 WIDTH 54 TOP FINISH GROUP Woodgrain LPL TOP FINISH 2LAK CLEAR OAK (LPL) BASE TYPE Column BASE FINISH GROUP Textured Paint BASE FINISH 7243: SEAGULL	\$686.83	\$1,373.66
Sub-total for							2000	\$49,811.11

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
2003 OFFICE								
30	2003	OFFICE	GUF	1	19WP23FF	22.62"d x 15"w x 27.62"h, FF, Angled Pull, 1900P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W417 C-Keyed For Lock #W417 ~STD Non-GSA (Commercial Furniture Offering)	\$268.25	\$268.25
31	2003	OFFICE	GUF	1	19WP23FF	22.62"d x 15"w x 27.62"h, FF, Angled Pull, 1900P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W418 C-Keyed For Lock #W418 ~STD Non-GSA (Commercial Furniture Offering)	\$268.25	\$268.25
48	2003	OFFICE	GCU	2	PLED50	23.5"w, LED Tasklight, PRODUCTIVITY SOLUTIONS ~STD Non-GSA (Commercial Furniture Offering)	\$292.40	\$584.80
60	2003	OFFICE	GCU	1	Z2430N	24"d x 30"w x 29.5"h, Connectable Tables w/Narrow End Panels on Both Sides, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finish CMB 2-Clear Maple CMB 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position RSG REMOVE CENTER GROMMET ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$311.42	\$311.42

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
63	2003	OFFICE	GCU	1	Z2442L	24"d x 42"w x 29.5"h, Connectable Tables, Left w/Full End Panel on Left, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57
68	2003	OFFICE	GCU	1	Z2442R	24"d x 42"w x 29.5"h, Connectable Tables, Right w/Full End Panel on Right, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57
71	2003	OFFICE	GCU	1	Z2448I	24"d x 48"w x 29.5"h, "D" Island with Monopost, Attaches to Front Edge of Worksurfaces, Attaching ~ Hardware Included, Not Freestanding, ZIRA ~ZTOP (STD) Thermally Fused Laminate, High Performance (1" Thick) CMB Zira Top Finish A3 1-Clear Maple CMB P1 F-1" Top, Standard Edge RSG M-4" Square, Tungsten TUN ~ REMOVE CENTER GROMMET ~STD Grommet/Electrical Not Required - Custom Grommet Location Non-GSA (Commercial Furniture Offering)	\$329.92	\$329.92

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
77	2003	OFFICE	GCU	1	Z30S36HN	15"d x 30"w x 35.5"h, Open Hutche w/Closed Back, 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finishes CMB 2-Clear Maple ~STD Non-GSA (Commercial Furniture Offering)	\$331.97	\$331.97
82	2003	OFFICE	GCU	1	Z42S36H	15"d x 42"w x 35.5"h, Closed Hutches w/Doors and 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finish CMB 2-Clear Maple CMB ~ Laminite Doors (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-418 C-Keyed for Lock #418 ~STD Non-GSA (Commercial Furniture Offering)	\$517.49	\$517.49
83	2003	OFFICE	GCU	1	Z42S36H	15"d x 42"w x 35.5"h, Closed Hutches w/Doors and 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finish CMB 2-Clear Maple CMB ~ Laminite Doors (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-417 C-Keyed for Lock #417 ~STD Non-GSA (Commercial Furniture Offering)	\$517.49	\$517.49
87	2003	OFFICE	GCU	2	ZTB4016	40"w x 15.75"h, Tackboards for Hutches, For Use on Z42S36H and Z42S36HN, Includes Mounting and Screws, ZIRA ~01 ~URBA Grade 01 UR13 Urban (Global) ~STD 1-Green Grass Non-GSA (Commercial Furniture Offering)	\$163.42	\$326.84

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
90	2003	OFFICE	GCU	2	ZVS20	11.8"d x 13.42"w x 19.5"h, Pigeon Hole Storage, Vertical, Use with 36"h Hutch, Used alone with a Hutch, ZIRA ~ZTOP CMB Zira Laminate Finishes BC 1-Clear Maple ~STD P-Brushed Cobalt Non-GSA (Commercial Furniture Offering)	\$186.03	\$372.06

126	2003	OFFICE		2	435A00	Steelcase Series 1; Chair-Task Back Finish Group 3D Microknit Back Finish 5T21:LICORICE Back Color Scheme Non-Contrasting Outer Back Outer Back Finish Group Plastic - PG1 Outer Back Finish 6205:BLACK Seat Finish Group Foundation Seat Finish 5875:BLACK Headrest Option No Headrest Coat Hanger No Coat Hanger Frame Finish Group Plastic - PG1 Frame Finish 6205:BLACK Color Scheme Black Arm Type Height,Width,Pivot,Depth Arm Cylinder Type Standard Range Base Type Plastic Base Base Finish Group Plastic - PG1 Base Finish 6205:BLACK Lumbar Option Adjustable Lumbar Caster or Glide Type Hard Casters Soil Retardant Option No Soil Retardant Sewn Upholstery Type Sewn	\$464.81	\$929.62
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Sub-total for							2003	\$5,503.25
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2004 BREAKROOM

21	2004	BREAKROOM	GSP	5	6508	SONIC, Armless Stacking Chair w/Polypropylene Seat and Back/4 Leg Base-Stacks 5 High w/o Dolly, ~DPLS GSP SEATING BLK Sonic Plastic Finish TTU 1-Black Plastic TUNGSTEN	\$170.10	\$850.50
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Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
46	2004	BREAKROOM	GCU	1	GCT6R	36"d x 72"w x 29"h, Rectangular Shape, 2 Leg Base, Self Edge, BOARDROOM TABLES ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~BTOP Boardroom Table Top Finishes CMB 1-Clear Maple ~BMBASE Boardroom Table Metal Base Finishes CHM 2-Chrome [CHM] ~ (STD) Table 1 Piece ~ Grommet/Electrical Not Required - Left Position ~ Grommet/Electrical Not Required - Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$723.04	\$723.04
Sub-total for							2004	\$1,573.54
2013 CLASSROOM								
1	2013	CLASSROOM	K12	24	D10A	Discover, 4L Chair, 18", A/B Shell 3 Nylon Glides 4 Titanium TN Titanium	\$52.57	\$1,261.68
4	2013	CLASSROOM	K12	1	D99A	Discover, 4L Swivel Stool, Adjustable 25"-33", A Shell 3 Nylon 4 Titanium TN Titanium	\$163.20	\$163.20
7	2013	CLASSROOM	K12	24	DSL-4AAP	Shape SD-Post Leg Kits, 22"-34" ADJ, 4PK, Glide 3 Nylon Glides 4 Titanium/Chrome	\$101.03	\$2,424.72

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
10	2013	CLASSROOM	K12	24	DST-EX2232E	Shape SD-Top, Expanse, 3/4" Core, Banded Flat Edge; Legs must be ordered separately. 0 Standard Laminates 7M Fusion Maple 4 Titanium ADJ Adjustable DSLP-4AAP 22" - 34" Table-Height Post Legs 3 Nylon Glides 4 Titanium/Chrome	\$82.29	\$1,974.96
41	2013	CLASSROOM	GCU	1	CNRU3060	Rectangular Tops-T-mold edging - 30D x 60W x 1H, CONNECTABLES ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~CTOP ConnectTABLES Top Finishes CMB 1-Clear Maple GR F-Grey ~ Grommet/Electric Not Required - Left Position ~ Grommet/Electric/Villa Not Required - Center Position ~ Grommet/Electric Not Required - Right Position ~ Grommet/Electric/Villa Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$325.81	\$325.81
43	2013	CLASSROOM	GCU	2	GCNTLEG30	26"w x 27.625"H, Single "T" Leg, Use w/ 30"d Tops, CONNECTABLES ~CLEG ConnectTABLES Legs CHM 1-Chrome [CHM] ~STD Non-GSA (Commercial Furniture Offering)	\$212.24	\$424.48
129	2013	CLASSROOM	WBB	1	TL6900-AC	Double Sided TFL: Traditional Lectern, (2) 16" Wings, 2 Drawers, 2 Doors, Deabolt Locks, Casters C Classic -94 Fusion Maple -94 Fusion Maple -94 Fusion Maple -94 Fusion Maple ~ No Selection	\$1,854.70	\$1,854.70
Sub-total for							2013	\$8,429.55

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
2014 COPY ROOM								
36	2014	COPY ROOM	GUF	2	9342P-351	18"d x 42"w x 40.5"h, 2 Door, 1 Fixed, 1 Adj Shelf, 9300P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W419 C-Keyed For Lock #W419 ~STD Non-GSA (Commercial Furniture Offering)	\$363.32	\$726.64
53	2014	COPY ROOM	GUF	2	T1842	18"d x 42"w x 1.13"h, Laminate Top for Metal Files, UNIVERSAL FILING ~LTOP Laminate File Top Finishes CMB 1-Clear Maple ~STD Non-GSA (Commercial Furniture Offering)	\$156.22	\$312.44
Sub-total for							2014	\$1,039.08
2018 CLASSROOM								
2	2018	CLASSROOM	K12	26	D10A	Discover, 4L Chair, 18", A/B Shell 3 Nylon Glides 4 Titanium TN Titanium	\$52.57	\$1,366.82
5	2018	CLASSROOM	K12	1	D99A	Discover, 4L Swivel Stool, Adjustable 25"-33", A Shell 3 Nylon 4 Titanium TN Titanium	\$163.20	\$163.20
8	2018	CLASSROOM	K12	26	DSL-4AAP	Shape SD-Post Leg Kits, 22"-34" ADJ, 4PK, Glide 3 Nylon Glides 4 Titanium/Chrome	\$101.03	\$2,626.78

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
11	2018	CLASSROOM	K12	26	DST-EX2232E	Shape SD-Top, Expanse, 3/4" Core, Banded Flat Edge; Legs must be ordered separately. 0 Standard Laminates 7M Fusion Maple 4 Titanium ADJ Adjustable DSLP-4AAP 22" - 34" Table-Height Post Legs 3 Nylon Glides 4 Titanium/Chrome	\$82.29	\$2,139.54
40	2018	CLASSROOM	GCU	1	CNRU3060	Rectangular Tops-T-mold edging - 30D x 60W x 1H, CONNECTABLES ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~CTOP ConnectTABLES Top Finishes CMB 1-Clear Maple GR F-Grey ~ Grommet/Electric Not Required - Left Position ~ Grommet/Electric/Villa Not Required - Center Position ~ Grommet/Electric Not Required - Right Position ~ Grommet/Electric/Villa Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$325.81	\$325.81
44	2018	CLASSROOM	GCU	2	GCNTLEG30	26"w x 27.625"H, Single "T" Leg, Use w/ 30"d Tops, CONNECTABLES ~CLEG ConnectTABLES Legs CHM 1-Chrome [CHM] ~STD Non-GSA (Commercial Furniture Offering)	\$212.24	\$424.48
130	2018	CLASSROOM	WBB	1	TL6900-AC	Double Sided TFL: Traditional Lectern, (2) 16" Wings, 2 Drawers, 2 Doors, Deabolt Locks, Casters C Classic -94 Fusion Maple -94 Fusion Maple -94 Fusion Maple -94 Fusion Maple ~ No Selection	\$1,854.70	\$1,854.70
Sub-total for							2018	\$8,901.33

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
2019 OFFICE								
26	2019	OFFICE	GUF	1	19WP23BBF	22.62"d x 15"w x 27.62"h, BBF, Angled Pull, 1900P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W420 C-Keyed For Lock #W420 ~STD Non-GSA (Commercial Furniture Offering)	\$268.25	\$268.25
28	2019	OFFICE	GUF	1	19WP23BBF	22.62"d x 15"w x 27.62"h, BBF, Angled Pull, 1900P SERIES, UNIVERSAL FILING ~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) ~GLO Global Standard Colors MOS 1-Moss MOS W421 C-Keyed For Lock #W421 ~STD Non-GSA (Commercial Furniture Offering)	\$268.25	\$268.25
49	2019	OFFICE	GCU	2	PLED50	23.5"w, LED Tasklight, PRODUCTIVITY SOLUTIONS ~STD Non-GSA (Commercial Furniture Offering)	\$292.40	\$584.80
61	2019	OFFICE	GCU	1	Z2430N	24"d x 30"w x 29.5"h, Connectable Tables w/Narrow End Panels on Both Sides, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position RSG REMOVE CENTER GROMMET ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$311.42	\$311.42

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
65	2019	OFFICE	GCU	1	Z2442L	24"d x 42"w x 29.5"h, Connectable Tables, Left w/Full End Panel on Left, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57
69	2019	OFFICE	GCU	1	Z2442R	24"d x 42"w x 29.5"h, Connectable Tables, Right w/Full End Panel on Right, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57
78	2019	OFFICE	GCU	1	Z30S36HN	15"d x 30"w x 35.5"h, Open Hutche w/Closed Back, 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finishes CMB 2-Clear Maple ~STD Non-GSA (Commercial Furniture Offering)	\$331.97	\$331.97

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
79	2019	OFFICE	GCU	1	Z42S36H	15"d x 42"w x 35.5"h, Closed Hutches w/Doors and 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finish CMB 2-Clear Maple CMB ~ Laminated Doors (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-421 C-Keyed for Lock #421 ~STD Non-GSA (Commercial Furniture Offering)	\$517.49	\$517.49
81	2019	OFFICE	GCU	1	Z42S36H	15"d x 42"w x 35.5"h, Closed Hutches w/Doors and 1 Fixed Shelf, ZIRA ~ZTOP Zira Top Finish CMB 1-Clear Maple CMB A3 F-1" Top, Standard Edge ~ZBASE Zira Storage Base Finish CMB 2-Clear Maple CMB ~ Laminated Doors (STD) ~HAN Handle Option (Required) HS P-Flared Handle - Silver K-420 C-Keyed for Lock #420 ~STD Non-GSA (Commercial Furniture Offering)	\$517.49	\$517.49
88	2019	OFFICE	GCU	2	ZTB4016	40"w x 15.75"h, Tackboards for Hutches, For Use on Z42S36H and Z42S36HN, Includes Mounting and Screws, ZIRA ~01 ~URBA Grade 01 UR13 Urban (Global) ~STD 1-Green Grass Non-GSA (Commercial Furniture Offering)	\$163.42	\$326.84
91	2019	OFFICE	GCU	2	ZVS20	11.8"d x 13.42"w x 19.5"h, Pigeon Hole Storage, Vertical, Use with 36"h Hutch, Used alone with a Hutch, ZIRA ~ZTOP CMB Zira Laminate Finishes BC 1-Clear Maple ~STD P-Brushed Cobalt Non-GSA (Commercial Furniture Offering)	\$186.03	\$372.06

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
124	2019	OFFICE		2	435A00	Steelcase Series 1; Chair-Task	\$464.81	\$929.62
						Back Finish Group 3D Microknit		
						Back Finish 5T21:LICORICE		
						Back Color Scheme Non-Contrasting Outer Back		
						Outer Back Finish Group Plastic - PG1		
						Outer Back Finish 6205:BLACK		
						Seat Finish Group Foundation		
						Seat Finish 5875:BLACK		
						Headrest Option No Headrest		
						Coat Hanger No Coat Hanger		
						Frame Finish Group Plastic - PG1		
						Frame Finish 6205:BLACK		
						Color Scheme Black		
						Arm Type Height,Width,Pivot,Depth Arm		
						Cylinder Type Standard Range		
						Base Type Plastic Base		
						Base Finish Group Plastic - PG1		
						Base Finish 6205:BLACK		
						Lumbar Option Adjustable Lumbar		
						Caster or Glide Type Hard Casters		
						Soil Retardant Option No Soil Retardant		
						Sewn Upholstery Type Sewn		

Sub-total for 2019 \$5,173.33

2020 OFFICE

27	2020	OFFICE	GUF	1	19WP23BBF	22.62"d x 15"w x 27.62"h, BBF, Angled Pull, 1900P SERIES, UNIVERSAL FILING	\$268.25	\$268.25
						~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes)		
						~GLO Global Standard Colors		
						MOS 1-Moss MOS		
						W423 C-Keyed For Lock #W423		
						~STD Non-GSA (Commercial Furniture Offering)		
29	2020	OFFICE	GUF	1	19WP23BBF	22.62"d x 15"w x 27.62"h, BBF, Angled Pull, 1900P SERIES, UNIVERSAL FILING	\$268.25	\$268.25
						~STD Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes)		
						~GLO Global Standard Colors		
						MOS 1-Moss MOS		
						W422 C-Keyed For Lock #W422		
						~STD Non-GSA (Commercial Furniture Offering)		

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
38	2020	OFFICE	GUF	1	93BC30-2	13"d x 30"w x 28.19"h, 2 High Metal Boockase, 1 Adjustable Shelf, METAL BOOKCASES, UNIVERSAL FILING ~STD ~GLO Metal File Case & Storage Front Paint Finishes (Global Standard Paint Finishes) MOS Global Standard Colors 1-Moss MOS	\$170.10	\$170.10
62	2020	OFFICE	GCU	1	Z2430N	24"d x 30"w x 29.5"h, Connectable Tables w/Narrow End Panels on Both Sides, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position RSG REMOVE CENTER GROMMET ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$311.42	\$311.42
64	2020	OFFICE	GCU	1	Z2442L	24"d x 42"w x 29.5"h, Connectable Tables, Left w/Full End Panel on Left, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
67	2020	OFFICE	GCU	1	Z2442R	24"d x 42"w x 29.5"h, Connectable Tables, Right w/Full End Panel on Right, ZIRA ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~ZTOP Zira Top Finishes CMB 1-Clear Maple A3 F-1" Top, Standard Edge ~ZCHASS Zira Chassis Finishes CMB 2-Clear Maple 3MP M-3/4 Modesty Panel (10" A.F.F) ~ Grommet/Electrical Not Required - Left Position ~ Grommet Cover (Black), Cut-Out 3.25" x 1.875" - (STD) Center Position ~ Grommet/Electrical Not Required - Right Position ~ Grommet/Electrical Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$372.57	\$372.57
72	2020	OFFICE	GCU	1	Z2448I	24"d x 48"w x 29.5"h, "D" Island with Monopost, Attaches to Front Edge of Worksurfaces, Attaching ~ Hardware Included, Not Freestanding, ZIRA ~ZTOP (STD) Thermally Fused Laminate, High Performance (1" Thick) CMB Zira Top Finish A3 1-Clear Maple CMB P1 F-1" Top, Standard Edge RSG M-4" Square, Tungsten TUN ~ REMOVE CENTER GROMMET ~STD Grommet/Electrical Not Required - Custom Grommet Location Non-GSA (Commercial Furniture Offering)	\$329.92	\$329.92

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
125	2020	OFFICE		2	435A00	Steelcase Series 1; Chair-Task	\$464.81	\$929.62
						Back Finish Group 3D Microknit		
						Back Finish 5T21:LICORICE		
						Back Color Scheme Non-Contrasting Outer Back		
						Outer Back Finish Group Plastic - PG1		
						Outer Back Finish 6205:BLACK		
						Seat Finish Group Foundation		
						Seat Finish 5875:BLACK		
						Headrest Option No Headrest		
						Coat Hanger No Coat Hanger		
						Frame Finish Group Plastic - PG1		
						Frame Finish 6205:BLACK		
						Color Scheme Black		
						Arm Type Height,Width,Pivot,Depth Arm		
						Cylinder Type Standard Range		
						Base Type Plastic Base		
						Base Finish Group Plastic - PG1		
						Base Finish 6205:BLACK		
						Lumbar Option Adjustable Lumbar		
						Caster or Glide Type Hard Casters		
						Soil Retardant Option No Soil Retardant		
						Sewn Upholstery Type Sewn		

Sub-total for 2020 \$3,022.70

2021 CLASSROOM

3	2021	CLASSROOM	K12	24	D10A	Discover, 4L Chair, 18", A/B Shell	\$52.57	\$1,261.68
						3 Nylon Glides		
						4 Titanium		
						TN Titanium		
6	2021	CLASSROOM	K12	1	D99A	Discover, 4L Swivel Stool, Adjustable 25"-33", A Shell	\$163.20	\$163.20
						3 Nylon		
						4 Titanium		
						TN Titanium		
9	2021	CLASSROOM	K12	24	DSL-4AAP	Shape SD-Post Leg Kits, 22"-34" ADJ, 4PK, Glide	\$101.03	\$2,424.72
						3 Nylon Glides		
						4 Titanium/Chrome		

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell
12	2021	CLASSROOM	K12	24	DST-EX2232E	Shape SD-Top, Expanse, 3/4" Core, Banded Flat Edge; Legs must be ordered separately. 0 Standard Laminates 7M Fusion Maple 4 Titanium ADJ Adjustable DSLP-4AAP 22" - 34" Table-Height Post Legs 3 Nylon Glides 4 Titanium/Chrome	\$82.29	\$1,974.96
39	2021	CLASSROOM	GCU	1	CNRU3060	Rectangular Tops-T-mold edging - 30D x 60W x 1H, CONNECTABLES ~ (STD) Thermally Fused Laminate, High Performance (1" Thick) ~CTOP ConnectTABLES Top Finishes CMB 1-Clear Maple GR F-Grey ~ Grommet/Electric Not Required - Left Position ~ Grommet/Electric/Villa Not Required - Center Position ~ Grommet/Electric Not Required - Right Position ~ Grommet/Electric/Villa Not Required - Custom Grommet Location ~STD Non-GSA (Commercial Furniture Offering)	\$325.81	\$325.81
42	2021	CLASSROOM	GCU	2	GCNTLEG30	26"w x 27.625"H, Single "T" Leg, Use w/ 30"d Tops, CONNECTABLES ~CLEG ConnectTABLES Legs CHM 1-Chrome [CHM] ~STD Non-GSA (Commercial Furniture Offering)	\$212.24	\$424.48
131	2021	CLASSROOM	WBB	1	TL6900-AC	Double Sided TFL: Traditional Lectern, (2) 16" Wings, 2 Drawers, 2 Doors, Deabolt Locks, Casters C Classic -94 Fusion Maple -94 Fusion Maple -94 Fusion Maple -94 Fusion Maple ~ No Selection	\$1,854.70	\$1,854.70
Sub-total for							2021	\$8,429.55

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell	
2022 CONFERENCE									
20	2022	CONFERENCE	GUS	18	1906	ROMA, Mesh Back, Medium Back, Std Fixed Arms, Std Molded Black Base, Std 2" Dual Wheel Carpet Casters, GLOBAL SEATING USA M-MB ~02 M-Midnight Black, Mesh Back MB ~RELS Grade 02 RL36 Release (Global) RF 1-Navy BK A-(STD) Fixed Arms BLA F-Black TBL C1 M-(STD) Molded Black Base BLK PK C-(STD) Black, 2" Dual-Wheel Caster M-(STD) RTA Code in Pricebook per Model	\$508.75	\$9,157.50	
50	2022	CONFERENCE	GCU	3	PMSPDM	Worksurface power/data module. 2 power/2 data receptacles. See Pricebook for Cutout Code, PRODUCTIVITY SOLUTIONS ~STD Non-GSA (Commercial Furniture Offering)	\$169.58	\$508.74	
84	2022	CONFERENCE	GCU	1	Z48216RTE	48"d x 216"w x 30"h, Racetrack Boardroom Table, Top is 3 Pieces, Includes 4 Bases w/ Wire Access ~ Doors and Wire Concealment Between Bases, ZIRA ~ZTOP (STD) Thermally Fused Laminate, High Performance (1.5" Thick) CMB Zira Top Finishes C3 1-Clear Maple ~ZBASE F-1.5" Top, Standard Edge CMB Zira Laminate Outer Base Finishes BRC 2-Clear Maple ~POS1 M-Brushed Cobalt, Inner Base Trim E1 Grommet/Electrical Options - Left Position ~POS2 M-Power Cut-Out (Spec PMSPDM Sep.) E2 Grommet/Electrical Options - Center Position ~POS3 M-Power Cut-Out (Spec PMSPDM Sep.) E3 Grommet/Electrical Options - Right Position ~ M-Power Cut-Out (Spec PMSPDM Sep.) ~STD Grommet/Electrical Not Required - Custom Grommet Location Non-GSA (Commercial Furniture Offering)	\$5,273.53	\$5,273.53	
							Sub-total for	2022	\$14,939.77
XXF									
135	XXF			1	LOT	FREIGHT	\$4,500.00	\$4,500.00	

Item	Room #	Room Name	Mfg.	Qty.	Part #	Product	Sell	Ext. Sell	
							Sub-total for	XXF	\$4,500.00
								XXI	
141	XXI			1	LOT	INSTALLATION	\$23,200.00	\$23,200.00	
							Sub-total for	XXI	\$23,200.00

Total Sell \$201,007.84

PRICING IS GOOD FOR 30 DAYS

RETURNS AND REFUNDS
 ALL PRODUCT IS CUSTOM ORDERED TO MEET
 SPECIFIC BUYER NEEDS AND CANNOT BE
 RETURNED.

A 2% PROCESSING FEE WILL BE ADDED TO ALL
 ORDERS WHEN PAID WITH CREDIT CARD.

5.4 SEX EDUCATION WAIVER

Memorandum To:	Windsor Charter Academy Executive Board
From:	Dr. Rebecca Teeples, Executive Director
Date:	January 19, 2024
Re:	Sex Education Waiver
Agenda Item:	5.2
Pertinent Background Information:	The state waiver must be approved by the Executive Board and Weld RE-4 Board to be considered by the State. The replacement plan outlines how Windsor Charter Academy addresses sex education in the classrooms at the elementary, middle and high school.
Financial Considerations:	NA
Recommendation(s):	It is the recommendation to the Executive Board to approve the sex education waiver.
Attachments:	Sex Education Waiver

Waiver Request

22-1-128, CRS. Comprehensive Human Sexuality Education

Specifies how, when, and content for human sexuality education to be taught in all grade levels.

Rationale: Windsor Charter Academy is granted the authority to determine the educational program for the school through an automatic waiver of C.R.S. § 22-32-109(1)(t). Consistent with this waiver, Windsor Charter Academy should have the authority to establish and maintain appropriate standards for the education program, texts, and materials acceptable in its school in accordance with the Charter School Contract.

Replacement Plan: Windsor Charter Academy offers a broad curriculum that meets the Colorado Academic Standards for Comprehensive Health and Physical Education, to include the sub-standards: Physical and Personal Wellness, Emotional and Social Wellness, and Prevention and Risk Management. Windsor Charter Academy will include appropriate instruction on human anatomy and reproduction.

Duration of the Waiver: Windsor Charter Academy requests that this waiver be for the duration of its contract with Weld RE-4.

Financial Impact: The requested waivers will have no financial impact on Weld RE-4 or Windsor Charter Academy.

How the Impact of the Waiver Will be Evaluated: The impact of this waiver will be measured by the performance criteria and assessments that apply to Windsor Charter Academy, as set forth in the Charter School Agreement.

Expected Outcome: As a result of this waiver, Windsor Charter Academy will experience an enhanced educational program by being able to administer the school program keeping with the philosophy and mission as stated in the Charter School Agreement and executing the curricular autonomy it is guaranteed.

Replacement Plan

Comprehensive Human Sexuality Education Scope & Sequence

Elementary School			
Level	Standards	Evidence Outcomes	Materials
5th Grade	<p>5.2.2 Explain the structure, function and major parts of the human reproductive system.</p>	<p>a. Summarize the anatomy of the reproductive system, including functions of the male and female reproductive systems.</p> <p>b. Describe the purpose of the menstrual cycle and its relationship to fertilization.</p> <p>c. Explain that after fertilization, cells divide to create an embryo and then a fetus that grows and develops inside the uterus during pregnancy.</p>	<p>5th Grade Guide</p>
	<p>5.2.3 Describe the physical, social, and emotional changes that occur at puberty.</p>	<p>a. Discuss why puberty begins and ends at different ages for different people, and that variance is considered normal.</p> <p>b. Identify how personal hygiene practices can impact health and safety during puberty.</p> <p>c. Determine factors that influence the purchase of health care products and the use of personal hygiene practices.</p> <p>d. Discuss how changes during puberty affect thoughts, emotions, growth patterns, and behaviors.</p>	
Middle School			
Level	Standards	Evidence Outcomes	Materials

6th Grade	6.2.2 Identify valid and reliable resources regarding qualities of healthy family and peer relationships	<ul style="list-style-type: none"> a. Describe the benefits of healthy relationships. b. Describe how peer and family relationships may change during adolescence. c. Determine valid and reliable resources that enhance healthy relationships. 	Lesson 14.1 Lesson 14.2 Lesson 14.3
	6.2.3 Comprehend the relationship between feelings and actions during adolescence	<ul style="list-style-type: none"> a. Identify sexual feelings common to young adolescents, and differentiate between having sexual feelings and acting on them. b. Discuss possible physical, social, and emotional impacts of adolescent sexual activity. c. Describe the need to have clear expectations, boundaries, and personal safety strategies. 	Peer Relationships Presentation
7th Grade	7.2.2 Compare and contrast healthy and unhealthy family and peer relationships.	<ul style="list-style-type: none"> a. Evaluate the characteristics of healthy relationships, including dating, and discuss factors that support and sustain them. b. Explain the purpose of friendship and describe how friends can support one another in making healthy decisions. c. Demonstrate effective strategies for dealing with difficult relationships with family members, peers, and boyfriends or girlfriends 	Lesson 14.4 <ul style="list-style-type: none"> • Healthy Relationships Presentation • Dating Graphic Organizer • Hands-on activity
	7.2.3 Analyze the internal and external factors that influence sexual decision-making and activity	<ul style="list-style-type: none"> a. Describe a variety of external influences such as parents, the media, culture, peers, and society that affect sexual decision-making and sexual activity. b. Describe how internal influences such as curiosity, hormones, interests, desires, fears, 	<ul style="list-style-type: none"> • Sexually Transmitted Infections Presentation,

		<p>and feelings affect sexual decision-making and activity.</p> <p>c. Describe how personal, peer, and family values and beliefs influence decisions about sexual and reproductive health.</p> <p>d. Analyze the discrepancies between perceived and actual sexual activity and how the information influences your sexual decision-making.</p> <p>e. Develop strategies that advocate for healthy sexual boundaries and decision-making.</p>	
	<p>7.2.4 Define sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS).</p>	<p>a. Describe the effects of HIV infection on the body.</p> <p>b. Explain how HIV is and is not contracted.</p> <p>c. Define common STDs. d. Explain how certain behaviors put a person at higher risk of contracting STDs.</p>	<ul style="list-style-type: none"> • Sexually Transmitted Infections Presentation <p>Lesson 11.2</p> <ul style="list-style-type: none"> • Graphic Organizer <p>Lesson 11.3</p> <ul style="list-style-type: none"> • How STDs Spread
8th Grade	<p>8.2.2 Describe the physical, emotional, mental, and social benefits of sexual abstinence, and develop strategies to resist pressures to become sexually active.</p>	<p>a. Demonstrate the ability to anticipate and minimize exposure to situations that pose a risk to sexual health.</p> <p>b. Demonstrate verbal and nonverbal ways to refuse pressure to engage in unwanted verbal, physical, and sexual activity and advances.</p> <p>c. Define sexual consent and explain why individuals have the right to refuse sexual contact.</p> <p>d. Seek support to be sexually abstinent.</p> <p>e. Develop personal standards for dating situations.</p>	<p>Lesson 18.3</p> <ul style="list-style-type: none"> • Case Study • Graphic Organizer • Consent video
	<p>8.2.3 Analyze how certain behaviors place one at greater risk for HIV/AIDS, sexually transmitted</p>	<p>a. Explain the benefits and effectiveness of abstinence in preventing HIV, STDs, and unintended pregnancy.</p>	<ul style="list-style-type: none"> • Sexually Transmitted Infections Presentation • Unwanted Sexual Activity & Pregnancy Prevention Presentation

<p>of diseases (STDs), and unintended pregnancy.</p>	<p>b. Explain the benefits effectiveness and potential side effects of contraceptives in reducing the risk of HIV, other STDs, and unintended pregnancy.</p> <p>c. Describe the risk relationship between using alcohol and other drugs and sexual activity.</p> <p>d. Demonstrate peer resistance skills and personal boundary behavior.</p> <p>e. Examine how healthy relationships can impact one's risk for avoiding STDs.</p>	
<p>8.2.4 Describe the signs and symptoms of HIV/AIDS and other sexually transmitted diseases (STDs)</p>	<p>a. Describe the signs, symptoms, and transmission of common STDs, including HIV, HPV, and chlamydia.</p> <p>b. Explain that some STDs are asymptomatic.</p> <p>c. Summarize which STDs can be cured, prevented by vaccine, and treated.</p>	<ul style="list-style-type: none"> • Sexually Transmitted Infections Presentation
<p>8.3.1 Access valid and reliable school and community resources to help with mental and emotional health concerns.</p>	<p>a. Explain why getting help for mental and emotional health problems is appropriate and sometimes necessary.</p> <p>b. Understand that stereotypes exist about mental and emotional problems, and those stereotypes can influence a person's desire to seek help.</p> <p>c. Explain when it is necessary and how to seek help for mental and emotional health problems: such as depression, anxiety, self-harm and suicidal ideations, and mood, eating, and sleep disorders.</p> <p>d. Determine valid and reliable mental and</p>	<p>Lesson 5.1 & 5.2</p>

		emotional health resources.	
High School			
Level	Standards	Evidence Outcomes	Materials
HS	<p>2.4 Use a decision-making process to make healthy decisions about relationships and sexual health.</p>	<p>a. Differentiate the characteristics of unhealthy and healthy relationships (e.g., dating, committed relationships, marriage, and family).</p> <p>b. Analyze the possible emotional, mental, social, and physical consequences of early sexual activity.</p> <p>c. Analyze the possible emotional, mental, social, and physical benefits for delaying sexual activity.</p> <p>d. Describe how a person can choose to abstain from sexual activity at any point in time, even after having engaged in prior sexual activity.</p> <p>e. Analyze factors that influence the choice, use, and effectiveness of contraception, including the availability of contraceptive methods.</p> <p>f. Compare the difference between risk avoidance, risk reduction, and strategies one can utilize for each as it relates to STDs and pregnancy.</p> <p>g. Analyze when it is necessary to seek help with or leave an unhealthy situation.</p> <p>h. Analyze the risks of sharing personal information through modern technology.</p> <p>i. Evaluate how HIV/AIDS and other sexually transmitted diseases (STDs) or pregnancy could impact life goals.</p>	<p>Health Curriculum Map</p> <p>Unit 5</p> <ul style="list-style-type: none"> • Consent • Contraception • STDs • Parenthood and Online Safety

		<ul style="list-style-type: none"> j. Examine the responsibilities of parenthood. k. Appraise internal and external influences and pressures to become sexually active, and demonstrate strategies to resist those pressures. l. Identify what qualifies as clear consent for sexual activity. 	
	<p>2.5 Support others in making positive and healthful choices about sexual activity.</p>	<ul style="list-style-type: none"> a. Demonstrate ways to encourage friends to remain sexually abstinent or return to abstinence if sexually active. b. Examine the benefits of avoiding or reducing the risk of unwanted pregnancy and sexually transmitted diseases, including HIV. c. Communicate the importance of HIV and sexually transmitted disease (STD) testing and counseling to those who are sexually active. 	

Grade-Level Resources

FIFTH GRADE

Day 1	<ul style="list-style-type: none"> ● Review of past body systems that have been reviewed—digestive, endocrine, muscular, etc. ● Discussion on changing bodies with puberty ● Define puberty: the period during which adolescents reach maturity and become capable of reproduction ● View and discuss information from the video on changing and growing bodies 				
Day 2	<ul style="list-style-type: none"> ● Review of prior lesson ● View and discuss information from the video on the endocrine system ● Discussion on Puberty is signaled by hormones ● Hormones are the chemicals that our endocrine glands secrete to signal changes ● The pituitary gland is in charge of signaling the glands to secrete hormones <ul style="list-style-type: none"> ○ Growth hormones (secreted by the brain) signal bones and muscles to grow ○ Insulin (secreted by the pancreas) is a hormone that signals our body to store sugar ○ Adrenaline (secreted by adrenal glands) increases energy when you're in danger ○ Estrogen and Testosterone are the hormones secreted at puberty that cause changes in our bodies <ul style="list-style-type: none"> ▪ Girls secrete Estrogen from ovaries ▪ Boys secrete Testosterone from testes ▪ Puberty changes activity: outline ways girls' and boys' bodies change during puberty <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center; padding: 5px;">Girls</th> <th style="width: 50%; text-align: center; padding: 5px;">Boys</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> More Hair – Under arms, pubic area, legs Breasts Grow Grow Taller Body Odor Pimples Oily Skin/Hair </td> <td style="padding: 5px;"> More Hair – Under arms, pubic area, legs Penis/Testicles grow larger and longer </td> </tr> </tbody> </table> 	Girls	Boys	More Hair – Under arms, pubic area, legs Breasts Grow Grow Taller Body Odor Pimples Oily Skin/Hair	More Hair – Under arms, pubic area, legs Penis/Testicles grow larger and longer
Girls	Boys				
More Hair – Under arms, pubic area, legs Breasts Grow Grow Taller Body Odor Pimples Oily Skin/Hair	More Hair – Under arms, pubic area, legs Penis/Testicles grow larger and longer				
Day 3	<p>Anatomy and Life Cycle</p> <ul style="list-style-type: none"> ● Review definitions <ul style="list-style-type: none"> ○ Ovary - Eggs (Ova) and estrogen are produced in the ovaries. Once females go through puberty, 1 egg is released (ovulated) per 28 days until menopause at age 40-50. ○ Fallopian Tube - Carries the egg to the uterus. A place where fertilization occurs. If fertilized by the sperm, the egg implants into the lining of the Uterus and develops into a fetus. ○ Uterus - Organ that will house the developing fetus, and that contracts during birth to pass the baby through the vagina at birth. ○ Endometrium - Spongy, blood-filled tissue that lines the uterus and nourishes a developing embryo. Discharged during menstruation. ○ Cervix - A cartilage tissue that separates the cervix and vagina. If unfertilized, the egg and Endometrium are shed through the Cervix and out of the Vagina. ○ Vagina - Carries menstrual blood out of the body once per month during the menstrual period. Also, the point where sperm are deposited. ○ Rectum - Tube leading from intestines and colon, where fecal matter is discharged. ○ Scrotum - Skin sack that holds the testes and helps control temperature. 				

	<ul style="list-style-type: none"> ○ Urethra - Separate tube that carries urine from the bladder out of the body; Carries sperm through the Penis and out of the body. Also carries urine from the bladder out of the body. ○ Testes - Produce sperm and testosterone. ○ Epididymis - Located in the testes, a place where sperm mature. ○ Semen - A white fluid that contains sperm and fluid. ○ Foreskin - Skin that covers the end of the penis. Some boys are circumcised at birth to remove the foreskin. ● Review anatomy and life cycle of eggs and sperm, explaining why changes happen ● Birth video ● Discuss that conception means fertilization of egg ● Discuss the following questions <ul style="list-style-type: none"> ○ Where does the egg get fertilized? Fallopian Tubes ○ Where does the baby develop? Uterus ○ When does the heartbeat develop? 4 weeks ○ How long does it take for the baby to fully develop? 38-40 weeks (9-10 months)
Day 4	<p>Female Discussion</p> <ul style="list-style-type: none"> ● Sweat Glands <ul style="list-style-type: none"> ○ Apocrine Glands start working during puberty. The sweat they produce mix with bacteria on the skin and causes Body Odor ○ Many apocrine glands under the arms ○ Shower every day, and use soap and deodorant ○ Oil + Sweat + Bacteria = zits and BO ● Breast Development <ul style="list-style-type: none"> ○ May be sore when developing ○ When breast buds start developing, should start wearing a bra ● Menstrual Cycle <ul style="list-style-type: none"> ○ Exciting time! ○ About every 28 days, lasts about 5 days ○ Can do everything normally during your period ○ Be prepared with a backpack kit - underwear, pad, panty-liner ○ What if you get your period at school? <ul style="list-style-type: none"> ▪ ALL teachers will understand if you say you need to use the restroom for a personal issue ○ What if it gets on your clothes? ○ What does a pad look like, and how do you use it? <ul style="list-style-type: none"> ▪ How to properly dispose of ○ What is a tampon, and how do you use it? ○ Cramps <ul style="list-style-type: none"> ▪ Happens when the uterus is shedding the lining, or sometimes when the egg is traveling down the fallopian tubes ▪ May take ibuprofen or use heat packs ▪ Better to exercise - helps stop cramping ○ PMS <ul style="list-style-type: none"> ▪ Premenstrual Syndrome ▪ Real diagnosis! ▪ Hormones are out of control during this time and you have heightened emotions ▪ BOYS - Never use this as a way to tease! <p>Male Discussion</p> <ul style="list-style-type: none"> ● Cracking Voice ● Sweat Glands <ul style="list-style-type: none"> ○ Apocrine Glands start working during puberty. The sweat they produce mixes with bacteria on the skin and causes Body Odor ○ Many apocrine glands under the arms

	<ul style="list-style-type: none"> o Shower every day, use soap and deodorant o Oil + Sweat + Bacteria = zits and BO • Erections <ul style="list-style-type: none"> o Penis is made of corpus spongiosum - sponge anatomy. Brain stimulation allows more blood to go into the penis, causing the tissue to be erect. o Sometimes happens for no apparent reason at all. <ul style="list-style-type: none"> ▪ As you start to mature, any brain stimulation can trigger an erection. ▪ It's a normal process! • Nocturnal Emissions <ul style="list-style-type: none"> o Also called "Wet Dreams" <ul style="list-style-type: none"> ▪ Penis will become erect and ejaculate in sleep ▪ Don't be surprised if you wake up with wet clothing or blankets, this is completely normal! • Circumcision <ul style="list-style-type: none"> o Males are born with foreskin - skin that covers the end of the penis o Many boys in our culture are circumcised right after they are born. Which means the extra skin around the end of the penis is removed. <ul style="list-style-type: none"> ▪ Circumcisions are due to religious/cultural reasons o Not uncommon for boys to remain uncircumcised. <ul style="list-style-type: none"> ▪ No difference in the function of the penis ▪ Foreskin gets pulled down when urinating or when erect • Emotions <ul style="list-style-type: none"> o Males may experience a form of PMS also. o Emotions/feelings may be different during a certain time of the month
Day 5	Review and Q & A

Lesson 14.1

What Is a Healthy Relationship?

Key Terms

interpersonal skills abilities that help people communicate and relate in positive ways with others

communication process exchange of messages and responses between two or more people

feedback constructive response to a message to communicate that it was received and understood

verbal communication use of words to send a spoken or written message

nonverbal communication sending of messages through facial expressions, body language, gestures, tone and volume of voice, and other signals that do not involve the content of words

active listening way of paying attention to spoken messages with the goal of understanding the message and the speaker's feelings about it

peer mediation process in which specially trained students work with other students to resolve conflicts

Learning Outcomes

After studying this lesson, you will be able to

- **discuss** the importance of relationships for physical, emotional, and social health.
- **identify** the characteristics of a healthy relationship.
- **identify** signs of an unhealthy relationship.
- **explain** how to communicate effectively with others.
- **summarize** the process of negotiation to resolve conflicts.
- **describe** the purpose of peer mediation.

Graphic Organizer


Visualizing Relationships

Before reading this lesson, skim the main headings and write each main heading in a different color on a separate piece of paper. As you read the lesson, take notes in the color you chose for each main heading, as shown below.

After you finish taking notes for each section, draw a small illustration next to the section that will help you remember what you learned.



Alex Staroseltsev/Shutterstock.com

<u>The Importance of Relationships</u>	<u>Communication Skills</u>
<p>Family relationships meet basic human needs</p> 	
<u>Healthy Versus Unhealthy Relationships</u>	<u>Conflict Resolution Skills</u>

Jemastock/Shutterstock.com

Relationships are an important part of every person's life, and as you grow up, you will form and maintain new types of relationships. For example, Kai is in eighth grade and is a very social person. For as long as he can remember, he has been close with his parents. He enjoys playing sports and video games with his younger brother. Since he started middle school, Kai has made many new friends. This year, he even likes a girl at school. Some of Kai's peers have stopped talking to their friends and lost friendships because of conflict. Kai does not want this to happen to him and his friends. Kai understands that his relationships are important to his health and well-being.

The Importance of Relationships

People live in social groups and have many relationships with other people. Most people live in families and have friends. Children and young people have relationships with other students, teachers, and adults. Adults have relationships with coworkers and members of groups to which they belong. All of these relationships help contribute to a person's health and well-being (Figure 14.1).

Some relationships meet basic human needs. Most of these relationships are in families, which are responsible for meeting the needs of members. Other relationships, however, also play a crucial role in your physical health.



Figure 14.1
All of your relationships impact your well-being. As you grow up, you will have more types of relationships and will get to know more diverse people. **Which type of relationship is responsible for meeting the needs of members?**

Center: LightField Studios/Shutterstock.com; Clockwise from top left: Africa Studio/Shutterstock.com; Monkey Business Images/Shutterstock.com; Diego Cervo/Shutterstock.com; Billian Photos/Shutterstock.com

Researchers have found that people with good social support are less likely to get sick than people who lack social support. People with good social support also tend to recover from illnesses faster and even live longer. Relationships filled with tension and conflict can have the opposite effects on health.

Relationships also meet the need to belong to a group and to feel connected with and loved by other people. Relationships impact you emotionally. A smile or a compliment from a friend or a classmate can lift your spirits. An argument with a sibling can make you feel angry or sad. Relationships allow you to learn more about yourself, receive and provide emotional support, and gain skills for communicating and resolving conflicts.

Different relationships satisfy different needs. When you were younger, most of your relationships were probably in your family. As you grow up, however, your social world is expanding to include other relationships, such as those with peers, teachers, and even dating partners.

Healthy Versus Unhealthy Relationships

The impact of relationships depends on how healthy the relationships are (Figure 14.2). For example, in healthy relationships, people receive support from family and friends when they go through times of crises. This support helps give people the strength they need to recover from the challenges they face. People in unhealthy relationships often do not receive the support they need. In turn, this can result in experiencing more physical, mental, and emotional problems than people in healthy relationships. Healthy relationships can improve all aspects of health and wellness.

Figure 14.2

A person with healthy relationships will experience more positive emotions and fewer negative emotions than a person with unhealthy relationships.

The infographic is titled "The Impact of a Relationship" and is set against a light blue background. On the left, there is a stylized orange sun icon. On the right, there is a red prohibition sign (a circle with a diagonal slash). The central content is divided into two columns by a vertical line. The left column is headed "In a healthy relationship, you will feel" and lists ten positive emotions. The right column is headed "In an unhealthy relationship, you will feel" and lists ten negative emotions.

In a healthy relationship, you will feel	In an unhealthy relationship, you will feel
• secure	• anxious
• loved	• angry
• safe	• sad
• free to be yourself	• resentful
• valued	• pressured
• acknowledged	• used
• understood	• ignored
• confident	• unsafe

As you form new relationships, you can ensure your own health by building *healthy relationships*. Healthy relationships have the following important characteristics:

- **Honesty.** Honesty means telling the truth about what you have done, what you want, and how you feel.
- **Trust.** Trust is believing that another person is not going to do or say something to hurt you.
- **Mutual respect.** Respect is knowing that each person has worth as a human being and has a right to have his or her feelings and desires recognized. Respect should be *mutual*, or go both ways.
- **Care and commitment.** You demonstrate care and commitment when you show concern for another person and work to make the relationship better.
- **Emotional control.** Controlling your emotions is an important part of building a healthy relationship. For example, controlling your anger can help you work through conflict in a positive way (Figure 14.3).
- **Understanding.** When you show understanding, you acknowledge and relate to the feelings and thoughts of another person.
- **Good interpersonal skills.** **Interpersonal skills** are abilities that help people communicate and resolve conflicts in positive ways. Healthy relationships are built using interpersonal skills.

Paying attention to these characteristics can help you build and maintain healthy relationships. If a relationship does not have these characteristics, it is unhealthy and needs to change (Figure 14.4).



eakkaluktenwanich/Shutterstock.com

Figure 14.3 Pausing and taking deep breaths can help you control anger in a relationship, which enables you to work through conflicts in a positive way. *Which skills help people communicate and resolve conflicts in positive ways?*



Signs of an Unhealthy Relationship

- You feel used, ignored, and unappreciated.
- One person is more interested in maintaining the relationship than the other person.
- You are subjected to angry outbursts.
- You feel you cannot say anything right.
- You and the other person are constantly fighting.
- You are made fun of or threatened.
- The other person is extremely jealous of you.
- The other person tells you to stay away from friends or family.
- The other person raises a hand as if to hit you.
- The other person has been violent toward you.
- You are being pressured to engage in activities that make you uncomfortable.

Katya Shut/Shutterstock.com

Figure 14.4 Some people may have trouble seeing the signs of an unhealthy relationship. This is especially true for people raised in environments without respect, kindness, or trust.

If a person in the relationship is not willing to invest in making the relationship better, the relationship may need to end. To build healthy relationships with others, you need to have good communication skills and conflict resolution skills.

Communication Skills

Effective communication is perhaps the most important part of a healthy relationship. The **communication process** involves the exchange of messages and responses between two or more people. Effective communication happens when the receiver understands the message and sends **feedback**—a constructive response—to communicate to the sender that the message was received and understood (Figure 14.5). The communication process continues with the further exchange of messages. Two types of communication are used to send messages: verbal and nonverbal communication.

Verbal Communication

Verbal communication involves the use of words to send a spoken or written message. You use verbal communication all the time—through everyday conversation, text messages, phone calls, e-mails, social media posts, letters, and notes. For example, telling a parent or guardian you will be home at a certain time is a form of verbal communication. Sending a text message to tell your parent or guardian when you do get home is another.

Figure 14.5
The communication process involves sending a message, such as a thought, idea, feeling, or information, to another person, called the receiver. **What is the term for a constructive response to a communicated message?**



CREATISTA/Shutterstock.com

Nonverbal Communication

In many situations, communication involves more than just words. **Nonverbal communication** involves sending messages through facial expressions, body language, gestures, tone and volume of voice, and other signals that do not involve the content of words. Your nonverbal communication shows people whether you are paying attention and are interested in the conversation (Figure 14.6). These signals are an especially important part of showing respect for the person communicating with you.

Nonverbal communication includes the following:

- eye contact or lack of eye contact
- facial expressions, such as smiling, frowning, or eye rolling
- gestures, such as nodding, shaking the head, or moving the hands
- posture, such as leaning forward, facing away, or slumping in a chair
- tone of voice, such as encouragement, doubt, or sarcasm
- volume of voice, such as loudness showing anger or softness showing reluctance to speak
- pitch of voice, such as high-pitched excitement or low-pitched lack of interest

Ways to Communicate Effectively

In healthy relationships, people communicate their thoughts, values, and feelings. They know the other person in the relationship will listen to and support them. You can use the techniques in the next sections to communicate care, consideration, and respect for yourself and others. These techniques help ensure that people communicate clearly and effectively.



Left to right: [Iakov Filimonov/Shutterstock.com](#); [iStock.com/fstop123](#)

Figure 14.6 In addition to the words you say, nonverbal cues can indicate either good communication or poor communication. *Which of the images shown here portrays good nonverbal communication?*

Use Active Listening

Good communication requires good listening skills. When you focus on what the other person is saying and listen, you work to understand his or her point of view and convey respect. **Active listening** is a way of paying attention to spoken messages with the goal of understanding the message and the speaker's feelings. Active listening involves the key steps shown in Figure 14.7.

Active listening is a great way to avoid misunderstandings. If you carefully listen to what others say, others will be more likely to do the same for you.

Clearly Express Your Needs and Preferences

To communicate effectively, people need to clearly, fully state their wants, needs, opinions, and feelings. Expecting the other person to be a mind reader is a sign of poor communication. Some people assume that others should be able to notice their subtle hints and know how they are feeling. This is a poor communication strategy. Instead, explain what you want the other person to understand.

Be Assertive

As you communicate with others, you may notice that people use different communication styles. There are three common communication styles, which include the following:

1. **Passive.** Passive communication does not clearly state needs, wants, and feelings. A passive communicator may seem to say "yes" to everything, speak very quietly, and let hurt feelings build up.

Figure 14.7

Giving the speaker your full attention and acknowledging his or her message with feedback are both important aspects to active listening. **What is a person attempting to understand with active listening?**



Left to right: iStock.com/Vesnaandjic; iStock.com/Angelafoto

2. **Aggressive.** Aggressive communication makes demands of another person and insults others. A person with this communication style expresses needs and feelings in a way that disrespects others.
3. **Assertive.** Assertive communication clearly expresses feelings, needs, and goals in a way that shows respect to the other person.

BUILDING Your Skills

Be Assertive

You have probably encountered passive, aggressive, and assertive communication in your relationships and everyday life. For example, do you know people who say “yes” to activities they do not really want to do? Have you seen people get what they want by being mean and rude? Have you met some people who seem to get what they need without demanding it?

Not all of these styles are equally effective. Passive and aggressive communication can hurt your health and relationships. People with a passive style of communication often feel taken advantage of, and people with an aggressive style often have difficulty making lasting relationships. The assertive communication style is the healthiest for relationships.

Becoming more assertive can be challenging. Use the following tips to get started:

- Have good posture. Stand or sit up straight with your shoulders back and down.
- Make eye contact. Do not stare at the other person, but make sure you can tell what color his or her eyes are. Glance at the person’s eyes periodically during the conversation.
- Use a strong, but not overly loud voice and say what you mean.
- Use I-statements instead of you-statements. For example, instead of saying, “You always steal my clothes,” you could say, “I don’t like it when you take my clothes without asking.”

If being assertive does not come naturally to you, then just keep practicing. The more you use assertive communication, the more comfortable you will feel being assertive. As with most things in life, practice makes perfect.

Assert Yourself

You likely encounter plenty of opportunities to be assertive every day. For example, you can practice being assertive while talking to a teacher about a grade, disagreeing with a friend, or asking your parents or guardian for permission to go somewhere. The next time you encounter an opportunity to be assertive, practice your skills using the following steps:

1. Before starting the conversation, prepare yourself to act assertively. You could even write the word *assertive* on your hand as a reminder.
2. Remind yourself throughout the conversation to be assertive.
3. Once the conversation is over, think about how it went. Consider what you could do in the future to be even more assertive.
4. Repeat. The next time an opportunity presents itself, be assertive again.



thodonil88/Shutterstock.com

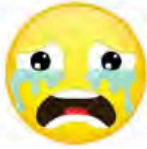


The best communication style for building healthy relationships is assertive communication. Assertive communication allows you to express how you feel and make yourself known. If you do not express your feelings and goals, you are not letting other people truly know you. Assertive communication also helps you express yourself respectfully, in a way that is understanding of others. Communicating in a way that disrespects others can hurt healthy relationships, but communicating assertively can help you build honest relationships based on trust and respect (Figure 14.8).

Use I-Statements

Effective communication uses I-statements to express feelings and desires. *I-statements* explain how the speaker feels without passing judgment on the receiver. An example of an I-statement is “I feel hurt when you ignore me in class.”

Figure 14.8
The way you communicate with others—passive, aggressive, or assertive—can impact whether or not you form healthy relationships with them. *Which communication style shows respect to the other person while clearly stating feelings and needs?*

Passive, Aggressive, or Assertive

		
<p><i>Your friend got into the school play, but you did not.</i></p> <p>Passive: When your friend asks if you are all right, you say, “I’m fine,” then go cry in the bathroom.</p> <p>Aggressive: You tell your friend he did not deserve to get into the school play.</p> <p>Assertive: You tell your friend you are disappointed you did not get into the school play.</p>	<p><i>A popular classmate you want to get to know likes a photo you shared online.</i></p> <p>Passive: You wait for your classmate to talk to you the next day.</p> <p>Aggressive: You leave a comment telling your classmate to spend time with you instead of her other friends.</p> <p>Assertive: You tell your classmate you would like to get to know her better.</p>	<p><i>Your best friend tells you that she cannot come to your party.</i></p> <p>Passive: You silently fume and decide not to invite your friend again.</p> <p>Aggressive: You tell your friend that, if she really liked you, she would come to your party.</p> <p>Assertive: You tell your friend you are disappointed that she cannot come.</p>

Emojis: ChibVector/Shutterstock.com

This is more constructive than a you-statement, which makes assumptions about and blames the other person (for example, “You don’t like me anymore”). Using I-statements to tell other people how you feel can help them understand your point of view without making them feel attacked (Figure 14.9).

Watch Your Nonverbal Communication

Be aware of the nonverbal messages you are sending. What messages do your facial expressions and body language communicate to others? For example, suppose you are having a conversation with your sister. As she speaks, you look down at your phone and periodically roll your eyes. These signals do not communicate active listening or respect for your sister. Making eye contact, nodding your head, and leaning forward would communicate that you value what she is saying.

Use Online Communication Wisely

Today, much communication happens online, through text messages, e-mails, or social media. You need to be careful when communicating through online messages. This type of communication lacks some of the nonverbal communication present in face-to-face contact. The shorter an online message is, the more incomplete it may be. When you use e-mails, text messages, or online posts, be sure that your message is clear and will not hurt another person. Remember that the other person is not receiving your body language or tone of voice.



Figure 14.9 Using you-statements can make the other person feel blamed or judged, which can prevent positive communication. Instead, try to make I-statements.

Conflict Resolution Skills

Even with good communication, people can still have disagreements. These disagreements are called *conflicts* and are a normal part of life. Conflicts are present even in healthy relationships. **Figure 14.10** shows common sources of conflicts. What separates conflict in healthy relationships from conflict in unhealthy relationships is how conflict is resolved.

In disagreements of little importance, it may be best to simply accept differences between yourself and another person. There is no point arguing with a friend who does not like a food you enjoy eating, for example. Other conflicts, such as you and your friend disagreeing about which movie to see, are easy to settle with no hurt feelings. Many conflicts, however, are more complicated and are too serious to ignore.

Conflicts that are not resolved can be quite hurtful, can weaken feelings of trust, and can harm a person's mental and emotional well-being. Many people worry that addressing a conflict with another person can destroy a relationship or make conflict worse. In fact, working through a conflict can actually strengthen a relationship. The only way to settle a conflict is to address it. When people work together to resolve a conflict, they can end a hurtful situation and show their commitment to the relationship. When the conflict is settled, they can even feel closer to each other.

Common Sources of Conflict

 <p>Different Priorities <i>Your friend practices soccer instead of hanging out with you.</i></p>	 <p>Different Values <i>You disagree with how your teacher treats a struggling classmate.</i></p>
 <p>Different Goals <i>You want more independence, but your parents want to keep you safe.</i></p>	 <p>Different Needs <i>You need alone time, but your friend needs to talk after a fight with his parents.</i></p>
 <p>Misunderstandings <i>You tell a classmate you had a bad weekend, and your friend thinks you are complaining about your time with her.</i></p>	

Left to right: Lapina/Shutterstock.com; Tyler Olson/Shutterstock.com; digitalskillet/Shutterstock.com; Chubykin Arkady/Shutterstock.com; Kamkrit Noenpoempisul/Shutterstock.com

Figure 14.10 Conflicts can arise, even in healthy relationships, when people have different priorities, values, goals, needs, or understandings of a situation. **What effect can resolving a conflict have on a relationship?**

Negotiation

Settling a conflict requires negotiating skills. *Negotiating* is a process in which people work together (to think and talk) through a solution to a conflict. It involves preparing, keeping calm, stating your position, listening, compromising, and asking for help if needed (Figure 14.11).

Prepare

To prepare, agree with the other person on a time and place to discuss the situation. Meet when you both have enough time to focus on the issue. Choose a meeting place away from other people and distractions. Before the meeting, get yourself ready. Think about what you want, what reasons you have, and what the other person may want. Consider what you are willing to give up to satisfy the other person's goals.

Keep Calm

Intense feelings like frustration and anger can make a conflict worse. As a result, resolving conflict requires you to manage your emotions and share your feelings without letting them get out of control. If you feel anger building up, set that anger aside. Try taking several deep breaths or taking a break. Walk away and give yourself and the other person a chance to calm down.

State Your Position

When it is your turn to talk, state your position assertively. Speak honestly about your feelings, needs, and goals and do not behave passively or aggressively. Behaving passively can cause you to avoid the conflict and let it continue to build. Aggressive behavior can offend the other person and put him or her on the defensive. To state your position assertively, use I-statements instead of you-statements.



Figure 14.11 To work through a conflict, the people involved need to negotiate a solution to the problem. This involves time and effort.

Listen

Listen carefully to what the person is saying and try to understand his or her thoughts and feelings. Consider what good points the person is making and do not think about your response while the other person is talking (Figure 14.12). Also pay attention to the person's body language and tone of voice.

Compromise

In a *compromise*, each person gives up something he or she wants to reach a solution that is acceptable for everyone involved. For example, if you and your friends disagree about which movie to see, you could agree to see one movie this weekend and the other movie next weekend. Effective compromise is only possible if both sides are willing to be flexible.

Ask for Help

Sometimes a person is not ready to talk directly to the other person in a conflict. In that case, it might be best to talk to someone else first. Explaining the situation to an adult or another friend can help you work out how you feel and what you want. It can give you a new perspective on the problem and clarify what to do next.

Mediation

In some cases, a conflict is too serious or too difficult for the people directly involved to manage by themselves. In this situation, an outside individual can help the people or groups find a good solution.



Crystal Home/Shutterstock.com

Figure 14.12 Thinking about what you want to say next and criticizing a person while he or she is speaking are examples of poor listening skills.

As you learned in Chapter 1, *mediation* is a strategy for resolving difficult conflicts by involving a neutral third party, or *mediator*. A neutral person is one who does not favor one side or another in a conflict.

Conflict resolution programs in many schools provide **peer mediation**, in which specially trained students work with other students to resolve conflicts (Figure 14.13). Peer mediators learn about conflicts and methods for resolving them. They work under the guidance of faculty advisors. When a conflict arises, the faculty member assigns a mediator to handle the situation. The mediator talks to the people involved in the conflict and sets up a meeting to work through a solution.

At the meeting, the mediator invites each person to state his or her view of the conflict. The mediator asks if those involved have thought of any possible solutions. If not, the mediator helps both people brainstorm possible solutions. The group discusses each alternative until both people agree on a solution.



iStock.com/Alina555

Figure 14.13 In school peer mediation programs, students can help one another resolve conflicts in ways that maintain healthy relationships.

Lesson 14.1 Review

1. What are three characteristics of a healthy relationship?
2. Which of the following is an example of nonverbal communication?
 - A. E-mail.
 - B. Posture.
 - C. Text message.
 - D. Phone call.
3. **True or false.** Active listening is thinking about your response while another person is talking.
4. What happens in a compromise?
5. **Critical thinking.** Explain why the assertive communication style is most effective for building healthy relationships.

Hands-On Activity

With a partner, review the information about I-statements in this lesson. Then, on a separate piece of paper, write five you-statements expressing negative emotions you have felt over the past year. Trade with your partner and rewrite your partner's you-statements into I-statements that would improve communication. Share the I-statements with your partner and discuss what each statement communicates.

Lesson 14.2

Family Relationships

Key Terms

immediate family person's parents or guardians and siblings

socialize teaching children to behave in socially acceptable ways

traditions specific patterns of behavior passed down in a culture

rituals series of actions performed as part of a ceremony

sibling rivalry competition with a brother or sister

Learning Outcomes

After studying this lesson, you will be able to

- **analyze** the functions of the family.
- **explain** the role of community in supporting families.
- **identify** strategies to promote healthy relationships with parents or guardians and siblings.
- **describe** various changes that occur within families and ways to adjust to them.

Graphic Organizer

Healthy and Unhealthy Families

On a separate piece of paper, draw two pictures—one illustrating a healthy family and the other illustrating an unhealthy family—as in the example below. Then, as you read this lesson, organize your notes according to qualities that make families healthy and qualities that make families unhealthy. An example is provided for you.



Diversity Studio/Shutterstock.com

Healthy Family



Unhealthy Family



Provide for members' physical needs
Meet mental and emotional needs

Healthy and unhealthy families: Melinda Varga/Shutterstock.com

The very first relationships you had were probably with your family members. Most people spend lots of time with members of their **immediate family**, meaning their parents or guardians and siblings (Figure 14.14). Many people consider these family relationships to be among their closest.

For example, Kai's family has dinner together most nights, and Kai gets along well with his parents. Kai's little brother can get on his nerves, but Kai tries to walk away from the situation when he gets angry or upset. In this lesson, you will learn about different conflicts that can occur in family relationships and ways to prevent and resolve them.



iStock.com/monkeybusinessimages

Figure 14.14 Most adolescents spend a lot of their time with immediate family, and have close relationships with their siblings and guardians.

Functions of Family Relationships

Family relationships have several unique functions that make them different from other relationships. Unlike other types of relationships, relationships in families have the responsibility of providing for members' physical needs, fulfilling members' mental and emotional needs, and educating and socializing children.

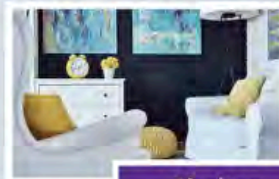
Provide for Physical Needs

Families typically provide for members' physical needs, including the needs for food, clothing, and a place to live. Families are also responsible for ensuring that members are healthy and safe (Figure 14.15).

Physical Needs That the Family Meets



Food and drink



Shelter



Medical care



Clothing

Figure 14.15

It is the responsibility of your family to make sure that you have enough to eat and drink, clothes to wear, a safe place to live, and medical care.

Left to right: Dang Thach Hoang/Shutterstock.com; Photographee.eu/Shutterstock.com; Sarah P/Shutterstock.com; Africa Studio/Shutterstock.com

Your parents or guardians may take you to the doctor and dentist on a regular basis. They probably set rules—even rules you may not like—with the goal of keeping you safe and healthy.

As children grow older, they can take on tasks to help meet the family's physical needs. For example, doing some cleaning chores helps keep the home a healthy place to live. It also takes tasks away from parents or guardians who have to spend many hours a day working.

Meet Mental and Emotional Needs

Families also help meet members' mental and emotional needs, such as the needs for love, self-esteem, and emotional comfort. For example, your parents or guardians may attend your school performances and sporting events. They may celebrate your birthday and your achievements. The support and love you receive from your family members help you feel secure and good about yourself. Many people rely on their families for advice about how to solve problems or handle challenges.

Children can help meet the mental and emotional needs of adults in the family, too. When children show love for parents or guardians, those adults feel good. Children can provide words of support or encouragement when adults feel down.

Educate and Socialize Children

Families educate children by teaching them about the world and sending them to school. They also **socialize** children by teaching them to behave in socially acceptable ways (Figure 14.16). Children learn about culture, values, and **traditions** (specific patterns of behavior) through their families. They learn language from family members, as well as information about their families' culture and religion. All families have unique traditions, which may include celebrating special occasions, holding particular values and beliefs, and participating in certain religious **rituals**, or series of actions.

Figure 14.16

Families typically prepare their children for the outside world by teaching them lessons and sending them to school. *What are the specific patterns of behavior children learn through their families?*



Through socialization, children learn about

- culture
- language
- social norms
- society
- relationships
- gender
- appropriate behavior

alexandre zveiger/Shutterstock.com

Families and the Community

Families live in larger social groups, or *communities*. Because of this, neighbors and even strangers can have an impact on family relationships. For example, they can give support to family members in times of trouble by providing meals when a parent is ill. Neighbors can be friends to family members and join with them in enjoyable social events.

A community is more than just a neighborhood, however. Families live in towns or cities, and these locations have institutions and services that can help families (Figure 14.17). State laws require that children receive certain vaccines to promote public health and prevent the spread of diseases. School officials take steps to remove students who threaten classmates, helping families meet the goal of keeping members safe.

It is important to have healthy relationships within your community. You can build healthy relationships in your community by treating other people with respect, being open and honest about what you think and feel, and being reliable and trustworthy.

Relationships with Parents or Guardians

Family relationships are some of the most important relationships you will have in your life. These relationships, however, can be difficult at times. For example, many children experience some conflict in their relationships with parents, guardians, or other caregivers. These conflicts can get worse as children grow older. Identifying common problems in these relationships and using certain strategies can help strengthen the relationship between caregivers and young people.



Figure 14.17 Police officers and firefighters protect people. Hospitals and clinics provide healthcare. Government agencies offer services to help families struggling economically.

Top to bottom: urbans/Shutterstock.com; Pete Spira/Shutterstock.com; Monkey Business Images/Shutterstock.com

Common Problems in Relationships with Parents or Guardians

Many problems between parents or guardians and young people result from conflicting goals. For example, one major goal young people have is to form a unique identity apart from family. Adolescence is a time of self-exploration. During this time, young people naturally push for more freedom, independence, and responsibility (Figure 14.18).

At the same time, parents' goals include keeping young people safe and healthy and teaching them how to function well in society. To do this, parents set rules that young people might find restrictive, or limiting. This is one reason why conflicts between parents and young people often escalate during adolescence.

Conflicts between parents and young people may also develop as a result of media influences like television and movies. Young people may see messages about living in families that conflict with the traditions or customs of their own families. These differences can be a source of conflict.

Maintaining Healthy Relationships with Parents or Guardians

Maintaining healthy relationships with parents or guardians takes effort. Fortunately, the following strategies for having healthy relationships and resolving conflicts with parents or guardians can help:

- Share your plans ahead of time. Make sure to get approval before you commit to do something with a friend. Answer any questions parents or guardians may have and revise the plan, if needed.
- Discuss family rules. If you disagree with a rule, calmly explain why you think the rule should change and give reasons for your suggested change (Figure 14.19). Your parents or guardian may agree to reconsider the rule.

Figure 14.18

During adolescence, young people want more independence, freedom, and responsibility, which can cause arguments with guardians or parents. *What type of identity do young people want to form during adolescence?*



Dmitry Morgan/Shutterstock.com



Figure 14.19
If you think a family rule is unfair or unnecessary, the best response is to calmly discuss a possible change with your parent or guardian.

- Follow your family's rules, even if you disagree with them. Remember that parents and guardians may relax or lift these rules if you show responsible behavior and a willingness to obey limits. On the other hand, if you do not follow the rules, you may weaken your family's trust in you.
- Remain calm. When you have a disagreement, do not resort to yelling and do not walk away. Show your parents or guardians that you are capable of having a mature discussion and that you can be responsible.
- Spend time doing enjoyable activities with your family. You might suggest having a special family dinner one night a week or planning an outing. These types of activities can bring families together.

Relationships with Siblings

Sibling relationships are often the earliest friendships people have. Many siblings often fight and argue, however. Keeping these relationships healthy can lead to greater satisfaction as you grow older.

Common Problems in Sibling Relationships

Even siblings who are biologically related or who grow up in the same household may not share interests. Siblings may have different personalities, find different activities interesting, or have different ways of handling major life events (Figure 14.20). These differences can create conflict, especially when people spend a lot of time together.

Another source of problems among siblings is competition, which is called **sibling rivalry**. Examples of sibling rivalry include competing for a parent's attention or fighting over use of the television. When teasing is involved, feelings of competition may increase. Sibling rivalry may lead to negative feelings, such as resentment, anger, or jealousy.



Chalemporn Pongpeth/Shutterstock.com

Figure 14.20 Siblings spend a lot of time together, which creates many opportunities for conflict since no two people are the same. **What is it called when siblings compete for material and nonmaterial items?**

Maintaining Healthy Relationships with Siblings

Effective strategies for keeping sibling relationships healthy include the following:

- Get away from tense situations and cool down. By taking a break from a heated situation, you will avoid making the argument worse.
- Express how you feel to your sibling. Communication is the first step in resolving conflict. Try to work with your sibling to find solutions to your disagreement, and show respect for your sibling's ideas.
- Talk to your parents or guardian about the conflict and see if they have advice for finding a good solution.
- Compromise when issues arise. Try to work out a solution that both you and your sibling think is fair (Figure 14.21). Together, you can develop specific rules for handling ongoing sources of conflict.
- Identify a personal space for each person. For example, if you share a bedroom with a sibling, talk to him or her about setting aside areas for each of you.
- Respect your sibling's space and privacy. Do not enter a sibling's room without knocking. If you share a room, respect your sibling's private space within that room.
- Find enjoyable ways of spending time with your sibling. This could include going for a bike ride or having a family game night.

Figure 14.21

When you disagree with a sibling, working out a solution that is fair to both parties can stop the disagreement before it causes a fight.



Armin Staudt/Shutterstock.com

Changes in Family Relationships

All families encounter changes over time. For example, a member may have a physical or mental illness, lose a job, or move to a new community. Change can create stress in a family and disrupt family relationships. These changes are a normal, although difficult, part of family life (Figure 14.22).

As you have read, even positive changes—such as a job promotion or starting middle school—can create stress. This is because new events lead to changes in how family members interact every day. For example, suppose a parent gets a big promotion at work. This may mean that the parent must work longer hours or travel more. Other family members may need to take on additional chores at home. Similarly, when a child starts attending middle school, family schedules may change to adjust to new school hours or travel times. Middle school students often have more homework than younger students. This can affect mental health and impact the whole family.

Some of the most challenging changes families experience are those that affect family structure—the addition or loss of a family member. These changes include the birth or adoption of a new family member, separation or divorce, remarriage, and the death of a family member. Although these events can be difficult, healthy families can work through them together. Sometimes, families even grow closer when dealing with changes such as these. Using good communication skills and effective strategies for maintaining family relationships will help members get through these challenging periods.



Figure 14.22 Both positive and negative changes affect all families, and both can cause stress to the family members.

Lesson 14.2 Review

1. Name three unique functions that make family relationships different from other relationships.
2. **True or false.** Neighbors and strangers can influence family relationships.
3. If you disagree with a family rule, what should you do?
4. What is sibling rivalry?
5. **Critical thinking.** Why do even positive changes in families cause stress?

Hands-On Activity

Over several days, become an observer of your family's interactions. Pay attention to any signs of the conflicts discussed in this chapter and note how your family resolves these conflicts. Write a summary of your observations and then draw conclusions about your family's relationships. Identify healthy and unhealthy characteristics in your family's interactions. For each unhealthy characteristic, describe what you can do to make your family relationships healthier.

Lesson 14.3

Peer Relationships

Key Terms

acquaintances people you know and interact with, but may not consider friends

diversity inclusion of people with different backgrounds

stereotypes oversimplified ideas about a group of people

virtual friends people you meet through social media, websites, chat rooms, or gaming

clique small group of friends who deliberately exclude other people from joining or being a part of their group

Learning Outcomes

After studying this lesson, you will be able to

- **distinguish between** different types of friendships.
- **explain** how to promote tolerance and celebrate diversity in relationships.
- **devise** a plan to use strategies for building and maintaining healthy friendships.
- **evaluate** common issues in friendships.
- **differentiate between** positive and negative types of peer pressure.

Graphic Organizer

Friendship Inventory

Take an inventory of your friendships by listing your closest peer relationships in the middle column of a table like the one shown below. As you read this lesson, identify each type of friendship and record the information after the person's name. In the left-hand column, write factors that could harm your friendships. In the right-hand column, write strategies for keeping your friendships healthy.



William Perugini/Shutterstock.com

Harmful Factors	Friendships	Strategies
Feelings of jealousy	Jade (best friend)	Make more time for friends
Pressure to tease Jade	Abdul (school friend)	Talk to Jade in person more often
	Josiah (virtual friend)	
	Sheila (acquaintance)	

Peer relationships are some of the most important relationships in your life. Close peer relationships, called *friendships*, develop because of mutual respect, care, trust, and affection. Friendships are especially important during adolescence, when relationships with peers can become the center of your world. As an example, consider Kai from the previous lessons. Kai loves talking with his friends. He spends a lot of time online joking with his classmates on social media. He has a best friend named Jacqueline, and they like to play soccer and video games. He avoids cliques because he would prefer to be friends and get along with everyone.

Types of Friendships

The most common type of peer relationship is friendship. The term *friendship* can include many different types of relationships (Figure 14.23). For example, you probably know the difference between your very closest friends and your more casual friends. Perhaps you have a single friend whom you consider your best friend. You may also have many **acquaintances**—people you know and interact with, but may not consider friends.

Living in a diverse culture, you are likely to meet people who see the world differently than you do. **Diversity** is present in a group of people with different backgrounds, including ages, genders, family traditions, ethnicities, and cultures.

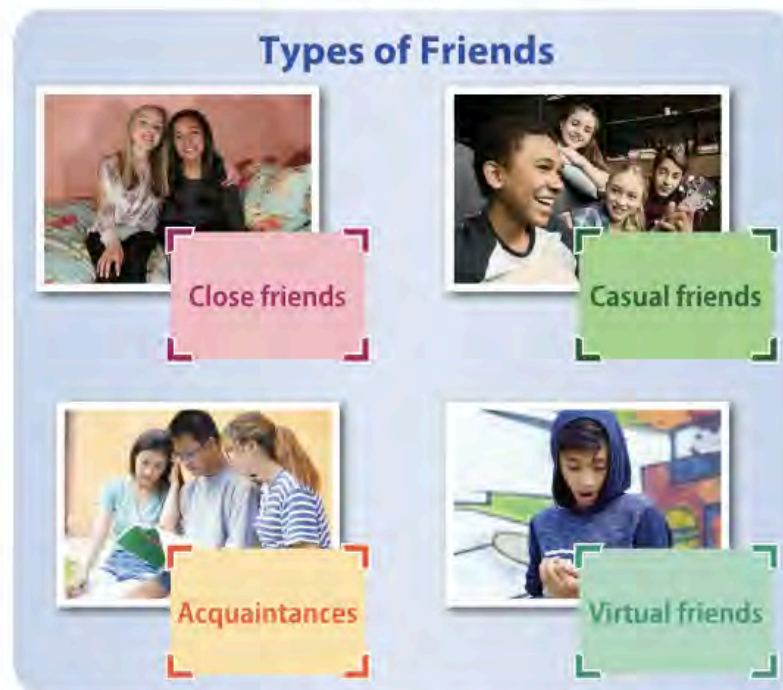


Figure 14.23
There are many different types of peer relationships that can all be considered friendships. *What is it called when you have a friendship with someone who has a different background than you?*

Left to right: May Hayward/Shutterstock.com; UghtField Studios/Shutterstock.com; NIP photography/Shutterstock.com; HBRH/Shutterstock.com

Diverse groups include people with different gender identities and sexual orientations as well. In healthy relationships, people respect others for who they are. They celebrate differences and avoid making assumptions based on **stereotypes**, or oversimplified ideas about a group of people. Diversity in a culture can broaden people's knowledge. Ideally, people challenge and learn from others, while respecting others' values.

In the past, most people had friends who lived in their neighborhood or city. Today, however, many people have friends who live farther away. You may have **virtual friends**, or people you meet through social media, websites, chat rooms, or gaming. True friendships can sometimes develop between virtual friends, particularly if friends share some real-life friends. You should be careful, however, about sharing information with people you have only met online (Figure 14.24). These people might not be representing themselves truthfully. If a virtual friend offers to meet you in person, talk about the situation with a trusted adult before agreeing to meet.

Strategies for Building Healthy Friendships

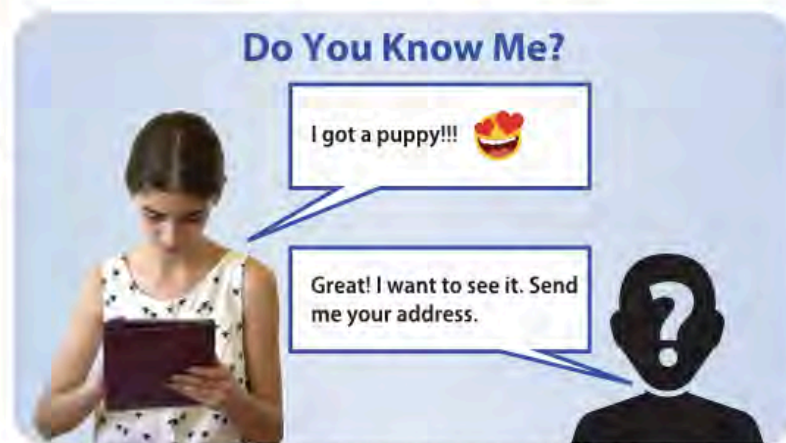
It can be hard to make friends, and arguing with friends is not unusual. Determining whether someone shares your core values and beliefs can take time, especially if you are still trying to figure out what your values and beliefs are. Even when arguments arise, however, there are ways to maintain healthy friendships over time.

Make Time for Relationships

It takes time and energy to build and maintain close relationships with friends. Even when you are busy with homework, sports, or other extracurricular activities, you should try to find time to connect and spend time with acquaintances and friends. As you build new friendships, you will need time to get to know other people and understand how their

Figure 14.24

You can form meaningful relationships online, but you should keep in mind that you cannot truly know who you are talking to. **What is the term for people you meet online and do not interact face-to-face?**



Left: Ramazan Ece/Shutterstock.com; Emoji: Dmytro Onopka/Shutterstock.com; Right: Best Vector Elements/Shutterstock.com

values and beliefs align with yours. If you want to get to know someone, you could try spending time in a group, doing an activity together, or talking throughout the day.

Step Away from the Screen

Online communication is a great way to connect with friends and get to know people. The best relationships, however, are formed and maintained through face-to-face interactions. In-person communication is an important part of having a close relationship. Make sure not to rely too much on virtual interaction, which lacks important aspects of nonverbal communication (Figure 14.25). One of the best ways to keep a relationship strong is to step away from the screen and make time to be physically present with someone.

Be a Good Friend

Healthy friendships are mutual, meaning that each person contributes equally to the relationship. You can be a good friend by listening carefully to what your friends are saying. Also, avoid interrupting, judging, or criticizing them when they are talking. Other strategies you can use to keep your friendships strong include the following:

- Support and encourage your friends, and celebrate their successes.
- Avoid teasing or criticizing your friends.
- Do not gossip or spread rumors about your friends. Spreading unkind words about your friends or acquaintances is hurtful and just makes others feel bad.
- Work with your friends to solve disagreements and problems.
- Express your feelings openly during conflicts, and listen carefully to your friend's point of view.
- Apologize if you hurt your friend, and try to find ways to make it better.



Left: iStock.com/Flamingo_Phography; Right: Tanya Pa/Shutterstock.com; Emoji: 32 pixels/Shutterstock.com

Figure 14.25

Online communication lacks nonverbal cues. It is difficult for the reader to tell how the person sending a text message feels. The person receiving the message cannot read the body language of the speaker, like the hunched shoulders and frown of the boy in the photo.

Damage Control: The Negative Effects of Gossip and Rumors



Phone: T. Lesia/Shutterstock.com; Web browser: flower travelin' man/Shutterstock.com; Pile of books: Creatarka/Shutterstock.com; Newspaper: Neirfy/Shutterstock.com; Man with mirror: Aleutie/Shutterstock.com; Cover icons, top to bottom: Visual Generation/Shutterstock.com; svtdesign/Shutterstock.com; didiaCC/Shutterstock.com; jabkitticha/Shutterstock.com; Barcode: olesya k/Shutterstock.com; Gossiping couple: jehsomwang/Shutterstock.com

Common Problems in Friendships

Although friendships can improve your life in many ways, they can also be a source of problems. At times, even close friendships can be complicated and confusing. Cliques, jealousy, and changes over time are common problems in friendships.

Cliques

Many middle school students enjoy spending time with groups of friends. Sometimes, groups of friends exclude other people from that group, which can lead to hurt feelings (Figure 14.26). A **clique** is a small group of friends who deliberately exclude other people from joining or being a part of their group.

People who are part of a clique often feel pressured to act a certain way. They may feel pressured to fit in, dress a certain way, listen to a particular style of music, or adopt the attitudes and behaviors of group members. Sometimes, cliques can also pressure group members to act in ways that endanger their health and wellness. For example, a group may encourage cigarette smoking. In this way, cliques can reduce each person's individuality and compromise well-being, which is unhealthy.

Jealousy

Jealousy may sometimes occur in a friendship. You may feel jealous of your friend's achievement in a particular area, such as schoolwork, athletics, or music. You may also feel jealous of other aspects of a friend's life, such as his or her home, dating relationship, or family life. Feelings of jealousy are normal if they occur once in a while. Continuous jealous feelings, however, can harm a relationship over time.



Daisy Daisy/Shutterstock.com

Figure 14.26
Purposefully excluding people from a group of friends is often considered a form of bullying and can be very hurtful. *What is the name of a group of friends who deliberately exclude others?*

Honestly expressing your emotions, including jealousy, can prevent negative feelings from building up over time and weakening your friendship. If you value your friendship and want to keep it, try to move beyond feelings of jealousy.

Changes over Time

Experiencing physical, emotional, and social changes can influence your friendships (Figure 14.27). This is particularly true if you and a friend change in different ways. You may no longer share the same interests with your childhood friends. You may need to stop spending time with a friend who makes unsafe or unhealthy decisions.

Sometimes, old friendships can be maintained, but change in some way. For example, you might see an old friend less frequently as your interests and peer groups change. You might find that you prefer spending time with different people if you feel less close with and less connected to your old friends.

Figure 14.27

If one friend changes physically, emotionally, or socially at a different rate or in a different way than another friend, distance between the two people can result.

Changes Affecting Friendships



- Physical Changes**
 - Puberty
 - Height and weight
 - Distance
- Emotional Changes**
 - Maturity
 - Emotional state
 - Emotional outlets
- Social Changes**
 - School and grade
 - Groups of friends
 - Favorite activities

Top to bottom: Monkey Business Images/Shutterstock.com, AppleZoomZoom/Shutterstock.com, Lyba Dazz/Shutterstock.com

If you feel that you and a friend are drifting apart, tell your friend how you feel. If both of you are interested in maintaining the friendship, you can work together to find ways of remaining close.

Peer Pressure

Peer pressure is a common element present in friendships. *Peer pressure* is the influence a person feels from *peers*, or people of the same age, to act or think in particular ways. Peer pressure can be positive or negative.

Positive Peer Pressure

Although people often associate peer pressure with negative activities, peer pressure can have a positive influence (Figure 14.28). For example, you might feel pressured to participate in community service projects with a school group or athletic team. A friend may encourage you to study harder and improve your grade in a class. In these cases, pressure from peers can help broaden your perspective of the world, help your community, or help you succeed in a certain class.

Negative Peer Pressure

In some friendships, one person pressures another to do something he or she is not comfortable doing. Friends might pressure each other to drink alcohol, skip class, or tease a classmate to fit in with a group of friends. Most people want to be liked and to fit in with a group. They may decide to go along with a certain behavior, even if they are uncomfortable with it. They may worry about being teased or excluded if they do not join in a group activity. Sometimes, young people worry that standing up for what they believe could cause them to lose a friendship.

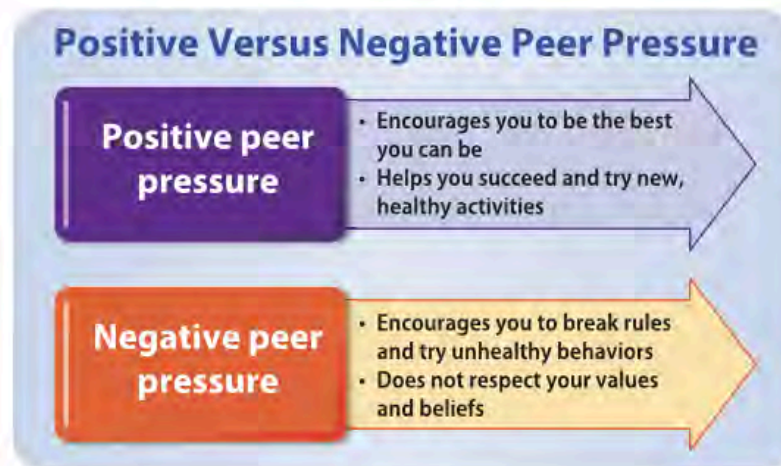


Figure 14.28

Peer pressure may include encouragement of risky behaviors, but it can also include support for healthy activities.



lckate16/Shutterstock.com

Figure 14.29 If a person is trying to pressure you into risky behaviors, this person is not truly your friend because he or she does not have your health and wellness at heart.

In healthy friendships, this type of negative peer pressure does not occur. True friends respect each other's choices. If you are experiencing negative peer pressure, you have the right to stand up for what you believe, and to walk away from situations that make you uncomfortable (Figure 14.29). If a friend ends a relationship with you over this choice, he or she does not respect you and your friendship. Standing up to peer pressure is especially important when friends are doing something that could hurt you or someone else.

What can you do to stand up to peer pressure? Strategies you can use to respond to negative peer pressure include the following:

- Focus on your own thoughts, feelings, and values, and use a good decision-making process to make sure your actions reflect your core beliefs.
- Have the strength and self-confidence to walk away from a situation or from people who make you uncomfortable.
- Refuse to join in teasing a person because he or she acts or looks different.
- Choose friends who have values similar to yours. People who share your values, goals, and beliefs will probably support the decisions you make.
- Support other people when they resist peer pressure. Sometimes, having just one other person say, "I agree, this is a bad idea," is all it takes to change a group's behavior.
- If peer pressure continues over time, talk to someone you trust—a parent or guardian, teacher, or guidance counselor.

Lesson 14.3 Review

1. What are acquaintances?
2. **True or false.** One way to be a good friend is to celebrate your friend's successes.
3. What is the best way to deal with jealousy in a friendship?
4. Pressure to ____ is an example of positive peer pressure.

A. tease your friend	C. skip class
B. smoke cigarettes	D. study for a big exam
5. **Critical thinking.** Why do you think face-to-face interactions are better than online interactions for building relationships?

Hands-On Activity

Brainstorm acts of kindness that your friends and peers would enjoy receiving. These do not have to be big acts of kindness. In relationships, little things can make the biggest difference. List at least five acts of kindness you could realistically do and then do them. After completing these acts, write a few paragraphs summarizing how they positively impacted your friendships and peer relationships.

Peer Relationship Presentation

Peer Relationships

Learning Outcomes

1. Distinguish between different types of relationships.
2. Explain how to promote tolerance and celebrate diversity in relationships.
3. Devise a plan to use strategies for building and maintaining healthy friendships.
4. Evaluate common issues in friendships.
5. Differentiate between positive and negative types of peer pressure.

Types of Friendships

1. Close friends
2. Casual friends
3. Acquaintances
4. Virtual Friends

What is it called when someone who has a different background than you?

Diversity

Stereotypes (define)

Ideas about groups of people

Friendships and Change

1. Physical Changes

- a. Puberty
- b. Height and Weight
- c. Distance

2. Emotional Changes

- a. Maturity
- b. Emotional State
- c. Emotional Outlets

3. Social Changes

- a. School and grade
- b. Groups of friends
- c. Favorite activities

Peer Pressure

Positive Peer Pressure

Examples

Negative Peer Pressure

Examples

Refusal Skills

Feelings and Behavior

Learning Outcomes

1. Identify physical changes in the body
2. Benefits of abstinence
3. Develop refusal skills

Puberty

Period of time when the body begins to change and develop.

Hormones- specialized chemicals that glands produce and release into the blood.

Some of these hormones target body parts and the reproductive system/organs.

Physical Changes will happen and you may experience a **Growth Spurt** in which the person grows taller or may experience a noticeable weight gain very quickly.

Other signs of puberty may include... broader shoulders, more muscle development, deepening of the voice and the development of facial or body hair in males.

Females-may also begin to develop more body hair and begin menstruation.

These developments are different for everyone and you may notice the changes in some classmates more quickly than others.

Abstinence

The decision not to engage in Sexual Activity

It is the 100% effective in preventing transmission of STDs (Sexually transmitted disease) including HIV/Aids as well as pregnancy

Showing romantic feelings.

Examples - Holding hands, emotional support, being a good friend etc...

It is the best choice for you as teens (adolescents) as it protects your health and allows you to grow socially and emotionally.

Refusal Skills

Refusal skills and peer pressure

These skills can help you stick to your own goals, values and keep you healthy.

These skills can make you a stronger, independent person.

Everyone has the right to refuse the pressure of sexual activity.

If you are feeling pressured talk to a trusted adult, parent, counselor, teacher or someone that you feel comfortable talking to that person can help guide you.

Dating Relationships

Lesson 14.4

Learning Outcomes

After studying this lesson, you will be able to

- **describe** the characteristics of a healthy dating relationship.
- **identify** strategies to set boundaries for physical intimacy before and during a dating relationship.
- **follow** strategies for forming a healthy dating relationship.
- **describe** ways to handle the end of a dating relationship.

Key Terms

casual dating way of getting to know how you interact with and feel about another person

infatuation intense romantic feelings for another person that develop suddenly and are usually based on physical attraction

passion powerful feeling based on physical attraction

exclusive committed to being romantically involved with only one dating partner

intimacy closeness

group dating going out with a group that includes the person one is interested in rather than dating as a couple

Graphic Organizer

Dating Need-to-Know

On a separate piece of paper, draw a heart like in the example below. Skim this lesson and write the main headings in a circle around the heart. As you read the lesson, take notes under each heading. Then, identify the five most important facts you learned in this lesson and write them in the middle of the heart.



Characteristics of Healthy Dating Relationships

- *Attraction—infatuation without closeness*
- *Closeness*

1
2
3
4
5

The End of a Dating Relationship **Strategies for Forming Healthy Dating Relationships**



Figure 14.30 Adolescents can slowly get to know one another on an individual basis without committing to a full dating relationship. *What is this informal version of dating called?*

Casual dating is a way of getting to know how you interact with and feel about another person (Figure 14.30). It can help you learn more about yourself. A *dating relationship* exists when two people date on a regular basis.

Characteristics of Healthy Dating Relationships

All types of healthy relationships share similar qualities, such as honesty and trust, mutual respect, and care and commitment. Healthy dating relationships also have the following qualities:

- **Attraction.** Attraction refers to the physical and emotional connection that draws people together. Being attracted to someone means it is exciting to be with that person. Attraction without closeness is sometimes **infatuation**, or intense romantic feelings that develop suddenly and are usually based on physical attraction.
- **Closeness.** Closeness arises because two people share personal feelings and thoughts that they do not share with others.
- **Individuality.** In healthy dating relationships, each person maintains his or her own unique identity. The relationship does not redefine a person. Each person's core values, beliefs, and sense of self remain the same.
- **Balance.** People in a healthy dating relationship see each other regularly, but make time for friends and family members. In a healthy dating relationship, people also share time and activities equally and fairly.
- **Open communication, honesty, and respect.** Both people in a relationship should feel comfortable expressing their likes, dislikes, goals, values, and thoughts (Figure 14.31). In a healthy dating relationship, the couple can discuss these topics openly, honestly, and with respect.
- **Support.** In a healthy dating relationship, both people should support each other's successes, happiness, talents, interests, and goals.
- **Safety.** In healthy dating relationships, each person feels safe with the other person. Each person respects the other's personal boundaries and cares for his or her well-being.



iStock.com/keliv9

Figure 14.31
An important part of any dating relationship is the ability to communicate openly and honestly about what they value, believe, or dislike. **What is the term for attraction to someone else without closeness?**

Over time, a couple in a dating relationship may develop feelings of love. Feelings of *love* describe an intense affection for and attachment to another person. Love develops gradually as people get to know each other deeply and should not be confused with feelings of passion. **Passion** can be very powerful and exciting, but is typically short-lived because it is based in physical attraction.

As love develops, commitment should become part of a healthy dating relationship. Commitment means promising to be **exclusive**, or romantically involved with only one dating partner. Commitment also means that you agree to work at maintaining the relationship.

Physical Intimacy and Abstinence

Dating relationships often include some type of physical **intimacy**, or closeness, such as holding hands and kissing. Before you start dating, you should know how you feel about being physically intimate with another person. It is better to know your limits and boundaries before you are in a situation that requires a quick decision. Be sure to enforce these personal boundaries during the relationship.

Many factors, including your values, religion, and judgment, will influence decisions you make about physical intimacy. **Abstinence**, or the commitment to refrain from sexual activity, is the healthiest decision for young people. Abstinence is the only method that is 100 percent effective in preventing sexually transmitted infections, HIV/AIDS, and pregnancy (Figure 14.32). It also prevents emotional consequences such as anxiety over a partner leaving and guilt over keeping sexual activity a secret. Finally, it avoids social consequences related to being exclusive.



Top to bottom: Sam72/Shutterstock.com; Arcady/Shutterstock.com

Figure 14.32 Abstinence is the best decision for young people who want to maintain good physical, mental, emotional, and social health. It prevents many health consequences, including STIs and pregnancy. **Identify three factors that can influence decisions you make about physical intimacy.**

As with physical intimacy, you should consider your own boundaries related to abstinence before starting a dating relationship. When you start dating, communicate these boundaries and stick to them (Figure 14.33). In a healthy dating relationship, you will not feel pressured by your partner to engage in physically intimate or sexual behavior that does not feel comfortable. Keep in mind that abstinence is a choice that will affect not just your present, but also your future. It is possible to maintain a rewarding, fun, healthy romantic relationship without engaging in sexual activity.

Strategies for Forming Healthy Dating Relationships

If you are interested in having a romantic relationship, you should take steps to ensure it is healthy. Strategies you can use for forming a healthy relationship include the following:

- Get to know the person you might want to date before dating. Talk to this person at school, during an activity, or on the phone before going out with him or her. This will help you figure out if you share common interests.
- Go out with a group that includes the person in whom you are interested. This **group dating** is a good way to get to know a possible dating partner. Being with a group reduces the pressure of having to keep a conversation going with someone you are just getting to know. Group dating is also a good way to stay safe, especially if you do not know the person very well.
- Find ways to cope with your nerves. You may feel nervous about talking to or meeting with the person you may want to date. These feelings are normal. In fact, the other person will probably be nervous, too. If talking makes you nervous, plan activities that do not require much conversation, such as seeing a movie, playing miniature golf or bowling, or going to a school dance.



Figure 14.33 It is important to formally decide what your boundaries are before you are confronted with a risky situation because you will be more prepared to enforce these boundaries.

CASE STUDY

Travis's First Date?

Today, Travis was asked by Casey to go on a date. Travis finds Casey attractive, both in her physical appearance and personality. Travis and Casey have been in some classes together and have some mutual friends, but they did not know each other before this year. Travis is definitely interested in getting to know Casey better.

Travis's older sister has a boyfriend and seems happy about it, but Travis is not sure if he is ready for a dating relationship. Travis participates in many extracurricular activities and is still trying to make friends at his school and in his community. He worries that having a dating relationship with Casey will keep him from making more friends. Travis is not 100 percent sure how his parents would feel about him dating at his age, but he thinks they would accept it. According to Travis's classmates, Casey is very interested in having a dating relationship with Travis.



Maxwell Suzinski Images/Shutterstock.com

Thinking Critically

1. What factors are influencing Travis's decision to go out with Casey? Which of these factors are internal and which are external?
2. What information do you think Travis should gather before trying to make this decision? How should he go about gathering this information?
3. Imagine that Travis ultimately decides not to go out with Casey. Write a script for a healthy, realistic conversation in which Travis tells Casey about his decision.
4. Why do you think it is sometimes difficult for young people to say "no" to activities their peers want them to do?

The End of a Dating Relationship

Many dating relationships between young people eventually end. These relationships often do not last long, partly because the partners' goals and beliefs are still forming and changing during these years as partners try to figure out their own identities. These changes can lead to one partner realizing that the relationship no longer works for him or her.

Breakups can be emotionally painful, especially for the person who does not want to end the relationship. It is important, however, to recognize when a relationship is not working. Someone ready to end a relationship should talk to the other person honestly—and with understanding. It is not fair to the other person to string him or her along.

No matter how a relationship ends, both people involved will probably find it difficult to cope. When a relationship ends, people commonly feel sad, angry, lonely, and even physically ill. These feelings are a normal reaction to the end of a relationship and will heal over time.

Some people try to cope with the loss of a dating relationship by quickly beginning a new relationship. By doing this, however, they do not allow themselves time to process their feelings about the end of their previous relationship. Some of these feelings can spill over into the new relationship, which is unfair to new dating partners. New partners deserve to be with someone who is focusing on the new relationship rather than continuing to cope with the loss of a past relationship.

Moving quickly into a new relationship also does not give a person enough time to think about why the previous one did not work. Trying to understand that can help a person see if he or she needs to act differently in the next relationship.

Lesson 14.4 Review

1. What is the difference between casual dating and a dating relationship?
2. Which of the following is characteristic of a healthy dating relationship?
 - A. Pressure.
 - B. Individuality.
 - C. Infatuation.
 - D. Teasing.
3. **True or false.** Group dating can make it easier to get to know someone you do not know well.
4. Why do many dating relationships among young people eventually end?
5. **Critical thinking.** How does abstinence prevent the negative physical, emotional, and social consequences of early sexual activity?

Hands-On Activity

Even if dating is still years away for you, it is a good idea to think about what your rights and responsibilities in a dating relationship might be. For this activity, imagine that you are in a dating relationship. Complete the table below using what you learned in this lesson, your experiences, and your opinions. Reach out to trusted adults who have experience in healthy dating relationships to help you complete the table. Do you believe dating partners should have a conversation about the information contained in this table? If so, when and how should they discuss? If not, why not?

My rights in the relationship	
My responsibilities in the relationship	
My partner's rights in the relationship	
My partner's responsibilities in the relationship	



HEALTHY RELATIONSHIPS



INTRODUCTION

In this lesson we will briefly discuss...



- ★ Understand the characteristics of a healthy dating relationship
- ★ Identify strategies to help set boundaries
- ★ Understand ways to handle the end of a dating relationship



CHARACTERISTICS OF HEALTHY DATING



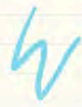
- ★ Attraction
- ★ Individuality
- ★ Balance
- ★ Open Communication
- ★ Honesty
- ★ Respect
- ★ Support
- ★ Safety



SETTING BOUNDARIES



- ★ Physical Intimacy
 - Holding hands
 - Hugging
 - Kissing
- ★ Values
- ★ Beliefs
- ★ Religion
- ★ Abstinence



4 STEPS TO SETTING BOUNDARIES



- ★ Decide on your boundaries
 - Consider values & Beliefs
 - Talk to trusted adult
- ★ Communicate your boundaries
 - Communicate to partner
- ★ Avoid Risky Situations
 - Stay clear of situations that may compromise boundaries
- ★ Act on you boundaries
 - Say no
 - Love equals respecting your boundaries



HEALTHY RELATIONSHIPS & PREVENTING DISEASES





INTRODUCTION



In this lesson we will briefly discuss...

- ★ What is HIV/AIDS
- ★ Differences between HIV & AIDS
- ★ How it is transmitted



UNDERSTANDING & PREVENTING DISEASES

01

HIV

Human immunodeficiency virus infects and kills cells, weakens the body's immune system



02

AIDS

Acquired immunodeficiency syndrome is an often fatal disease which the body cannot fight infections and diseases

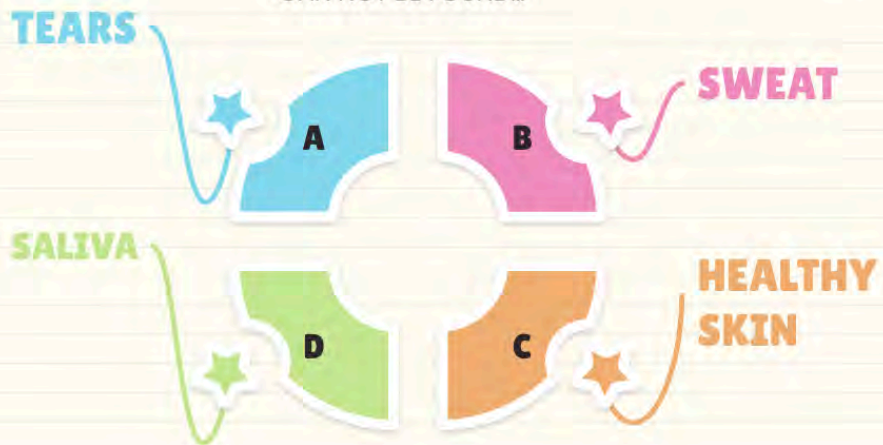
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

CAN BE FOUND...



HUMAN IMMUNODEFICIENCY VIRUS (HIV)

CAN NOT BE FOUND...





IMPORTANT TERMS



OPPORTUNISTIC INFECTIONS

These infections occur when pathogens take advantage of a weakened body

LONG-TERM NON-PROGRESSORS

This is when an individual that is HIV positive slowly progresses into AIDS



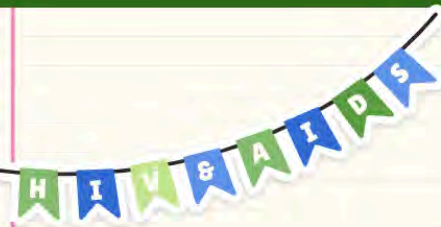
ANTI-RETROVIRAL THERAPY (ART)

This is the main treatment method for HIV/AIDS that is used to reduce the amount of viruses in the body



TED ED

A short 5 min video that will discuss what we have talked about...



TED ED

Click on the **TED ED** above and answer the questions provided. You will have about 10 min to complete them.

Chapter 14

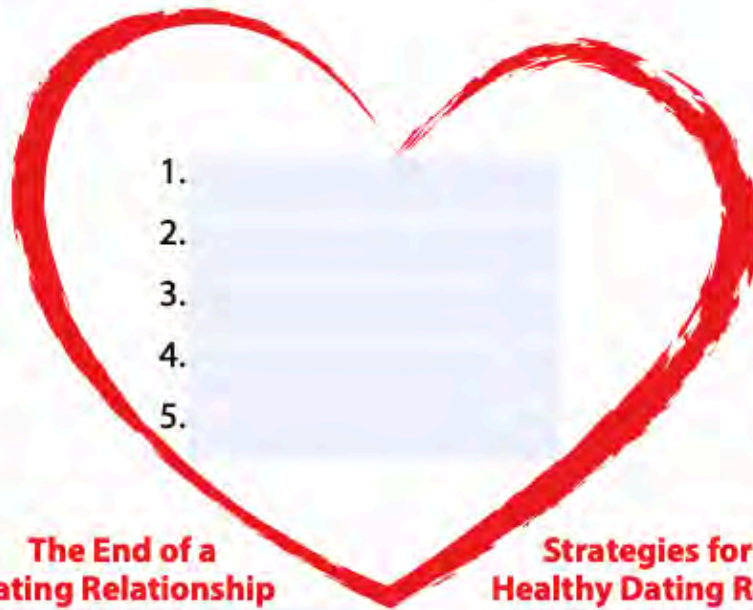
Name _____ Date _____ Period _____

Lesson 14.4 Graphic Organizer

Dating Need-to-Know

As you read Lesson 14.4, take notes under each main heading around the heart below. Then, identify the five most important facts you learned in this lesson and write them in the middle of the heart.

Characteristics of Healthy Dating Relationships



The End of a Dating Relationship

Strategies for Forming Healthy Dating Relationships

Heart: popular business/Shutterstock.com

Hands-On Activity

Even if dating is still years away for you, it is a good idea to think about what your rights and responsibilities in a dating relationship might be. For this activity, imagine that you are in a dating relationship. Complete the table below using what you learned in this lesson, your experiences, and your opinions. Reach out to trusted adults who have experience in healthy dating relationships to help you complete the table. Do you believe dating partners should have a conversation about the information contained in this table? If so, when and how should they discuss? If not, why not?

My rights in the relationship	
My responsibilities in the relationship	
My partner's rights in the relationship	
My partner's responsibilities in the relationship	



SEXUALLY TRANSMITTED INFECTIONS (STIs)



INTRODUCTION

In this lesson we will briefly discuss...

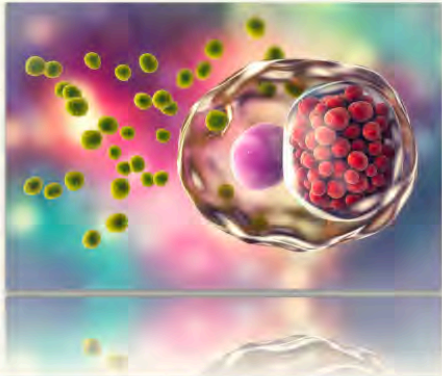
- ★ How STIs are transmitted
- ★ Most commonly reported STIs
- ★ Treatment methods





h

SEXUALLY TRANSMITTED INFECTION (STIs)



These are communicable diseases spread from one person to another during sexual activity



SEXUALLY TRANSMITTED INFECTIONS (STIs)



CAN BE TRANSMITTED BY...

BLOOD

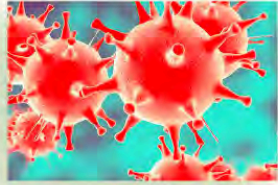


BODY FLUIDS

MOUTH



PRIVATE AREAS



SEXUALLY TRANSMITTED INFECTION (STIs)

01

Although there are some STIs that can be transmitted orally through activity such as kissing...

02

There are other STI's that are transmitted by direct contact/sexual activity



MOST COMMON STIs

01

CHLAMYDIA

Common STI caused by bacteria and is a "silent" disease due to the fact of having few or no symptoms

02

GONORRHEA

A bacterial infection that primarily affects the private areas and throat

03

SYPHILIS

A bacterial infection that causes extremely serious health problems and disability that can come in 4 stages

04

HPV

This infection is the most commonly contracted STI. Human Papillomavirus is a virus that infects cells in the skin and membranes



TREATMENT FOR STIs



CHLAMYDIA

GONORRHEA

SYPHILIS

HPV



Prescribed antibiotics



Prescribed antibiotics



Prescribed antibiotics or penicillin injection



No cure, but prescribed medication can ease symptoms



PLANNING & PRACTICING REFUSAL SKILLS (ABSTINENCE)



- ★ PRACTICE
 - Before you are presented with a risky situation, consider the words you might use
 - What if you are invited to an unsupervised party where alcohol or drugs may be present
 - What if your boyfriend/girlfriend is pressuring you to have sex
- ★ REFUSE
 - Verbally refuse the risky behavior. Be assertive and honest. Keep your response short, clear, and simple
 - If verbally refusing is not enough, walk away from the situation
- ★ Seek Advice
 - Remember that you don't need to face the stress alone



Sexually Transmitted Infections (STIs)

Lesson 11.2

Learning Outcomes

After studying this lesson, you will be able to

- understand how people contract sexually transmitted infections (STIs).
- describe the most commonly reported STIs.
- identify potential STI resources.
- explain treatment methods for STIs.

Key Terms

sexually transmitted infections (STIs)

communicable diseases spread from one person to another during sexual activity

chlamydia bacterial infection known as a "silent" disease because it has few or no symptoms

gonorrhea bacterial infection that primarily affects the genitals, rectum, and throat

syphilis bacterial infection divided into stages that causes extremely serious health problems and disability

trichomoniasis curable infection caused by protozoa that is more common among young women than men

genital herpes viral infection that results in sores on the genitals

human papillomavirus (HPV) most commonly contracted STI that causes genital infections and sometimes cancer

abstinence commitment to refrain from sexual activity; only method that is 100 percent effective in preventing STIs

latex condom device that provides a barrier to microorganisms that cause STIs

Graphic Organizer

STI Cause and Effect

As you read this lesson, use a graphic organizer like the one below to take notes about the most common STIs. Identify whether the cause of the STI is a bacteria, virus, or protozoa. Then, identify the effects and possible treatments for each STI. An example is provided for you.



STI	Cause	Health Effects	Treatment
Chlamydia	Bacteria	Silent disease with few or no symptoms; progresses quickly to severe bacterial infection; can cause infertility	Antibiotics prescribed by doctor

Communicable diseases spread from one person to another during sexual activity are **sexually transmitted infections (STIs)**. When discussing STIs in his health class, Dakota from the previous lesson asked the question, “Am I at risk of contracting an STI?” The answer for him is *no* because Dakota does not engage in sexual activity. The answer would be *yes*, however, for a young person who is sexually active.

In this lesson, you will learn how people contract STIs. You will also learn about the most common STIs (Figure 11.8). Treatments for these conditions will be discussed as well.

How People Contract STIs

Just as with other communicable diseases, bacteria, viruses, and protozoa cause STIs. These microorganisms live in and on the surfaces of the reproductive organs. Depending on the type of STI, these microorganisms may also reside in the mouth, rectum, blood, and other bodily fluids of an infected person.

Engaging in sexual activity one time with just one infected sexual partner is all it takes to contract an STI. People with more sexual partners have greater chances of getting an STI. Although it is possible for a person with certain *oral* (appearing on the mouth) STIs to transmit the infection by kissing, other STIs are not transmitted this way. Casual contact with an infected person, such as using the same toilet seat, does not transmit STIs.

Common STIs

As you learned in Figure 11.8, the most commonly reported STIs include chlamydia, gonorrhea, syphilis, trichomoniasis, genital herpes, and human papillomavirus. As you read the following sections, you will learn about the signs, symptoms, and treatments for each of these STIs. You will learn about HIV/AIDS in the next lesson.

Chlamydia

Chlamydia, a common STI caused by bacteria, is a “silent” disease because it has few or no symptoms (Figure 11.9). If symptoms do occur, they are often mild, such as nausea or a burning sensation during urination.

Figure 11.8
The most commonly reported STIs are chlamydia, gonorrhea, syphilis, trichomoniasis, genital herpes, and human papillomavirus (HPV). Of these, the most common is HPV.



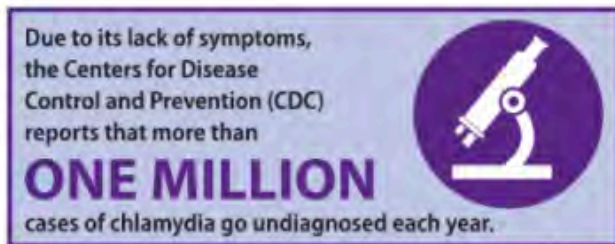


Figure 11.9
A staggering one million cases of chlamydia go undiagnosed each year. This is partly because chlamydia can be a “silent” disease that has no symptoms.

This lack of symptoms is dangerous because chlamydia poses a serious threat to the reproductive health of women. The “silent” nature of the disease allows it to quietly progress to a severe bacterial infection of the female reproductive organs. This condition, called *pelvic inflammatory disease (PID)*, can cause *infertility*, or the inability to have children. Chlamydia can be treated and cured with prescription antibiotics.

Gonorrhea

Gonorrhea is a bacterial infection that primarily affects the genitals, rectum, and throat. According to the CDC, gonorrhea is a very common STI, especially among people between 15 and 24 years of age. Like chlamydia, gonorrhea causes few or no symptoms in many people. Symptoms, however, do develop in some cases of gonorrhea (Figure 11.10). Doctors often prescribe two kinds of antibiotics to treat gonorrhea.

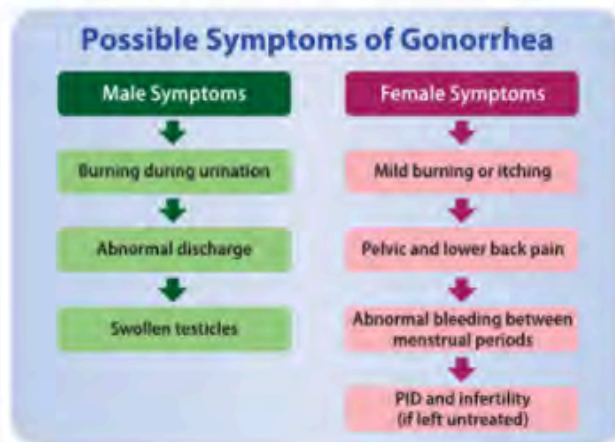


Figure 11.10
While most cases of gonorrhea present few or no symptoms, the symptoms that do develop vary between males and females.



Courtesy of the Center for Disease Control and Prevention

Figure 11.11 The secondary stage of syphilis includes a red or copper-color rash. This rash will go away on its own, but that does not rid a person of the syphilis infection. *During the secondary stage of syphilis, where does the rash typically develop?*

Syphilis

Syphilis is a bacterial infection that causes extremely serious health problems and disability. This STI progresses through several stages, which include the following:

- **Primary syphilis stage.** During this first stage, sores develop at the site of the infection. Direct contact with a syphilis sore during sexual activity is what causes the spread of syphilis. The sores are not painful, do not itch, and heal after a few weeks.
- **Secondary syphilis stage.** The secondary stage of syphilis develops days, weeks, or even months after the primary stage. In the secondary stage, a red or copper-color rash appears, mainly on the palms of the hands and soles of the feet, but sometimes elsewhere. The rash heals, but the person remains infected and enters the next syphilis stage (Figure 11.11).
- **Latent syphilis stage.** During the latent syphilis stage, a person is still infected, but there are no signs or symptoms of the disease.
- **Late-stage syphilis.** In this final stage of syphilis, an internal infection that does not include obvious external signs is present. It is characterized by damage to the brain in the form of *dementia* (deteriorating mental function), paralysis, and fatal damage to the heart, liver, and blood vessels.

Syphilis is most treatable during the early stages. Antibiotics can most effectively cure syphilis in its primary and secondary stages. Even if late-stage syphilis is cured, the organ damage remains permanent.

Trichomoniasis

Trichomoniasis is an infection caused by protozoa that is more common among young women than men. Trichomoniasis often has no symptoms, and it is considered to be the most curable common STI (Figure 11.12). Some women will experience itching, burning, and pain during urination. Trichomoniasis is easily cured with prescription drugs.

Figure 11.12 When an STI shows no symptoms, infection can go undiagnosed and untreated. This means that people are more likely to infect their sexual partners.



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Because men often have no symptoms, their infection may go undiagnosed and untreated, making it easy to reinfect their partners. Therefore, both partners must be treated to control reinfection.

Genital Herpes

Two kinds of herpes simplex virus (HSV) cause infections: *HSV type 1* and *HSV type 2* (Figure 11.13). **Genital herpes** is very common in the United States among men and women between 14 and 49 years of age.

A person infected with genital herpes usually has mild or no symptoms. Blisters arise at the site of infection, burst, and heal after a few weeks. Typically, these blisters return, but in a milder form, sometimes with swollen lymph nodes and fever. This recurrence of genital herpes is called an *outbreak*. No cure exists for herpes, but medication can control the frequency and severity of outbreaks.

Human Papillomavirus

A **human papillomavirus (HPV)** infection is the most commonly contracted STI. HPV is a virus that infects cells in skin and membranes, causing them to grow abnormally. At least 40 kinds of HPV can cause genital infections. Some types can cause cancer.

Almost all sexually active people carry HPV at one time or another. Luckily, most HPV infections do not cause health problems because the body fights and eliminates the viruses. Some types of HPV, however, cause genital warts, and other types can cause cervical cancer (Figure 11.14).

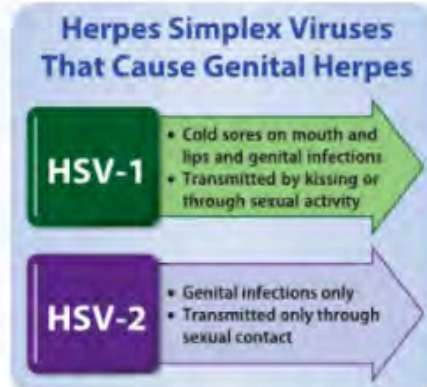


Figure 11.13 The two kinds of herpes simplex virus (HSV) are caused by different types of direct contact and cause different infections. *Which type of HSV causes genital infections only?*

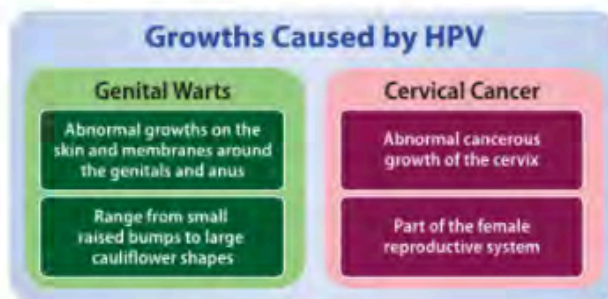


Figure 11.14 The body easily fights and eliminates most types of HPV. Some types of HPV, however, can cause genital warts or cervical cancer.

If a person develops visible genital warts from an HPV infection, the doctor may prescribe skin treatments, prescription medication, or surgical removal. Treatments for cancer caused by HPV vary depending on the severity and location of the cancer.

A vaccine exists to reduce the risk for HPV infection. The vaccine is recommended for girls and boys from 11 to 12 years of age. The vaccine is given in three shots over a six-month period of time. If people do not get all of the vaccine at this age, they can still receive the vaccination between 13 and 26 years of age.

Preventing STIs

STIs have many unpleasant symptoms (Figure 11.15). Although treatments exist for these conditions, it is easier to prevent STIs than it is to treat them. Two of the most effective methods for preventing STIs include abstinence and the use of latex condoms.

Figure 11.15

While it is possible that an STI will not show any noticeable symptoms, most STIs show some symptoms. *Which STI is characterized by hair and weight loss in later stages?*

Sexually Transmitted Infections	
Name	Symptoms
Chlamydia	<ul style="list-style-type: none"> Vaginal or penile discharge, painful urination, fever If left untreated, may damage reproductive organs and cause sterility
Gonorrhea	<ul style="list-style-type: none"> Vaginal or penile discharge, painful or frequent urination, fever, abdominal pain If left untreated, may damage reproductive organs and cause sterility
Pelvic inflammatory disease (PID)	<ul style="list-style-type: none"> Discharge, abdominal pain, fever, painful urination If left untreated, may cause sterility
Syphilis	<ul style="list-style-type: none"> Early stage: small, painless sore on affected area Later stages: body rash, fever, hair and weight loss, headache, sore muscles If left untreated, may cause permanent internal damage and death
Trichomoniasis	<ul style="list-style-type: none"> For men: itching and burning in the urethra, discharge from the penis For women: yellow-green vaginal discharge with a foul odor, burning, itching, and pain during urination and sexual intercourse
Genital herpes	<ul style="list-style-type: none"> Sores around the affected area with pain and itching
HPV	<ul style="list-style-type: none"> Warts on genitals, painful urination Cervical and other types of cancer

Practicing Abstinence

Because people contract STIs through sexual activity, the most effective way to prevent STIs is to practice abstinence. Sexual **abstinence** is the commitment to refrain from sexual activity. Abstinence is the only 100 percent effective method for preventing STIs. If a person does not engage in sexual activity, he or she will not contract an STI.

There are certain obstacles, such as peer pressure, that may prevent people from practicing abstinence. Friends or partners may try to persuade a person to engage in sexual activity. The use of alcohol and drugs can also be a barrier that prevents people from practicing abstinence. Alcohol and drugs impair judgment and lower *inhibition* (feelings of restraint), so their use is an important factor in early and unwanted sexual activity. By avoiding risky situations that may include drugs and alcohol, a person can make responsible decisions involving his or her choice to maintain abstinence.

Committing to abstinence may require a person to use refusal skills. As you learned in Chapter 8, refusal skills can help someone stand up to peer pressure. Planning and even practicing refusal skills for refusing sex, drugs, and alcohol can help people become familiar with words and actions they can use if risky situations occur (Figure 11.16).

Planning and Practicing Refusal Skills

Practice

- Before you are presented with a risky situation, consider the words you might use.
- What if you are invited to an unsupervised party where alcohol or drugs may be present?
- What if your boyfriend or girlfriend is pressuring you to have sex?

Refuse

- Verbally refuse the risky behavior. Be assertive and honest. Keep your response short, clear, and simple.
- If verbally refusing is not enough, walk away from the situation.

Seek Advice

- Remember that you do not need to face this stress alone.
- Find guidance for handling specific situations from a parent, teacher, counselor, or other trusted adult.

Figure 11.16

You can decrease your chances of being pressured or convinced to participate in risky behaviors by preparing your refusal skills in advance.

Chapter 11

Name _____ Date _____ Period _____

Lesson 11.2 Graphic Organizer

STI Cause and Effect

As you read Lesson 11.2, use the graphic organizer below to take notes about the most common STIs. Identify whether the cause of the STI is a bacteria, virus, or protozoa. Then, identify the effects and possible treatments for each STI.

STI	Cause	Health Effects	Treatment

Lesson 11.3

HIV/AIDS

Key Terms

human immunodeficiency virus (HIV) virus that infects and kills cells, weakening the body's immune system; leads to AIDS

acquired immunodeficiency syndrome (AIDS) often fatal disease in which the body cannot fight infections and diseases

HIV-positive status determined by a laboratory test that indicates the presence of HIV antibodies in a person's blood

opportunistic infections conditions that occur when pathogens take advantage of a weakened body; the cause of death in HIV/AIDS cases

long-term non-progressors HIV-positive people whose infection progresses to AIDS slowly

anti-retroviral therapy (ART) treatment for HIV/AIDS in which a cocktail of three drugs is given to interfere with HIV reproduction

Learning Outcomes

After studying this lesson, you will be able to

- **distinguish** between HIV and AIDS.
- **understand** the transmission of HIV.
- **describe** the signs and symptoms of HIV/AIDS.
- **explain** testing procedures for diagnosing HIV/AIDS.
- **identify** treatment methods for HIV/AIDS.

Graphic Organizer

KWL Chart: Learning About HIV/AIDS

Create a chart like the one shown below. Before you read the lesson, outline what you know and what you want to know about understanding HIV/AIDS. After reading the lesson, outline what you have learned. An example is provided for you.



K What I Know	W What I Want to Know	L What I Have Learned
HIV infects and kills cells, weakening the body's immune system	Does everyone infected with HIV develop AIDS?	AIDS is a condition in which the body cannot fight infections/disease; can develop later after HIV onset

In Lesson 11.2, Dakota learned about common sexually transmitted infections. Many of those STIs can pose serious health risks if left untreated. Another STI that can have serious health consequences is HIV/AIDS.

HIV/AIDS continues to be the leading infectious cause of death worldwide, killing about two million people each year. It affects men, women, and children of all ages and races and people of all countries. Learning this, Dakota became interested in putting together a school advocacy program that would help inform his classmates and peers about the transmission, health effects, prevention, and treatment of HIV/AIDS.

In this lesson, you will learn about HIV/AIDS. Like Dakota, you will also learn about the transmission of, signs and symptoms of, testing for, and prevention and treatment of HIV/AIDS.

Understanding HIV and AIDS

To understand HIV and AIDS, you must first know what each term means (Figure 11.18). **Human immunodeficiency virus (HIV)** infects and kills cells, weakening the body's immune system. At a certain point, the HIV infection completely wears down the immune system. This leads to **acquired immunodeficiency syndrome (AIDS)**, an often fatal disease in which the body cannot fight infections and diseases.

AIDS can develop later, perhaps many years after the onset of the HIV infection. In other words, *HIV* refers to the virus and *AIDS* refers to the disease. Therefore, people transmit HIV, not AIDS. The title of this lesson uses the term *HIV/AIDS* to recognize the relationship between HIV and AIDS.

A person is **HIV-positive** if a laboratory test detects the presence of HIV *antibodies* in the person's blood. *Antibodies* are proteins the body's immune system produces to detect and destroy certain harmful substances, such as HIV. If HIV antibodies are in a person's blood, the person's blood must contain HIV. Being HIV-positive means that a person is infected with HIV, but it does not necessarily mean that a person has AIDS.

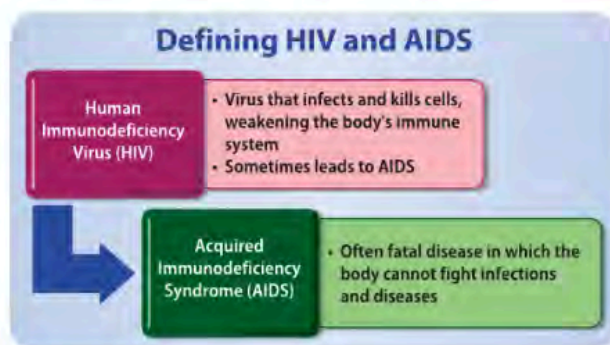


Figure 11.18
HIV is a virus that infects cells and weakens the body's immune system. Sometimes, perhaps many years after the onset of HIV, the body develops AIDS, in which the body cannot fight infections and diseases. *Can HIV be cured with antibiotics? Why or why not?*

HIV Transmission

There are certain ways HIV can and cannot be transmitted (Figure 11.19). HIV is found in bodily fluids, including blood, semen, vaginal fluids, and breast milk. HIV is not found in tears, saliva, or sweat. HIV can be transmitted through sexual intercourse. Babies born to HIV-positive mothers can become infected, and mothers can transmit the virus in their breast milk. The virus can also be transmitted through contaminated needles used for drugs, tattoos, or body piercings. At one time, HIV was often transmitted in *blood transfusions*, or procedures in which people receive donated blood. In the United States, however, the blood supply is now screened for HIV, so transfusions are usually very safe.

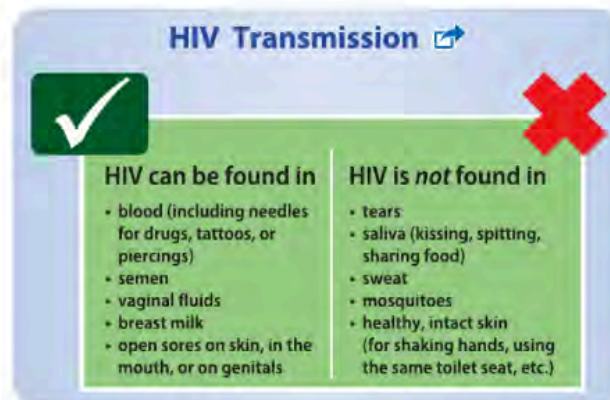
HIV is *not* transmitted by mosquitoes or by kissing, spitting, shaking hands, sharing food, or using the same toilet seat. Healthy, intact skin provides an effective barrier to HIV infection. HIV transmission is possible through open sores on skin, in the mouth, or on genitals.

Certain factors increase the risk for HIV transmission. People who abuse injected drugs are more likely to share hypodermic needles, increasing their risk of exposure to HIV-positive blood. Having other STIs also increases the risk for developing HIV. Sores and inflammation associated with other STIs damage the intact skin that protects against HIV infection. This means a person with STIs is more at risk for HIV infection.

Signs and Symptoms of HIV/AIDS

Following HIV infection, the infected person may develop minor symptoms that are not recognized. In some people, these symptoms do not occur for months. Early symptoms resemble a flu-like illness with fatigue and swollen, painful lymph nodes. HIV infection may not develop into AIDS for two years or more.

Figure 11.19
HIV can be transmitted in certain bodily fluids such as blood and semen, but not through other fluids such as saliva or sweat.

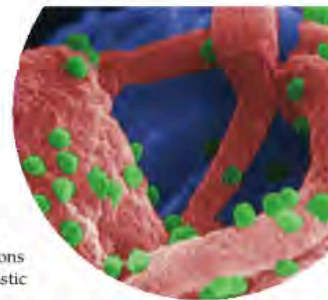


AIDS develops when the immune system becomes disabled. This decline in immunity can be measured with blood tests that show a greatly reduced number of important immune system cells called *T-helper cells* or *CD4 cells*. HIV specifically destroys these immune system cells (Figure 11.20).

When the virus sufficiently disables the immune system, unusual or normally harmless pathogens continuously assault the body, causing **opportunistic infections**. These infections occur when pathogens take advantage of a weakened body. Opportunistic infections are the cause of death in HIV/AIDS cases. The presence of opportunistic infections is a sign of HIV/AIDS.

One opportunistic infection, caused by a fungus called *Pneumocystis*, is a form of pneumonia that healthy immune systems easily beat. A yeast infection of the mouth, called *thrush*, also takes advantage of the weakened immune system. *Tuberculosis*, a bacterial lung infection, is often associated with AIDS. In addition to these infections, people with AIDS may develop a blood vessel tumor called *Kaposi's sarcoma*. Other signs and symptoms of AIDS include severe weight loss, diarrhea, fever and chills, and nausea.

According to medical research, HIV/AIDS develops differently and at different rates for all affected people. In some people, HIV infection quickly leads to AIDS, while others do not progress to AIDS for decades (Figure 11.21). HIV-positive people whose infection progresses to AIDS slowly are **long-term non-progressors**. Medical researchers may study long-term non-progressors to help explain how the body successfully fights HIV.



Courtesy of the Centers for Disease Control and Prevention

Figure 11.20
HIV (shown here in green) weakens the body's immune system by infecting and killing cells (shown in red). **Which immune system cells are destroyed by HIV?**

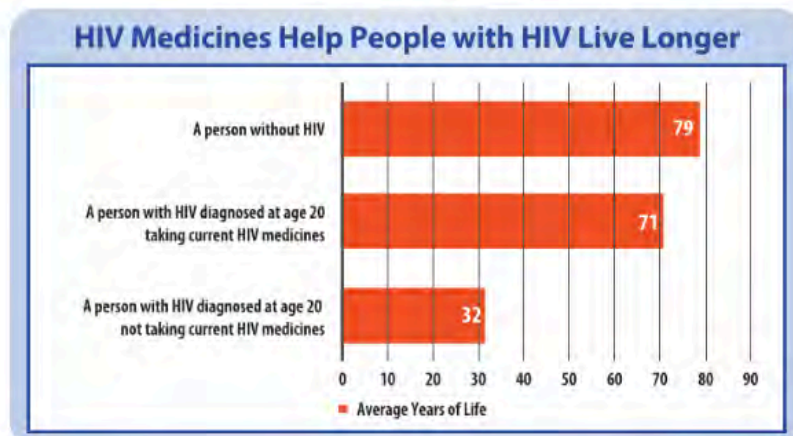


Figure 11.21 People with HIV who take proper medications are able to live longer than HIV patients in years past.

Testing for HIV/AIDS

HIV/AIDS testing is critical for personal and community health. The HIV test examines a blood sample for the presence of HIV antibodies. Recall that the presence of HIV antibodies means the presence of HIV. A person may not develop HIV antibodies until weeks or months after exposure to HIV. Therefore, if a person gets a negative blood test, and he or she suspects exposure to HIV within the past three months, HIV testing should be repeated after three more months have passed.

Test results are available in a few days, or the rapid version of the test gives results in 20 minutes. Though tests are typically performed in doctors' offices and hospital labs, they may be done in other locations as well. HIV test sites can be found by searching the Internet or by contacting the Centers for Disease Control and Prevention (CDC).

A home version of the HIV test is available without a prescription at drug stores. The test is inexpensive, fast, painless, and private. If the home test indicates HIV infection, the person should see a doctor for a test to confirm the results.

HIV testing is the key to controlling HIV/AIDS transmission within society. Sexually active people should be tested every year and every time they switch sexual partners. Sadly, some people with HIV do not know they are infected (Figure 11.22). If each affected individual knew he or she was HIV-positive, steps could be taken to prevent further transmission of the virus. Increased testing could significantly reduce HIV transmission.

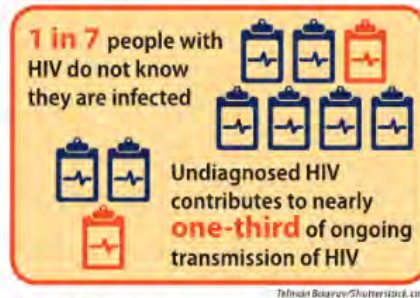


Figure 11.22 Sexually active people who have undiagnosed HIV can unknowingly infect others with the virus.

HIV Test Results Are Confidential and Private

The *Health Insurance Portability and Accountability Act (HIPAA)* is a federal law that requires confidentiality for HIV test results, just as it does for other medical records. This means the results of a person's HIV test must be kept secret under the law. If an HIV test is positive, healthcare providers must report the results to the state. This is because the states track and study the number of HIV cases. The results, however, are reported with no identifying personal information to protect the identity of the individual.

Although healthcare providers and states must keep HIV test results private, HIV-positive individuals are encouraged to share their results with certain people. HIV/AIDS is easily transmitted between sexual partners, so HIV-positive individuals should share their test results to protect their partners. Some cities and states have partner-notification laws requiring HIV-positive individuals or their doctors to notify sexual partners or needle-sharing partners (Figure 11.23).



Figure 11.23 Many states throughout the United States have passed laws requiring HIV-positive individuals to disclose information about their disease to sexual partners.

Protecting HIV-Positive Individuals from Discrimination

HIV-positive individuals often face discrimination in society and in their workplaces. *Discrimination* is the unfair treatment of a certain group of people. Some employers might refuse to hire HIV-positive people, worrying that they will take many sick days. Others might make assumptions about an HIV-positive person's lifestyle and disapprove of his or her situation. This can also lead to discrimination. The federal government seeks to prevent this type of discrimination.

Two important laws protect the rights of HIV-positive people. The *Americans with Disabilities Act (ADA) of 1990* and the *Rehabilitation Act of 1973* prohibit discrimination against people with HIV/AIDS. This means that people with HIV/AIDS cannot be denied jobs, benefits, education, services, or other rights because of their HIV/AIDS status. These laws also protect the families of people living with HIV/AIDS.

Preventing and Treating HIV/AIDS

People contract HIV/AIDS through sexual activity or through the use of contaminated needles. The same methods used to prevent other STIs also help prevent HIV/AIDS. This means that abstinence is the only method that is 100 percent effective in preventing HIV/AIDS (Figure 11.24).



Figure 11.24 There are many methods to prevent STIs, but abstinence is the only method that is 100 percent effective.

The use of latex condoms will also help reduce the chances of contracting HIV/AIDS. To avoid contaminated needles, do not inject drugs or share needles with anyone. Also, make sure that needles used for tattoos or piercings are sterile.

The main treatment method for HIV/AIDS is **anti-retroviral therapy (ART)**, so named because HIV is a type of virus known as a *retrovirus*. The specific aim of ART is to reduce the number of viruses in the body so the immune system remains strong. ART also greatly reduces the likelihood of HIV transmission. It should be noted, however, that ART *does not* cure HIV/AIDS.

ART consists of a mixture of three drugs, sometimes called a *cocktail of drugs*. Each of the three drugs interferes with the reproduction of HIV inside the body. Sometimes, HIV can develop resistance to a drug. This means that the drug becomes ineffective against the virus. The ART cocktail is designed to prevent HIV from developing resistance to drugs.

Immediately after exposure to HIV, a person may not need to begin ART. Each case differs and depends on how long a person has been HIV-positive. The person's general health and immunity are also factors in prescribing treatment.

There is a pre-exposure treatment, called *pre-exposure prophylaxis (PrEP)*, that may prevent HIV infection. PrEP uses a similar ART cocktail known as *Truvada*. The pre-exposure treatment is intended for people who have a high risk of HIV infection. This might include HIV/AIDS researchers who study the virus in a laboratory or doctors and nurses who work closely with HIV-positive patients.

Lesson 11.3 Review

1. **True or false.** The presence of HIV antibodies in the blood indicates a person is HIV-positive.
2. Each of the following is a bodily fluid source of HIV *except* _____.
 - A. blood
 - B. semen
 - C. saliva
 - D. breast milk
3. List two types of opportunistic infections.
4. What type of test indicates a person is HIV-positive?
5. **Critical thinking.** What is discrimination? What laws protect the rights of HIV-positive people against discrimination in the workplace?

Hands-On Activity

Create a Venn diagram. Label one of the circles "People living with HIV/AIDS" and the other "People living without HIV/AIDS." Complete the Venn diagram. List examples of everyday activities that these groups of people can and cannot do. The center, where the circles overlap, indicates what activities both groups of people can or cannot do. When complete, review your information. Draw conclusions about what people living with HIV/AIDS can and cannot do. What do your conclusions show about misconceptions people may have about those who are living with HIV/AIDS?

**EXERCISE 4**

How STDs Spread

**TEACHING TIP**

Place a couple of drops of ammonia in two cups with the water. Keep track of which cups have the ammonia in them.

Objective: To help students discover the ways HIV/AIDS and other STDs are passed from one person to another.

Materials:

- One small disposable cup for each student
- One small bottle of ammonia
- One small bottle of phenolphthalein (available from your science teacher)
- Water

Step by Step:

1. Prior to class time, fill each small cup 1/2 full with water.
2. Place a couple drops of ammonia in two of the cups (be sure to keep track of which cups have the ammonia in them!).
3. Distribute one cup to each student (encourage students to be careful not to drink or spill any of the water).
4. Instruct students to go around the room "swapping juices" (pouring a little bit of their water into another cup) with 3 different people in the class. Ask the students to keep track of whom they swapped with.
5. Once everyone has shared their water, ask the students to return to their seats.
6. Work your way around the classroom putting 1 drop of phenolphthalein in each cup. Some cups will turn a bright pink (when phenolphthalein mixes with ammonia water it turns pink).




EXERCISE 4

NOTES

7. Explain to the students that the pink coloring represents an STD or HIV. Draw attention to the fact that at the beginning of the exercise—only two cups would have turned pink, but once “juices have been swapped,” the rate is much higher.
8. Discuss the following questions.
 - Who brought the infection into class?
 - How do you know?
 - How is this disease similar to HIV infection?
 - Did anyone choose to abstain from the activity?

Lesson
18.3

Unwanted Sexual Activity

Key Terms 

sexual harassment unwanted attention that includes suggestions of a sexual nature

sexual violence sexual activity involving someone who did not give consent for that activity

rape sexual intercourse to which one person did not consent


consent direct, verbal agreement to a behavior

statutory rape crime that takes place when someone over the age of consent engages in sexual intercourse with someone under the age of consent

Learning Outcomes

After studying this lesson, you will be able to

- define sexual harassment.
- describe types of sexual violence.
- identify consequences of sexual violence.
- develop refusal skills that can help avoid unwanted sexual activity.
- describe steps for helping victims of sexual violence.

Graphic Organizer 

Violence and Harassment

Before you read this lesson, fold a piece of paper into four sections. Cut along the folds to create four smaller pieces of paper. Label the smaller pieces *Sexual Harassment*, *Sexual Violence*, *Results of Sexual Violence*, and *Preventing and Responding to Sexual Violence*. As you read the lesson, take notes on the front and back of the appropriate piece of paper. Flip through the four pieces after reading to review the lesson.



<p>Sexual Harassment</p> <p>Unwanted attention of sexual nature</p> <p>Verbal or nonverbal</p>	<p>Sexual Violence</p>
<p>Results of Sexual Violence</p>	<p>Preventing and Responding to Sexual Violence</p>

Lately, Carter from the previous lessons has noticed Alia acting sad and withdrawn. Alia tells Carter that some people in her theater club have been making sexual comments about her online. The comments make her uncomfortable and scared. Alia fears her friends will hear the sexual rumors being spread about her. Carter offers to go with Alia to tell a teacher about the behavior.

Sexual harassment and violence are serious problems. Although they can happen to anyone at any age, adolescents are especially vulnerable. This is partly because adolescents' physical, emotional, and sexual development are all at different levels. People who are more sexually experienced may take advantage of adolescents. Some adolescents may have poor judgment or decision-making skills, increasing their risk for violence. No matter the situation, sexual harassment and sexual violence are always harmful and are serious crimes.

Sexual Harassment

As adolescents grow curious about sexual activity, they may want to talk about sex and make sexual comments. If these comments are not wanted, however, they can be sexual harassment. **Sexual harassment** is unwanted attention that includes suggestions of a sexual nature. Most victims of sexual harassment are female, and most harassers are male. Both males and females, however, can commit and be the victims of such harassment (Figure 18.19).



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Figure 18.19 Unwanted sexual attention can cause negative health consequences for the victims, including depression, anxiety, and insomnia. **What are the two types of sexual harassment?**

Recognizing Harassment

Sexual harassment can be verbal or nonverbal. *Verbal sexual harassment* includes the use of words, gossip, and threats. People who tell sexual jokes and make inappropriate or intimidating sexual comments are guilty of sexual harassment. Sexual harassment also occurs when sexual comments are spoken in the presence of someone who feels uncomfortable about them. Spreading rumors of a sexual nature, through word of mouth or social media, is also sexual harassment.

Nonverbal sexual harassment occurs when people make sexual gestures at or about someone. This type of sexual harassment includes pinching, rubbing, or brushing up against someone in an unwanted way.

If you are not sure whether a behavior counts as sexual harassment, ask yourself these questions: Does it make me feel uncomfortable? Do I want the behavior to stop? If the answers to these questions are *yes*, you are experiencing sexual harassment.

Sexual harassment is never the victim's fault. Someone who says "you asked for it" is blaming the victim instead of taking responsibility for his or her own wrongful action.

Answer

verbal and nonverbal

Responding to Harassment

Victims of sexual harassment often feel powerless to stop the behavior. They can take some steps to try to get the person to stop, however. Sexual harassment is a crime, and harassers can be arrested, found guilty, and put in prison. Victims who take steps to stop harassment could be helping more than just themselves (Figure 18.20). Someone who harasses one person is likely to harass others.

Most schools have a sexual harassment policy. At school, people can speak with their teachers, counselors, or principal to ask for help. If you are ever sexually harassed and you are not sure what to do, talk to a trusted adult.

If you see someone else being sexually harassed, be careful. Challenging the harasser could cause worse behavior. Instead, try to get the victim away from the situation. If you feel unsafe or uncomfortable getting involved, tell a teacher or principal. Remember that harassment is wrong, harmful to the victim, and criminal. Notifying someone is the right thing to do.

Sexual Violence

Sexual violence involves threatening or forcing someone into sexual activity. In all cases, sexual violence is wrong and illegal. One crime of sexual violence is **rape**, or sexual intercourse that happens without the consent of one person. The following behaviors are also sexual violence if consent is not given:

- kissing
- sexual touching, including the touching or fondling of body parts through a person's clothing
- attempted sexual intercourse, even if penetration does not occur
- exposure of a person's genitals to another person
- sexual harassment
- photography of a person who is nude
- exposure of someone to pornography

Although more males than females carry out acts of sexual violence, both males and females can be victims of sexual attacks.

Stopping Sexual Harassment

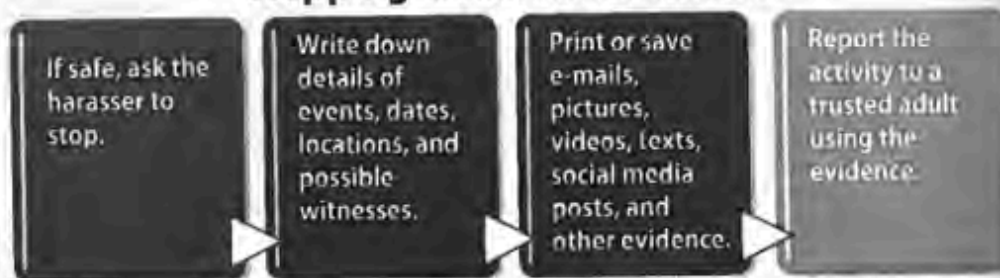


Figure 18.20 It can be intimidating to ask a harasser to stop his or her behavior. In these cases, try telling a trusted adult or asking a friend to accompany you. Only confront the harasser if you believe doing so is safe. Otherwise, talk to a trusted adult.

Lack of consent is central to the definition of sexual violence. **Consent** is direct, verbal agreement to a behavior (Figure 18.21). For consent to occur, both people must clearly say *yes*. Consent does *not* occur if someone says *no* or does not say anything at all.

People cannot and should not assume a person is giving consent unless the person specifically, verbally states his or her agreement. Without mutual consent, or consent by both people, unwanted sexual activity is sexual abuse or rape.

Some people are not legally capable of giving consent to sexual activity. Only someone who fully understands what he or she is agreeing to can give consent. People cannot give consent to sexual activity if they are in the following conditions:

- being pressured or coerced by someone else
- under the influence of drugs or alcohol
- have certain types of disabilities or disorders, such as a cognitive disability
- asleep or unconscious
- younger than the age of consent, which is 16 in most states

Laws prohibit sexual activity between older people and adolescents considered incapable of giving consent. The crime of **statutory rape** occurs when someone over the age of consent has sex with someone under the age of consent. The older person can be charged with statutory rape even if the younger person agrees to have sex. If the age of consent in a state is 16, a 17-year-old who has sex with someone under the age of consent could be charged with statutory rape.

Some people believe that if two people are in a romantic relationship, any kind of sexual activity is consensual. This is false. No one, not even a dating partner, has the right to pressure someone else into sexual activity (Figure 18.22). More than one-half of sexual-violence victims know their attackers. The person who commits sexual violence is entirely to blame if sexual activity occurs. The victim is *never* to blame.

What Is Consent?

Consent Is	Consent Is Not
<ul style="list-style-type: none"> • direct • verbal • voluntary • mutual 	<ul style="list-style-type: none"> • coerced • silent • implied • one-sided

Figure 18.21 Consent is the difference between sexual activity and sexual violence. Sexual activity without consent is sexual violence and is wrong and illegal. **What is the name of sexual intercourse without consent?**

Answer

100%



Figure 18.22

In any relationship, pressuring someone into sexual activity is wrong. In every case of sexual violence, the attacker is to blame, not the victim. **What percent of sexual-violence victims personally know their attacker?**

Answer

50 percent

istock.com/lorystyle

Results of Sexual Violence

Sexual violence can harm the health and well-being of victims, not just immediately but for years. Sexual violence can also have lasting and harmful effects on the victim's family, friends, and community.

Impact on Physical Health

Sexual violence can lead to physical health problems. Physical injuries can include bruises, broken bones, and pain in affected parts of the body. Victims might develop frequent headaches and have difficulty sleeping. Finally, sexual violence can lead to an unwanted pregnancy or an STI.

Impact on Emotional Health

Victims of sexual violence experience both short- and long-term emotional harm. Soon after the attack, many victims feel shock, denial, fear, anxiety, shame, guilt, and confusion. These symptoms may disappear or lessen with time. Some victims of sexual violence may develop post-traumatic stress disorder (PTSD) or become depressed (Figure 18.23). Some victims of sexual violence attempt to cope with the trauma by engaging in risky behaviors. By doing so, they increase the risk of having further health problems.

Impact on Social Health

Sexual violence also harms a person's social health, especially if the person inflicting the violence was a trusted person. People can hesitate to trust others as a result of sexual violence. This hesitance can prevent them from forming healthy, intimate relationships. Some victims of sexual violence feel isolated from their family members and friends.

Though they are not to blame for sexual violence, some victims feel shame and guilt. Their self-esteem goes down, and they may withdraw from their friends and family. Many victims of sexual violence fear blame or punishment if they tell others. As a result, they do not report the violence to law-enforcement officials, friends, and family members.

Figure 18.23

Anxiety, depression, shame, confusion, and shock are all possible symptoms for a victim after an attack of sexual violence. In some cases, the victim may even develop PTSD. **What response to trauma can increase the risk of further health problems?**

Answer

engaging in risky behaviors

PTSD Symptoms



- Repeated thoughts about the violence
- Nightmares and flashbacks
- Avoidance of anything related to the violence
- Difficulty sleeping
- Irritability and jumpiness

Tracy Whiteishi/Shutterstock.com

Preventing and Responding to Sexual Violence

You are in charge of your health and well-being and the decisions and actions that promote them. Others, however, can exert a powerful influence on your decisions and actions. To handle that pressure and stick to your decisions, you need good refusal skills and need to understand the risk of sexual violence (Figure 18.24).

Avoiding Risky Situations

Choosing to avoid some situations can help reduce the risk of sexual violence. Although no one can control another person's behavior, some factors can increase the risk of unwanted sexual activity. For example, being alone with another person, such as a dating partner, puts an adolescent at risk for sexual pressure. This is particularly true if pressure has been applied in the past.

Another risky situation involves the use of alcohol or drugs. These substances weaken a person's ability to think clearly. They also weaken *inhibitions*, or the limits placed on behavior by one's values or conscience. Staying away from situations that involve alcohol and drugs is a good way to avoid this risk.

Responding to Sexual Violence

If people become victims of sexual violence, they should fight back. If possible, they should run away from their attacker and try to get help. Otherwise, they may be able to scare off their attacker by struggling against them or attacking back. Physical and verbal resistance greatly reduce the risk of injury during sexual violence.

After a rape, the victim should immediately call 911 to get help. It is important to get medical attention right away at a hospital or clinic. Staff will examine the victim and treat him or her for physical injuries. They will also test for STIs. They may give the victim medications to decrease the chances of developing such an infection.

Rape is a crime and should be reported to the police. The police can only arrest the attacker if they know what occurred and can collect evidence. The victim should not change clothes or take a shower before going to the police station or hospital. This is because evidence can be gathered from clothes and hair.



Figure 18.24
Many schools have programs that educate students about sexual violence. These programs also teach about the importance of stepping in if you believe an assault might occur.

Talking to Survivors of Sexual Violence

I am glad you are alive.

It is not your fault.

I am sorry it happened.

You did the best you could.

Figure 18.25 Sometimes, it can be hard to know what to say to a survivor of sexual violence. The messages in this illustration can be helpful and can convey that you care. **Who is never to blame for an attack of sexual violence?**

Answer

the victim

Answers

1. True

2. D

3. Sexual violence can cause bruises, broken bones, pain, frequent headaches, difficulty sleeping, unwanted pregnancy, and STIs.

4. These substances weaken a person's ability to think clearly and weaken intuitions.

5. No, a lack of response is not consent. Consent is a direct, verbal agreement.

Many victims of sexual violence find it helpful to receive counseling. Some people who have been victims find support by talking to others who have been through this painful event. A school nurse, doctor, or local rape crisis center can provide information about counselors and local support groups. Victims might also find it useful to talk to other adults they trust. Parents or guardians, a family physician, religious leaders, and teachers are examples.

Supporting Survivors of Sexual Violence

If you know a victim of sexual violence, understand that he or she may or may not want to talk about the attack. Follow the victim's lead and do not ask too many questions. Try to be a good listener and do not judge or blame the victim for what happened (Figure 18.25). Remember, the victim is never to blame for an attack.

Lesson 18.3 Review

- 1. True or false.** Spreading sexual rumors about a person is sexual harassment.
- 2. Which of the following is consent?**
 - A. Lack of response.
 - B. Agreement under pressure.
 - C. Unconsciousness.
 - D. Direct, verbal agreement.
- 3. How does sexual violence impact physical health?**
- 4. Why are situations that include drugs or alcohol risky?**
- 5. Critical thinking.** If someone asks to kiss your friend, and your friend looks away, is this consent? Why or why not?

Hands-On Activity

For this activity, imagine that you are in the scenarios below. On a separate sheet of paper, describe how you would respond to each scenario. Then, share your answers with a partner and discuss other ways to respond.

Scenario 1: At a party, your partner wants to escape together to a quiet room. Lately, your partner has been pressuring you to have sex. You care about your partner, but are not interested in having sex.

Scenario 2: At school, you receive a text message with a sexual undertone. The sender wants you to leave class and meet in the bathroom.

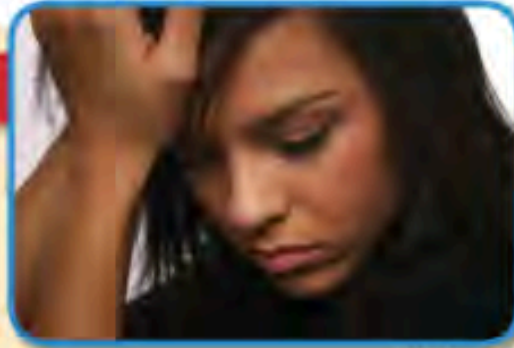
Scenario 3: In class, a student beside you starts to make sexual comments and compliments about you. The comments make you feel uncomfortable.

CASE STUDY

Marla and Nathan: A Not-So-Magical Relationship

Marla always imagined that her first real relationship would be magical. Her boyfriend would treat her like a princess and love spending time with her family. Now, Marla is dating Nathan, and their relationship is good, but not great. After three months, the relationship does not feel magical. Marla wonders if she had an unrealistic image of a relationship.

Marla and Nathan enjoy going to the movies and playing soccer together. Nathan will hang out with Marla's family, but only if she makes him. Generally, Marla enjoys Nathan's company, but she does not feel like a princess. When Nathan tries to make Marla feel like a princess, he is normally trying to convince her to do something sexual with him. Marla has already done more sexually than she wanted to, but Nathan wants more. At times, Marla wishes she could take back the things she has done with Nathan. Marla wants to talk with her family about her feelings, but fears disappointing them.



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Thinking Critically

1. If you were Marla's friend, what advice would you give her about dating Nathan?
2. Why do you think Marla continues to engage in sexual behaviors she does not want? How could this affect her future relationships and decision making?
3. If you were Marla, whom would you talk to about this situation? How would you start the conversation?
4. Is Marla in a healthy dating relationship? Why or why not?

Chapter 18

Name _____ Date _____ Period _____

Lesson 18.3 Graphic Organizer

Violence and Harassment

Before you read Lesson 18.3, cut out each of the boxes below. As you read the lesson, take notes on the front and back of the appropriate piece of paper. Flip through the four pieces after reading to review the lesson.

Sexual Harassment



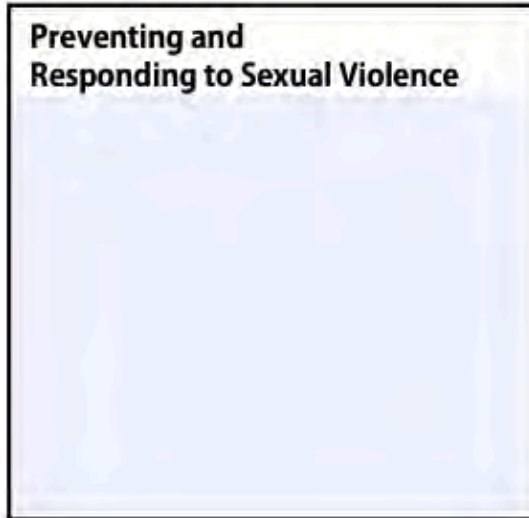
Sexual Violence



Results of Sexual Violence



Preventing and Responding to Sexual Violence





UNWANTED SEXUAL ACTIVITY & PREGNANCY PREVENTION

CASE STUDY

Marla and Nathan: A Not-So-Magical Relationship

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Stock.com/BOC

Thinking Critically

1. If you were Marla's friend, what advice would you give her about dating Nathan?
2. Why do you think Marla continues to engage in sexual behaviors she does not want? How could this affect her future relationships and decision making?
3. If you were Marla, whom would you talk to about this situation? How would you start the conversation?
4. Is Marla in a healthy dating relationship? Why or why not?

INTRODUCTION

In this lesson we will briefly discuss...

- ★ What is sexual harassment
- ★ Types of sexual violence
- ★ Consequences of sexual violence
- ★ Refusal skills/Responding Skills



SEXUAL HARASSMENT

Sexual harassment is unwanted attention that includes suggestions of a sexual nature. Which include...

- ★ Verbal harassment
 - Gossip
 - Threats
 - Sexual Jokes
 - Inappropriate/intimidating sexual comments
- ★ Nonverbal harassment
 - Sexual gestures
 - Pinching
 - Rubbing
 - Brushing up against unwanted



SEXUAL VIOLENCE

Sexual violence involves threatening or forcing someone into sexual activity. In all cases this is wrong and **illegal**. These include...



★ Rape: Sexual intercourse that happens without **consent** (direct verbal agreement to behavior)

- Kissing
- Sexual touching
- Attempted sexual intercourse
- Exposure of private parts

★ Statutory Rape: Occurs when someone over the age of consent (**17**) has sex with someone under the age of consent

IMPACT & PREVENTION OF SEXUAL VIOLENCE

Sexual violence can harm the health and well-being of victims, not just immediately but for years. It can also have lasting and harmful effects on the victim's family, friends, and community.

- ★ Physical Health
- ★ Emotional Health
- ★ Social Health

You are in charge of your health and well-being and the decisions and actions that promote them. Your peers however can have influence on your decisions and actions. To help with those pressures consider doing the following...

- ★ Having good refusal skills
- ★ Avoid risky situations (alcohol/drugs)
- ★ Fight back (physical/verbal resistance)
- ★ Run away



PREGNANCY PREVENTION & MYTH/FACTS



Abstinence is the **ONLY** true way to prevent pregnancy. There are some common misconception on preventing pregnancy...

- ★ Females younger than 18 years of age can become pregnant
- ★ A female cannot become pregnant the first time she has sex



Lesson 5.1

Recognizing Mental Health Conditions

Key Terms

mental illness mental or emotional condition so severe that it interferes with daily functioning; also known as a *mental disorder*

anxiety disorder condition in which someone responds with extreme or unrealistic fear and dread to certain situations, experiences, or objects

attention deficit hyperactivity disorder (ADHD) condition in which a person has difficulty paying attention and controlling behavior

major depression condition identified by intense negative feelings that do not go away and negatively affect daily life; also known as *clinical depression*

bipolar disorder condition identified by periods of intense depression that alternate with periods of manic moods

antisocial personality disorder condition identified by ignoring social rules and engaging in impulsive behavior

borderline personality disorder (BPD) condition identified by unstable identity and interpersonal relationships

schizophrenia condition identified by irregular thoughts and delusions, hearing voices, and seeing things that are not there

Learning Outcomes

After studying this lesson, you will be able to

- **identify** the different types of mental health conditions.
- **describe** anxiety disorders.
- **differentiate between** mood disorders and personality disorders.
- **explain** possible causes of mental health conditions.

Graphic Organizer

Symptoms of Mental Health Conditions

As you read this lesson, use a table like the one shown below to list all the mental health conditions you learn about in this lesson. Include a list of symptoms for each condition. If multiple conditions have the same symptoms in common, highlight each repeated symptom in a different color. An example is provided.



Mental Health Conditions	Symptoms
ADHD	<ul style="list-style-type: none"> • Difficulty paying attention • Difficulty controlling behavior • Hyperactivity

Farah, at 13 years old, has a hard time sitting still during an entire class period. She prefers to always be moving or talking to someone. She finds it difficult to listen to and follow the directions for her homework. Even if she does hear the directions, she quickly gets bored doing her homework. Because of these things, Farah's grades are suffering and she keeps getting in trouble during class.

Eleven-year-old Javier, on the other hand, has always been a good student. He loves learning, especially about history. Lately, however, he has become distracted in class because he feels deeply sad. He does not even know why he feels so sad. Sometimes, Javier will catch himself thinking about death. His teacher will scold him for zoning out, but it is not his fault! He gets irritated because he has no energy for class, even though he gets plenty of sleep.

As you learned in the previous chapter, your mental and emotional health involves how you feel about yourself, how well you can control your emotions, and how you can manage the stress in your life. In this lesson, you will learn about various mental health conditions, including those that are impacting Farah and Javier.

Types of Mental Health Conditions

Mental health conditions include mental illnesses and disorders. A **mental illness** is a mental or emotional condition so severe that it interferes with daily functioning. For example, a person might have a fear of public places. This fear may become so severe that the person avoids going to school or work. He or she might even avoid visiting with family and friends.

The terms *mental illness* and *mental disorder* both refer to serious mental health conditions. These conditions often involve thoughts, feelings, or behaviors. There are many different types of mental illnesses and disorders (Figure 5.1). You will learn more about these conditions in the following sections.

Types of Mental Health Illnesses and Disorders

Anxiety Disorders

- Types include: generalized anxiety disorder, social anxiety disorder, panic disorder, and phobias
- Involve inappropriate responses of fear or dread to a certain situation, experience, or object

Attention Deficit Hyperactivity Disorder (ADHD)

- Involves an inability to pay attention or control behavior
- Includes a tendency for hyperactivity

Obsessive-Compulsive Disorder (OCD)

- Involves constant and obsessive thoughts or feelings
- Usually includes rituals or repetition to make the thoughts or feelings go away

Post-Traumatic Stress Disorder (PTSD)

- Happens after an event that involves physical harm or the threat of harm
- Involves extreme stress or fear, flashbacks, angry outbursts, and nightmares

Mood Disorders

- Types include: major depression, seasonal affective disorder, bipolar disorder, and self-harm
- Involve serious changes in the way a person feels

Personality Disorders

- Types include: antisocial personality disorder and borderline personality disorder
- Involve a consistent pattern of inappropriate behavior

Schizophrenia

- Involves symptoms such as irregular thoughts, delusions, or false beliefs
- Can involve hearing voices and seeing things that are not there and paranoia

Figure 5.1 Mental illnesses and disorders come in all shapes and sizes, and can affect each person differently. **What is the name for a mental condition in which a person continually repeats an action?**

Anxiety Disorders

Almost everyone experiences anxiety in some situations. Anxiety often involves an increased heart rate, rapid breathing, sweaty palms, and an upset stomach. You may feel this way when you are nervous about something.

A person who has an **anxiety disorder** responds with extreme or unrealistic fear and dread to certain situations, experiences, or objects. These feelings and responses disrupt the person's way of life. Different types of anxiety disorders include generalized anxiety, social anxiety, panic disorder, and phobias.

People with *generalized anxiety disorder* experience anxiety about parts of their lives that they cannot control. These people may feel anxious about school or work. People with generalized anxiety disorder experience physical symptoms. These include feeling on edge, difficulty concentrating, and irritability.

People with *social anxiety disorder* feel anxious or afraid of social situations in which they might be judged. Anxious situations for these people include meeting new people, eating or drinking in public, and performing in front of others. In these situations, a person with social anxiety may worry about being embarrassed or rejected. A person with social anxiety disorder usually avoids social situations.

Panic Disorder

People with panic disorder experience *panic attacks*, or moments of intense fear. These moments of fear occur for no reason, and can happen anywhere or anytime without warning. Panic attacks include physical symptoms, such as a fast heartbeat, dizziness, trouble breathing, and chest pain.

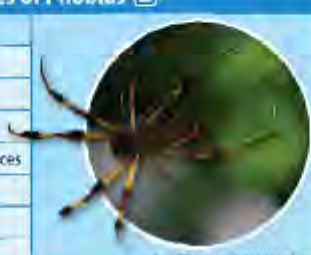
People who have panic attacks are usually fearful of having another attack. They may avoid places where they have experienced an attack. Some become so fearful of having another attack that they will not leave their own homes.

Phobias

People with phobias have a strong fear of objects or situations that do not really pose much, if any, danger. This fear is *irrational*, meaning that it does not make sense. Figure 5.2 describes some common phobias.

Figure 5.2
Over 30 percent of the population in the United States has arachnophobia, meaning they are deeply afraid of spiders. If a fear is irrational, what does this mean?

Different Types of Phobias	
Phobia Name	Fear of...
Arachnophobia	spiders
Ophidiophobia	snakes
Acrophobia	heights
Agoraphobia	open or crowded spaces
Cynophobia	dogs
Astraphobia	thunder/lightning
Claustrophobia	small spaces



Life with Social Anxiety

The illustration shows a social media dashboard with a dark blue header containing icons for home, messages, friends, a search bar, and a magnifying glass. Below the header, there are several interactive elements:

- A post from a user with a profile picture of a woman: "Share your thoughts and feelings online. Will anyone care what you have to say?" with a "Share" button.
- A notification: "1 Invite to a party you are unsure about attending" with a calendar icon.
- A post from "Your Best Friend": "added a new photo with 2 of your friends. Had so much fun with these two today! All we were missing was **You!** Wish you would have come with us. 🥰" Below the text is a photo of three people smiling. Below the photo are "62 likes" and a "Share" button.
- A post from "You": "updated your profile photo... will anyone like it?" Below the text is a photo of a woman with short dark hair wearing an orange top. Below the photo are "62 likes" and a "Share" button.
- A "Chat with Your Crush" window showing a conversation:
 - Crush: "Would you maybe want to... I don't know... hang out sometime?"
 - You: "Your Crush is typing..."
 - You: "Oh no... Did I say the wrong thing? Are you taking so long because you're going to say no? Never mind. Forget I said anything at all." Below this text is a "Send" button.

user: 417 height: 160px; font-size: 12px; color: #333; font-weight: normal; padding: 5px 0 0 0; border: 1px solid #ccc; border-radius: 4px; background-color: #fff; width: 100%; margin-bottom: 10px;">
/user: 517 height: 160px; font-size: 12px; color: #333; font-weight: normal; padding: 5px 0 0 0; border: 1px solid #ccc; border-radius: 4px; background-color: #fff; width: 100%; margin-bottom: 10px;



Figure 5.3
Students with ADHD are often unable to focus or sit still for the duration of the school day. What term associated with ADHD means “overly active”?

People with phobias will try to avoid the object or situation that they fear. If they are in a situation in which they have to face their fear, they may experience physical symptoms. For example, they may experience shortness of breath, a fast heartbeat, or panic and desire to flee.

Attention Deficit Hyperactivity Disorder (ADHD)

People with **attention deficit hyperactivity disorder (ADHD)** have difficulty paying attention and controlling behavior. They also tend to be hyperactive. *Hyperactive* means overly active.

ADHD usually develops in childhood and can continue into adulthood. ADHD is the most commonly diagnosed behavioral disorder in children. A *behavioral disorder* involves serious, disruptive behaviors in children that cause problems at home, at school, or in social situations for at least six months. People who have ADHD may show the following types of symptoms:

- having difficulty focusing or sitting still
- having difficulty organizing and completing tasks
- having difficulty listening to and following instructions
- talking nonstop or being in constant motion
- being quickly bored with tasks and activities (Figure 5.3)
- having difficulty waiting
- blurting out inappropriate comments without awareness of the impact of this behavior on others

Obsessive-Compulsive Disorder (OCD)

People with *obsessive-compulsive disorder (OCD)* have constant and obsessive thoughts or feelings. They try to make the thoughts go away by engaging in rituals, which means they do the same thing repeatedly. For example, some people with OCD are obsessed with germs. These people may wash their hands many times a day to calm their obsessive thoughts.

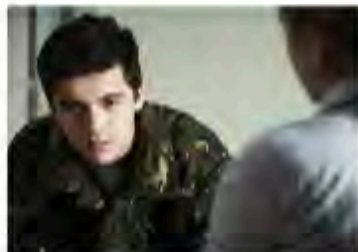


Figure 5.4 Counseling can be an effective treatment method for people with PTSD.

Post-Traumatic Stress Disorder (PTSD)

People who live through a terrifying event may develop *post-traumatic stress disorder (PTSD)*. The event often involves physical harm or the threat of harm. For example, experiencing war or living through a natural disaster or a major accident can cause PTSD. People with PTSD experience extreme stress or fear after the danger is over. They may also experience *flashbacks* (vivid memories) of the event, angry outbursts, and nightmares or trouble sleeping (Figure 5.4).

Mood Disorders

People with *mood disorders* experience serious changes in the way they feel. Some mood disorders can make people feel sad all the time and lose interest in life. Other mood disorders

can cause people to go back and forth between feelings of extreme happiness and extreme sadness. Common mood disorders include depression, seasonal affective disorder (SAD), bipolar disorder, and self-harm.

Depression

Everyone feels sad and depressed at times. These feelings are normal and usually improve and go away with time. Sometimes, however, feelings of depression are intense and do not go away. These feelings negatively affect a person's daily life.

People who experience ongoing negative feelings have **major depression**, which is also called *clinical depression*. Major depression is a serious mental disorder. Another type of depression is *seasonal affective disorder (SAD)*. People with SAD face depression in the winter months when there is less natural sunlight. SAD usually goes away in the spring and summer.

People with major depression and SAD often need professional treatment from a mental health specialist to overcome the disorder. Some people who have SAD may also benefit from light therapy.

People with depression may experience the symptoms in Figure 5.5. If symptoms of depression remain untreated, people who have depression are more likely to engage in harmful behaviors. They are also at greater risk of developing various health problems.

Bipolar Disorder

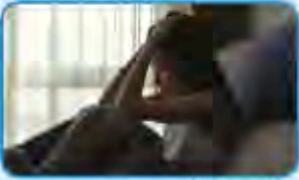
People who have **bipolar disorder** experience intense depression that alternates with *manic* (extremely happy and "up") moods. During the periods of depression, any of the symptoms of major depression may occur. Symptoms of the manic mood include poor judgment, little need for sleep, and hyperactive behavior. A manic mood may also include a lack of self-control. This can lead to binge drinking, binge eating, or out-of-control spending.

Self-Harm

Self-harm occurs when people hurt themselves on purpose. Cutting is the most common form of self-harm. Cutting involves a person making small cuts on his or her body with a razor blade, knife, or other sharp object. Other forms of self-harm may include burning oneself with lighters or matches, pulling out hair, punching or bruising oneself, and breaking bones.

Possible Symptoms of Depression

- Loss of interest in favorite activities
- Feeling worthless
- Extreme tiredness and loss of energy
- Weight loss or gain
- Difficulty sleeping
- Trouble concentrating
- Irritability, anger, and hostility
- Recurrent thoughts of death



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Figure 5.5
Depression is a serious mental disorder that has more symptoms than simply feeling sad. *What is another term for major depression?*

People typically self-harm because they cannot cope with a problem or control their emotions. They may hurt themselves because they are trying to stop feeling hopeless, angry, or lonely. Self-harm is possible to overcome by finding other ways to cope with emotions. Professional counseling may help people who self-harm learn how to control their emotions in healthier ways.

Personality Disorders

People with personality disorders show consistent patterns of inappropriate behavior. **Antisocial personality disorder** is one example of a personality disorder. People with this disorder ignore social rules and engage in impulsive and often aggressive and hostile behavior toward others.

CASE STUDY

Best Friends: Conor and Julia

For the last few years, Conor has felt pretty lucky to have the best group of friends in the world. Together, they rode their bikes to the park, listened to music and danced, and always stuck together. He loved that he felt like he could tell them anything. His best friend is Julia. They became best friends because they both love softball and watching scary movies.

This year, however, Conor noticed that Julia is different. She does not come out for batting practice with him anymore, and she does not want to watch scary movies on the weekends. When she does hang out with their friends, she looks upset. When Conor tries to ask her if something is bothering her, she gives him an annoyed or angry look and huffs, "I'm fine." It is obvious to Conor that she is not fine, but he does not want to push her or call her a liar.

Julia fidgets all the time by rubbing her hands over her arms or legs. Conor has seen her pulling at her skin, and sometimes almost pinching it. She will do this under the table in the cafeteria or under her desk in class. He has even seen her pulling at her skin when she is at home and thinks no one is looking. Conor can tell she pinches a lot harder when she is particularly nervous or upset. A few weeks ago, he pointed out big bruises on Julia's



Photo by iStockphoto.com/PhotoStock.com

upper arms. Since then, Julia has started wearing only pants and long-sleeved shirts, even though it is hot outside.

Conor is afraid that he will lose Julia as a best friend if he confronts her about this change in behavior. She seems so on edge about it. He is really worried about her though, and is afraid that she could be hurting herself. Conor does not know what to do.

Thinking Critically

1. What are the signs and symptoms that show Julia may have a mental health condition? Which mental health condition might she have?
2. Do you think Julia will get help to deal with her condition on her own? Why or why not?
3. If you were Conor, what would you do? How could you help her?

Sometimes, this may mean that they break the law. People with antisocial personality disorder do not show guilt or remorse if they hurt another person's feelings or cause physical harm.

People who have **borderline personality disorder (BPD)** have unstable identities and relationships. Their attitudes toward people may shift frequently. For example, people with BPD may like someone one day and then hate that same person the next day. They may get very angry with a person for canceling plans because they fear people will leave them.

Schizophrenia

People who have **schizophrenia** typically experience symptoms such as irregular thoughts, delusions, or false beliefs. Schizophrenia can also involve hearing voices and seeing things that are not there. People diagnosed with schizophrenia may experience paranoia. *Paranoia* is the belief that people are threatening or plotting against you. They may also show inappropriate emotional reactions, such as laughing when they hear someone has died.

What Causes Mental Health Conditions?

The cause or causes of most mental health conditions are unknown. Research suggests, however, that a combination of factors contribute to these conditions. These factors, as shown in Figure 5.6 below, include the following:

- **Family history.** People who have family members with mental health conditions are at a greater risk of developing these conditions themselves.



Left to right: <https://www.shutterstock.com/image-vector/brain-injury-illustration>; <https://www.shutterstock.com/image-vector/dna-molecule-illustration>; <https://www.shutterstock.com/image-vector/fruit-illustration>; <https://www.shutterstock.com/image-vector/dancer-illustration>; <https://www.shutterstock.com/image-vector/office-worker-illustration>

Figure 5.6 Any one of these factors, or a combination of factors, can contribute to the development of mental health conditions.

- **Life experiences.** Most experts believe that a person's life experiences play a major role in whether a mental health condition actually develops. For example, a stable and loving home environment may prevent the development of a mental health condition. On the other hand, traumatic events and stressors, such as the death of a loved one, financial loss, or divorce, can increase the risk of developing a mental health condition.
- **Brain injuries.** People who experience a serious brain injury are at greater risk of developing some mental health conditions. A *traumatic brain injury (TBI)* is any blow or jolt to the head that damages the brain. Brain injuries may cause temporary or permanent changes in brain function. Permanent changes can result in depression, anxiety, personality changes, and aggression.
- **Environment during pregnancy.** A pregnant woman's environment affects the health of her baby. Certain events and behaviors in a pregnant woman's environment increase her baby's risk of developing a mental health condition. These include substance use, poor nutrition, stress, trauma, or exposure to viruses or certain chemicals.
- **Unhealthy patterns of thinking.** Having feelings of inadequacy, low self-esteem, anxiety, and anger can contribute to the development of a mental health condition. People who have unhealthy patterns of thinking may believe the negative feelings they experience will never go away. Fortunately, people can learn to change unhealthy patterns of thinking and improve their mental health.

Lesson 5.1 Review

1. A person who has an _____ disorder responds inappropriately with fear and dread to certain situations, experiences, or objects.
2. What does the acronym *ADHD* mean?
3. **True or false.** All mood disorders make people feel sad all the time and lose interest in life.
4. List the five factors that can contribute to a mental health condition.
5. **Critical thinking.** Describe four different possible symptoms of ADHD and explain why these symptoms might be disruptive at school, at home, or in social situations.

Hands-On Activity

Research current mental health apps to better understand the information and features provided by these types of apps. Choose one mental health condition to be the focus of your app and design a proposal including the following:

- Page 1: name, logo, description, summary of benefits and uses, target audience
- Pages 2–4: three in-app features (drawn or digital) that would be beneficial to your users

Treatment for Mental Health Conditions

Lesson 5.2

Learning Outcomes

After studying this lesson, you will be able to

- describe treatment options for mental health conditions.
- compare different types of therapy.
- summarize barriers to seeking help for mental health conditions.
- recognize how to help a loved one who has a mental health condition.

Graphic Organizer

Identifying Resources

Using a graphic organizer like the one below, identify resources for people suffering from mental health conditions. Write resources for people with Mental Health Conditions in the middle oval, and list any resources you can think of in the surrounding circles.



Key Terms

therapist professional who diagnoses and treats people with mental health conditions

individual therapy type of therapy that involves a one-on-one meeting with a therapist to discuss feelings and behaviors

family therapy type of therapy in which all family members meet together with a therapist to build positive, healthy relationships

support groups gatherings in which a therapist meets with a group of people who share a common problem

antidepressants medications that treat depression by making certain chemicals in the brain more available

antipsychotics medications that manage the symptoms of schizophrenia

inpatient treatment type of treatment that involves staying in a healthcare facility for a period of time

stigma mark of shame or embarrassment that is usually unfair

When mental health conditions interfere with a person's ability to control his or her emotions or cope with daily life, professional treatment from a mental health professional becomes necessary. The mental health professional can then determine which type of treatment will best meet the person's needs depending on his or her mental health condition. Different mental health conditions, and the severity of symptoms, often require different types of treatment.

Consider the examples from the previous lesson. Farah struggles with ADHD, and Javier has started to suffer from depression. These mental health conditions are causing them problems both in class and in their lives. Luckily, both of these mental health conditions are treatable.

In this lesson, you will learn about different types of treatment options that are available to treat mental health conditions. You will learn about barriers that may prevent some people with mental health conditions from getting the help they need. You will also learn how you can help a loved one who has a mental health condition.

Treatment Options

Researchers are trying to find ways of identifying people who are vulnerable to mental health conditions. These researchers work to better understand how the human brain works (Figure 5.7). As they learn more, researchers also create new treatments for mental health conditions. The purpose of these treatments is to help people live healthy and productive lives. Treatment may involve receiving therapy, taking medication, or staying in a healthcare facility for a period of time.

Figure 5.7
The more researchers study the brain, the more they learn about what treatment options work best for mental health conditions.



© iStockphoto.com

Therapy

A **therapist** is a professional who diagnoses and treats people with mental health conditions. Therapists include professionals such as psychologists, psychiatrists, social workers, and counselors.

Therapists can help people understand their feelings and behaviors in an accepting and nonjudgmental way. Therapists may also have specific suggestions for how people can understand their thought processes and help themselves feel better. Therapists can help people learn to cope with their problems in healthy, positive ways. Therapists may recommend several different types of therapy, which include the following:

- **Individual therapy** involves a one-on-one meeting with a therapist to discuss feelings and behaviors (Figure 5.8). The information a patient shares with his or her therapist is completely confidential in most cases. One exception is if a therapist believes a patient may hurt himself or herself, or someone else. The therapist may share that information with a parent or guardian.
- In **family therapy**, all members of a family meet together with a therapist. This type of therapy helps families build positive, healthy relationships. Family therapy can also help members of a family support one member with a mental health condition.
- In **support groups**, a therapist meets with a group of people who share a common problem. The therapist shares and discusses strategies for managing this common issue with all group members at the same time. Members of support groups also gain information about what strategies were helpful for others. Support groups can be helpful because people feel the other members truly understand their problems.



<https://www.gettyimages.com/detail/stock-photo/young-man-sitting-couch-therapist>

Figure 5.8

In a one-on-one conversation, a patient can express his or her emotions and experiences. A therapist can then help create a treatment plan for any mental health conditions. *In addition to therapists, name two other types of professionals who diagnose or treat people with mental health conditions.*



Emily Johnson/Chalvencol.com

Figure 5.9 Medications often work by changing body chemistry. For example, antidepressants are believed to affect how neurotransmitters pass signals from one nerve cell to another in the brain. **Antidepressants are prescribed to treat which mental health condition?**

Possible Side Effects of Mental Health Medications

- Drowsiness
- Dizziness
- Restlessness
- Weight gain
- Nausea and vomiting
- Increases in suicidal thoughts
- Hallucinations
- Heart attack or stroke
- New or worsening mental health condition

Figure 5.10 Alert your doctor to any side effects you may experience from a medication.

Medication

Doctors, usually psychiatrists, prescribe medications as a treatment option, along with therapy, for people with mental health conditions. The following are examples of medications for specific mental health conditions:

- **Depression.** **Antidepressants** make certain chemicals in the brain more available, which can reduce or eliminate symptoms of depression (Figure 5.9).
- **ADHD.** Stimulants increase the levels of certain chemicals in the brain. This helps improve memory and attention span.
- **Anxiety disorders.** Medications used to treat people with anxiety disorders often slow down the central nervous system. This makes people feel calmer and more relaxed.
- **Schizophrenia.** **Antipsychotics** manage the symptoms of schizophrenia, which may include hallucinations.
- **Bipolar disorder.** *Lithium* helps control the extreme highs and lows that are common with bipolar disorder.

Managing Medication Side Effects

Most medications have some side effects (Figure 5.10). Side effects can include tiredness and weight gain or loss. In some cases, medications can have very serious side effects. Some types of medication can cause damage to major organs. People who take certain types of antidepressants may experience increases in suicidal thoughts and behaviors. Due to side effects, doctors regularly monitor patients on medications.

Using Medication with Therapy

Many researchers believe that medications are most effective when used along with some type of therapy. People with depression may take medication and also benefit from therapy. Medication can effectively manage symptoms of a condition. Therapy can help people correct their negative, unhealthy thought patterns.

Inpatient Treatment

In some cases, a person's mental health condition causes serious problems. These problems often require care in a clinic or hospital, or *inpatient treatment*. **Inpatient treatment** is necessary when people are at serious risk of harming themselves or others. People who are depressed and suicidal may need to be hospitalized for a period of time to make sure they do not attempt suicide. In the hospital, people receive around-the-clock supervision, medication, and therapy.

Barriers to Seeking Help

Unfortunately, people with mental health conditions do not always get the help they need. Only 44 percent of adults and less than 20 percent of children with mental health conditions get the help they need. Some people may assume their negative feelings will go away on their own.

BUILDING Your Skills

Talking About Mental Health

Onset of many mental health disorders occurs before 24 years of age. Getting early mental health support for children and young adults can help them before conditions interfere with their developmental needs and ability to cope with daily life. Recognizing mental health conditions in yourself and others, and knowing how to seek help, is essential to early treatment of these conditions.

It is essential to create a support system when you are young that encourages your mental health and well-being. This support system will help to guide your decisions and care for you during difficult times. The following activity will help you

initiate conversations about decision-making and mental health conditions with a parent or trusted adult.

Conversations That Make a Difference

Complete this activity with a parent or trusted adult. To begin, choose one of the scenarios below. Then, discuss with your parent or trusted adult what you would do if you ever faced this situation. Together, create a plan of action. Identify what help you could provide for yourself or your loved one. What treatments may be available for this mental health condition? Summarize your conversation and include your plan of action.

Scenarios

- **Scenario 1.** Your friend cannot sit still in class. He is always getting in trouble for being off-topic during class discussions. He also has a hard time paying attention to the teacher's instructions or focusing on an assignment for more than a few minutes at a time.
- **Scenario 2.** You have your highs and lows as a middle school student. At times, you are happy and confident. At other times, you are stressed, insecure, and feel lost. Lately, the negative feelings are coming out more. You hide your emotions well, but sometimes you wish you had someone to whom you could talk.
- **Scenario 3.** Your sister is always on a roller coaster of emotions. One minute she is so happy it is almost annoying—laughing and talking loudly, running around with endless energy. Then, the next minute, she is withdrawn and tired.



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Most mental health conditions, however, do not improve without treatment. Untreated mental health conditions may even get worse and lead to more severe conditions. Some people may face external barriers that prevent them from getting help for their condition. Friends and loved ones can make a big difference to help someone get the treatment he or she needs to improve his or her quality of life.

Social Stigma

Mental health conditions often carry a social stigma. **Stigma** is a mark of shame or embarrassment that is usually unfair. For example, attaching stigma to mental health conditions is unfair to the people affected by these conditions. They have done nothing to deserve shame or embarrassment. An unfair stigma may result from a lack of understanding about a mental health condition.

Social stigma may cause people with mental health conditions not to seek help. Social stigma may also cause people to deny they have a problem. Due to stigma, people may fear they will lose an opportunity because of their condition. For example, they may fear losing a job, a scholarship, or a leadership position.

People who experience a mental health condition may mistakenly believe they should be able to fix their condition on their own. In fact, a mental health condition requires a doctor's treatment just like a physical condition.

Cost of Treatment

People may be reluctant to seek help because of a cost they may be unable to afford. Although mental health professionals do charge for their services, a person's health insurance may cover a portion of the expenses. Some mental health clinics may also provide therapy services at no cost or a reduced rate.

Helping a Loved One

You may be concerned that someone you care about has a mental health condition. Share your concerns with that person in an open and honest way (Figure 5.11). Simply saying that you are worried and would like to help lets that person know you are available. You could also offer to find a mental health professional. You may even go with your loved one to talk to the professional.

Sometimes a person with a mental health condition is not interested in seeking help. You must intervene when you suspect someone may harm himself or herself. In other situations, you need to accept that it is not your responsibility to solve that person's problem. You should not try to protect people from the consequences of their conditions. This type of protection simply enables people to continue having the condition without treatment. For example, suppose your friend is too depressed to complete his homework. Doing the assignment for your friend just helps him hide the seriousness of his or her condition from people who could offer help.

Remember that sometimes people need more time before they are ready to get help. Take immediate action, however, if you suspect someone is suicidal. Call 911 or take the person to the hospital right away.

Having the Tough Conversations

Where to Start

- "I'm worried about you. Are you okay?"
- "There is something I noticed recently that I wanted to talk to you about."
- "You have looked upset at school lately."
- "How are you feeling today?"

Show Your Care

- "I'm here to listen if you need me."
- "There's nothing to be ashamed of—you are not alone."
- "You can call or text me anytime if you need support or you just want to talk."

Offer to Help

- "Do you want me to talk to your parents with you?"
- "Mental health conditions can be treated, too. Let's make an appointment with the counselor at school."
- "I don't want you to get hurt. The National Suicide Prevention Lifeline at 1-800-273-8255 is available to help you anytime."

Figure 5.11

If a friend opens up to you about his or her mental health, do not promise to keep secrets. If your friend becomes a danger to himself or herself or to others, you may need to contact a trusted adult without your friend's permission.

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Lesson 5.2 Review

1. A professional who diagnoses and treats people with mental health conditions is called a(n) _____.
2. **True or false.** Antidepressants manage the symptoms of schizophrenia, which may include hallucinations.
3. Which form of treatment is recommended when people are at serious risk of harming themselves or others?
4. List two barriers for seeking help for a mental health condition.
5. **Critical thinking.** List the three types of therapy and explain why each could be helpful for treating a mental health condition.

Hands-On Activity

In small groups, create a real-life middle school scenario involving a mental health condition from Lesson 5.1. Have one group member be the person with the mental health condition. Other group members will be the person's friends. In your scenario, focus on ways to help the person. Create a script for each group member. Include the following information: the mental health condition involved, symptoms associated with the condition, trusted adults who can provide support, healthcare services available, and other treatment options (if applicable). Perform your scenario for the class.

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High School

Curriculum Map Course:

Unit	Lesson # and Title	Date	Lesson Standards	Lesson Skill
	1st Day	8/21 and 1/10		Quick Write; 3 by 3; Give one Get one; Reading; Writing
1	Healthy Foundation #1: Your overall health	8/23 and 1/17	Standard 2 4a Standard 2 4b Standard 2 4c	Quick Write; Ranking; Chalkboard Splash; Give one Get one; Yes/No; Arrows; Notes; Brainstorm; Carousel; Writing; Notebooks
1	Adolescent Development	8/25 and 1/12	Standard 2 4a Standard 3 1a Standard 3 1b	Quick Write; Think-Pair-Share-Square; Collaboration on traits of an adolescent; 3-2-1; Notebooks
1	Healthy Foundations #2: Health Risks	8/29 and 1/19	Standard 4 4c Standard 4 4d Standard 3 1a Standard 3 1b	Quick Write; Think-Pair-Share; Brainstorm; Jig-saw; Mancina minute; response write
1	Healthy Foundations #3: Health Skills	8/31 and 1/23	Standard 3 2a,b,c,d Standard 3 1a,b	Quick Write; Collaboration with ranking; Team Huddle; Notebooks; Think-Pair-Share; Roleplay; Sentence Stems; Networking
1	Healthy Foundations #4: Sense of Self	9/5 and 1/25	Standard 3 1f Standard 3 1g Standard 4 6a	Quick write; Reading; Notebooks; Give one Get one; Arrows; Writing
1	Review and Reteach	9/7 and 1/29		
1	Test	9/11 and 2/2		
2	Mental and Emotional Health #1: Managing your emotions	9/13 and 2/6	Standard 3 1a,b,c,d Standard 3 3d	Quick write; snowballs; Yes/No; What is it about; Pair-square; Trio Share; Notebooks; ABC summaries; Chalkboard Splash
2	Mental and Emotional Health #2: Stress and How to Manage it	9/15 and 2/8	Standard 3 3d Standard 3 2a Standard 3 1a,b,c,d	Quick write; Stress and how it affects the whole body activity; Arrows; Notebooks; Yes/No; Jigsaw; Writing

2	Mental and Emotional Health #3: Anxiety, Depression, and other mental health disorders	9/19 and 2/12	Standard 3 1a,b,d,g Standard 3 3a	Quick write: Lines: Notebooks: Think-Write-Pair-Share: Activities on when anxiety and depression become a problem: Project
2	Mental and Emotional Health #4: Suicide Prevention	9/21 and 2/14	Standard 3 1a,b,c Standard 4 6a,b,c Standard 4 1d	Quick Write: Think-Pair-Share-Square: Yes/No: Reading: Notebooks: Social Network
2	Review and Quiz	9/25 and 2/20		
3	Healthy Relationships #1: Foundations of Healthy Relationships	9/27 and 2/22	Standard 3 1a,b	Quick Write: Relationship Carousel: Arrows: Think-Write-Pair-Share: Reading: Chalkboard Splash: What is it, Really, about giving one get One, Notebooks
3	Healthy Relationships #2: Family Relationships	9/29 and 2/26	Standard 4 1d Standard 3 3d Standard 3 1c Standard 3 1a	Quick write: Give one Get one: Collaboration ranking: Sentence stems: Reading: Notebooks: Newspaper articles
3	Healthy Relationships #3: Tolerance, Respect, Communication, and how they intersect	10/3 and 2/28	Standard 2 3a Standard 3 a,b,c	Quick write:Pair-Share: Pre-teach vocab: Close reading: Yes/No: Mancina minute: Arrows: Brainstorm: Listening activity
3	Healthy Relationships #4: Violence and Abuse in Families	10/5 and 3/1	Standard 2 3a,g Standard 2 5a Standard 3 1a,b,c Standard 3 3a Standard 4 7a,d,f	Quick write: pre-teach vocab: Reading: Notebooks: Chalkboard Splash: Agree/Disagree: Write-pair-share:
3	Healthy Relationships #5: Healthy and Unhealthy Relationships	10/9 and 3/5	Standard 4 7a,d,f Standard 3 1a,b,c Standard 2 3a,b,d	Quickwrite: Lines: Think-Pair-Share: Collaboration Ranking: Debate Carousel: Gallery walk
3	Healthy Relationships #6: Conflict and Anger	10/11 and 3/7	Standard 2 3 a,g Standard 2 5 a Standard 3 1 c	Quick write notebooks: Preloaded vocab: PIES activity with reading: Four corners

3	Review and Reteach	10/13 and 3/18		
3	Test	10/17 and 3/20		
4	Nutrition #1: Macro and Micronutrients	10/19 and 3/22	Standard 2 1a,c Standard 2 5 a	Quick write: Team huddle: Think-Write-Pair-Share: Notebooks: Categorizing
4	Nutrition #2	10/23 and 3/26	Standards 2 6a,d Standards 2 1 a,c	Quickwrite: Debate team carousel: My Plate Activity
4	Nutrition #3 Understanding Food labels	10/25 and 3/28	Standards 2 1 a,c Standard 2 2b,d Standard 2 6b,d	Quickwrite: Lineup: Jigsaw: Pictionary: Scavenger Hunt: One minute share: Reading food labels activity
4	Nutrition #4:	10/27 and 4/1	Standards 2 1a,b,c,d,e Standard 2 2d Standard 2 6 b,d	Quick write:Pair share: Notebooks: Jigsaw: Really, Really about: Arrows: Give one get one
4	Nutrition 5: Eating and Exercising for a Lifetime	11/2 and 4/3	Standard 2 1a,b,c Standard 2 2a,b,c,d Standard 2 6b,c,d Standard 2 5a	Quickwrite: Think-Pair-Share: Brainstorm, lines Jigsaw
4	Review	11/6 and 4/5		
4	Test	11/8 and 4/9		
5	Sexual Health #1; Consent	11/10 and 4/11	Standard 2 4 a,g,k, l Standards 2 5a,c Standard 4 1b,d Standards 4 7b,c Standard 3 1a,b	Quickwrite: Collaborate on the top 10 qualities of someone to date: Think-pair-share:3-2-1: Tea Video: Notes: reading: Gallery walk:
5	Sexual Health#2: Contraception	11/14and 4/15	Standard 2 4 b,c,d,e,f,j,k,l Standard 2 4 b,c Standard 2 5a Standard 3 1a,b	Quickwrite: Reading: Notebooks: Debate Carousel
5	Sexual Health #3: STD's	11/16 and 4/17	Standard 2 4 a,b,f,g, Standard 2 4c	Quick write: KWL: Reading Notebooks, Pair-share: Networking
5	Sexual Health #4: Parenthood and Safety Online	11/20 and 4/19	Standard 2 4 b,c,d,e,f,g,h, i,j,k,l	Quickwrite: Lines: Ranking: Team Huddle: One minute Paper: Situations
6	Substance Use and Abuse #1: Tobacco	11/27 and 4/23	Standards 4 1 and 2	Quickwrite: Reading: 5 whys: Ranking: Give One and Get one

6	Substance Use and Abuse #2: Alcohol	11/29 and 4/25	Standards 4 1 and 2 Standard 3 1a,b,c,d Standard 3 3d Standard 4 3a,b Standard 4 4c,d	Quickwrite: What I see, what I think, what I wonder: lines: Reading: Carousel
6	Substance Use and Abuse #3: Alcohol Abuse	12/1 and 4/30	Standards 4 1 and 2 Standard 3 1a,b,c,d Standard 3 3d Standard 4 3a,b Standard 4 4c,d	Quick write: Pies Reading: Philosophical Chairs
6	Substance Use and Abuse #4: Addiction	12/5 and 5/2	Standards 3 1a,c,d	Quick write: Brainstorm: Arrows: Think-Pair-Share: reading: one-pager
6	Substance Use and Abuse #5: Drugs	12/7 and 5/6	Standards 4 1 and 2 Standard 3 1a Standard 4 4c,d	Quickwrite: Truth or Myth: Close Reading Notebook: Chalkboard Splash: ABC summaries
6	Substance Use and Abuse #6: Drugs	12/11 and 5/8	Standards 4 1 and 2	Quickwrite: Reading: notebook: Team huddle
6	Review			
6	Final			

T: Test R: Re-Teach E: Extend



Sexual Education



Lesson 1

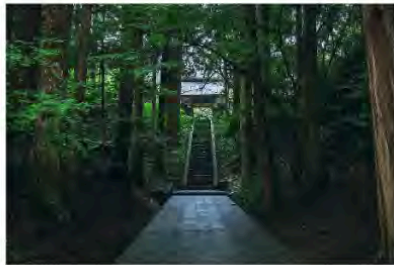
Quick Write

Describe a decision that a teen in a dating relationship may have to make.



Learning Objective: At the end of class students will understand sexual consent through classroom activities.

Essential Question: What is sexual health?



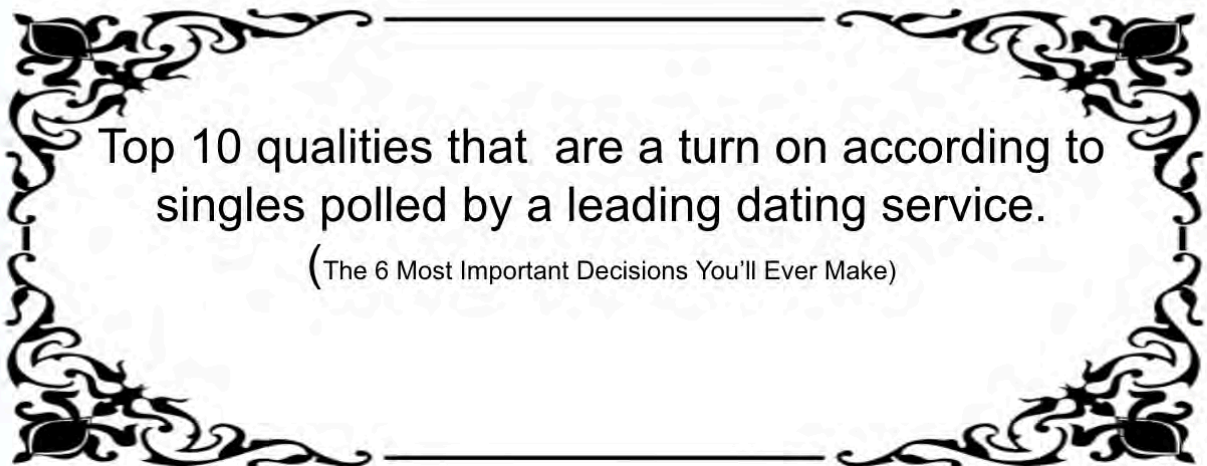
Dating and Sex Check-up (the 6 most important decisions you'll ever make)

Rank on a scale of 1-5. 1 means no, 5 means yes

1. I carefully pick who I go out with. Not everyone is someone to date.
2. I already have a plan of what I will and will not do on a date.
3. My relationships with those I am attracted to are based on more than just physical appearance.
4. I feel great about the decisions I am making about dating and sex.
5. My romantic relationships are healthy.
6. I am informed about all that goes along with being sexual active such as STI's, pregnancy, and my emotional health.
7. My life is not centered on a relationship with a significant other.
8. I can and will say no to things I do not want to do.
9. I treat my own body with respect.
10. I have a plan for my sexual activity.

Who should I date? (adapted from the 6 most important decisions you'll ever make)

Got to Have	Must Not Have



Top 10 qualities that are a turn on according to singles polled by a leading dating service.

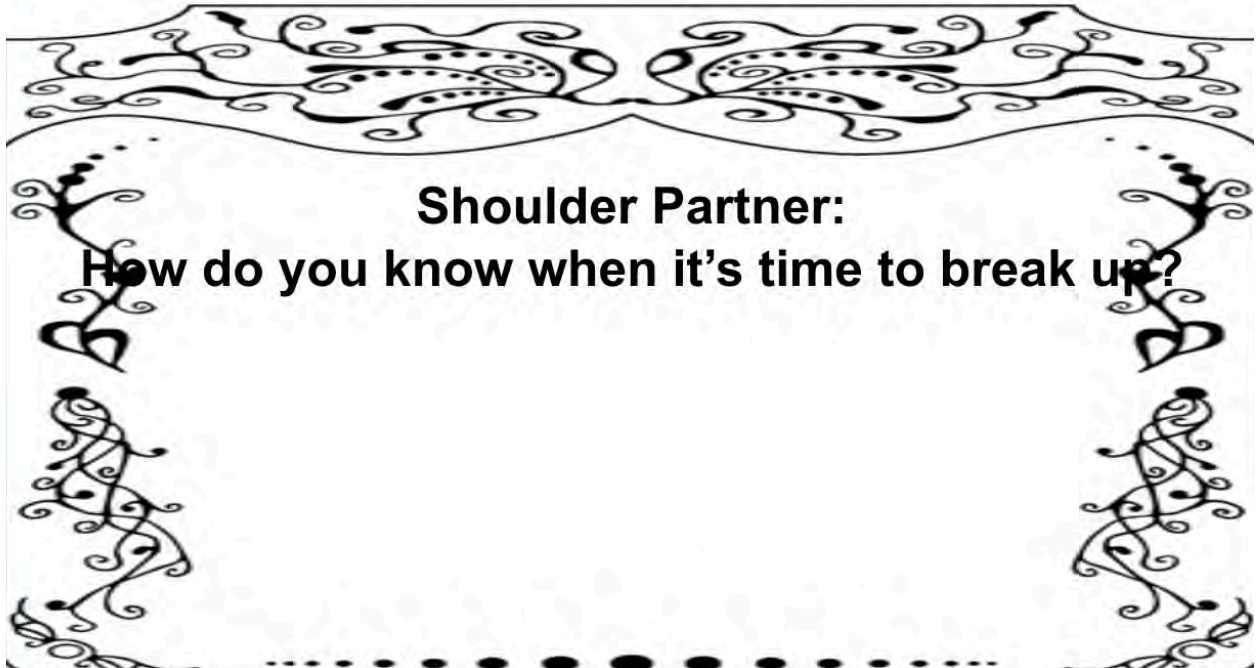
(The 6 Most Important Decisions You'll Ever Make)



Come up with 10 qualities with your table group



- Fashion Sense
- A cool car
- A good job
- Confidence
- A nice, healthy body
- Nice hair
- Good manners
- Scent
- Lack of neediness
- Creativity



Shoulder Partner: How do you know when it's time to break up?

How will I know when it is time to break up? (6 Decisions)

Win-Win

The relationship is benefiting both of you! Keep going and enjoy it!

Win- Lose

The relationship is good for you, but bad for them.

Fix it or break up!



Red Flags

Ultimatums

The savior complex

Lies

You will never find anyone else who will love you

If you leave me, I'll hurt myself



Two great lies our society tell...

Having a significant other is the only way to be happy.

The more you like someone, the more physical you have to get, you show love through your body.



Food log Reflection

In a well written paragraph analyze your individual food log. What macros are you missing? What micro's are you missing? Are you eating healthy? Needs to be at least 5 sentences.



Think-Write-Pair Share

How do you think people decide whether or not they should be sexually active?

00:45

True or False

1. The vast majority of high schoolers are having sex.
2. Having sex as a teen is becoming more and more common.
3. Each year, one in four sexually active teens gets an STD.
4. The only protection that is 100% safe is condoms.
5. About one in ten teens who have had sex wish they had waited.

Abstinence-A deliberate decision to avoid indulging in certain behaviors.

In 2019 the CDC found that 38% of high schoolers had ever had sexual intercourse.

At age 18, 55% of teens have had sex.

Some questions to ask yourself before becoming sexually active:



- Have I communicated with my partner about my expectations of our physical relationship?
- Are my partner and myself on the same page about our physical relationship?
- Am I being respect by my partner in regards to what I want to do physically?
- How would I feel about myself if I had sexual intercourse?
- How would I feel about my partner if we had sexual intercourse?

Questions.....



- Could I deal with an unplanned pregnancy?
 - Can I deal with an STI or STD?
 - Am I emotionally mature enough to have sexual intercourse with my partner?
 - Am I mentally prepared to be sexually active?
- If you can not have a discussion with your partner about sex, you are not ready to have sex!



Consent- Actively agreeing to be sexual with someone.

Tea Consent Clean

What's on my mind? Left hand side of notes
Square: 3 things I already knew or go with my values/Beliefs
Circle: 2 ideas rolling around in my head
Triangle: 1 idea that piqued my curiosity?



In Colorado the age of consent is 17.

However, there are what they call Romeo and Juliet laws which protect people close in age. For example, a 15 year old can have sexual intercourse with a partner up to 4 years older.

The main reason for an age of consent is to protect minors from being victims of having sexual intercourse with adults.

A minor can not give consent to an adult. It is still punishable by law.



A few more words on consent.....(womenshealth.gov)

- ❖ Consent is never implied by past behavior, what you wear, or where you go.
- ❖ Silence is not consent! You must have a YES!
- ❖ Saying yes to physical activity does not give consent for all physical activity. Giving consent for kissing does not give you consent to have sex.
- ❖ Always check for understanding and ask each time and for each sexual activity you want to engage in.
- ❖ Always let your partner know it is ok to stop at any time.

Consent...Continued.....(womenshealth.gov)

- ❖ People who are high, drunk, or passed out can not give you consent.
- ❖ Ask: Can I _____ or do you want me to do _____?
- ❖ Pay attention to body language and tone.
- ❖ Silence is not a Yes.
- ❖ If they are uncomfortable or unsure, you do not have consent.
- ❖ Not fighting someone off is not consent.

Process and Connect Notes thus far



Read and take notes on pages 97 through the end of Sexual Harassment on page 99.



81% of women and 43% of men reported experiencing some form of sexual harassment or assault in their lifetime.

Rape (NSVRC.org)

In 2019 the FBI says 139,815 rapes were reported in the U.S.

Acquaintance Rape-- rape by someone the victim knows

Date Rape--rape by someone the victim is dating.

It is estimated that only between 25-40% of all rapes are reported

1 in 5 women in the US experience completed or attempted rape in their lifetime. 1 in 71 men will experience completed or attempted rape.

1 in 3 female victims of completed or attempted rape experienced it between the ages of 11-17.

51.1% of women who are raped report being raped by an intimate partner. 40.8% of women who are raped report being raped by an acquaintance.

It is never the victim's fault.

Protecting against rape and date rape (womenshealth.gov)

- ★ Go to parties or gatherings with friends.
- ★ Meet first dates or new people in a public place.
- ★ Listen to your instincts or “gut feelings”.
- ★ Look out for your friends and have them look out for you. (alcohol)
- ★ Be aware of how much you drink.
- ★ Keep control of your own drink! (Roofies, GHB)



Protecting yourself.....(womenshealth.gov)

- ★ Be aware of your surroundings.
- ★ Have your keys out and ready as you approach your home and car.
- ★ If you are being followed, go to a public place. Run, scream, and make as much noise as you can.
- ★ Tell someone your plans, where you are going, when you will be home.
- ★ 50% of sexual assault victims were drinking at the time of the assault. 75% of the attackers were drinking at the time of the assault.



What to do if you are raped or someone you know is raped.

- If it just happened, get to a safe place. Call 911 if you can.
- Do not wash or clean your body. Doing so could wash away evidence.
- Do not brush, comb or clean any part of your body. Do not change your clothes. All of this may contain evidence.
- Get medical care. You need to have an exam and receive care for any injuries. If you think you were drugged, ask them to run tests.
- Call 1-800-656-HOPE (4673) The National Sexual Assault Hotline can help at anytime.
- Reach out for help! You need to talk to someone about what happened. Counselors and support groups, friends and family.

If you know someone who was sexually assaulted you can help just be listening. Always believe them. Encourage them to get help. Do not pressure them in anyway, especially about pressing charges against their attacker.



Sexual Violence Impacts health in so many ways.....

- *Headaches
- *Long-term pain
- *trouble sleeping
- *Poor physical and mental health
- *Asthma
- *Irritable Bowel Syndrome (IBS)
- *Severe Anxiety, stress and or fear
- *Abuse of drugs and alcohol
- *Eating disorders
- *STIs
- *Self-injury or suicide
- *pregnancy



Getting Support makes a difference! Remember this is not your FAULT!

Notes

Process, Connect, and summarize notes.



Exit Ticket

What is sexual consent gallery walk



To abstain or not to abstain
that is the question.



Sexual Education Lesson 2



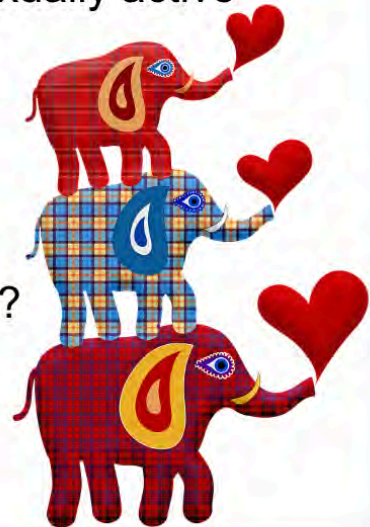
Quick Write

What are some situations in which individuals could find themselves pressured to have sex?



Learning Objective: Students will be able to compare and contrast the pros and cons of becoming sexually active through classroom notes and activities.

Essential Question: What is sexual health?



Think through long and short term advantages to abstinence?

Shoulder partner- short term



Across partner- long term



Avoiding Risk Situations (page 208)

Abstinence-- Only 100% way to avoid all unhealthy consequences of sexual activity.

Those who engage in Early Sexual Activity on average have

- Higher number of non marital partners
- Higher rates of STDs
- Higher out of wedlock pregnancy
- Higher single parenthood
- Lower marital stability
- High rates of depression
- Decreased happiness





**If you do make the decision to be sexually active use
contraception.**

According to the CDC:

Nearly 180,000 babies were born to girls 15-19 in 2018.

50% of the 20 million new STDs reported each year are
among teenagers age 15-19.

46% of teenagers who are sexually active did not use a
condom the last time they had sex.

What are some external and internal factors and pressures
to have sex?



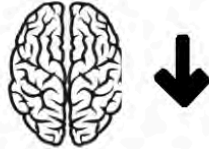
Write it on the left hand side of notebook. Stand, Share,
Sit. Pick two from your group and write them on the front
white board.

Be proactive about sexual activity (The 6 most important decisions you'll ever make)

Stimulus:

Stuff that happens to us, pressures

Our emotions, feelings, instincts, urges



Response: What we do about it

How we act

Human Power Tools

Self-awareness: I can stand apart from myself and observe thoughts, feelings, and actions.

Conscience: I have an inner voice and it tells me what is right and wrong for me.

Willpower: I can control myself and choose how to act, even under strong influences, such as hormones.

Consequences: I can think about and through the good and bad things that can be a result of my choice

Controlling Your Urges: A Reading



Response: One Minute Paper



Brainstorm

List all the things you have heard about being sexual active. Make a two hand column in the left hand side of your notes. Label one side myth and one side truth. Put things you have heard in either the myth column or the truth column. Or put it in the middle if you are not sure.





Truth

- Coke does not kill sperm.
- Withdrawal is not effective.
- Do not use plastic wrap or a balloon if you do not have a condom.
- You **CAN NOT** wash out a condom and use it again.
- **DO** not use baby oil, Crisco, or hand creams as lubricate, they break down the latex, sperm and STDs can get through.
- You can not get pregnant just being in a hot tub with males.
- Females can become pregnant while having their period, more likely toward the end of the cycle.
- **Every time you have sex a pregnancy can happen, even if it is your first time, the only way to have 100% prevention is to not have sex.**

Read Facts About Pregnancy Prevention (83-84).



Break



Read Contraception, Barrier Methods and Hormonal Methods



Birth Control Facts:



Condoms are the only birth control that also protect against STDs.

Condoms are 85% effective against pregnancy.

Implants- Does not prevent STDs. 99% effective.

Birth Control pill and patch- 91% effective. Does not protect against STDs.

Shot- 94% effective, does not protect against STDs

Diaphragm-88% effective, does not protect against STDs

Sponge- 76% effective, does not protect against STDs

Cervical Cap- 71% effective, does not protect against STDs

Spermicide and Gel-72% effective, does not protect against STDs

IUD-99% effective, does not protect against STDs

Oral Birth Control must be taken for at least a week before it is effective and taken as directed!

Notebooks

Process, Connect, and summarize



Risk and Protective Factors for teenage sexuality.



Activity

Debate Carousel



Factors for teenage sexual activity (purdue.edu)

Low parental involvement increases depression and alcohol use which increase the likeness of sexual activity.

Perceiving your best friends are sexually active is one of the biggest pressure on teens, (may not be sexual active, but thinking they are is what matters).

Steady partner is also a large factor of teenage sexual activity.



Risk factors for teenage sexuality (hhs.gov)

*Teens with higher self esteem

*Exposure to sexually explicit media

*Partners expectations in a "serious" relationship

*Teens who were born to teenage parents

*Growing up with an insecure or anxious attachment with parents and caregivers. (more likely to have casual sexual relationships)



Protective factors for teenage sexual behavior

Teens who can regulate their emotions.

Having positive peer role models with positive values.

High academic achievement and aspirations.

Connectedness to a parent and sharing activities such as dinners.

Exit ticket

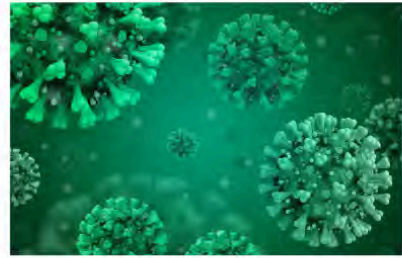
What else do you think may be a protective or risk factor for teenage sexual activity and why?





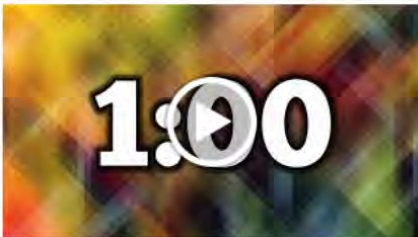
Sexual Education

Lesson 3: Sexual Transmitted Diseases



Quick Write

How could unwanted pregnancy or STDs impact life goals?



Learning Objective: At the end of class, through classroom activities, students will have a basic knowledge of sexually transmitted diseases.

Essential Question: What is sexual health?



Graphic Organizer

On the left hand side of your notes make a K-W-L chart. Fill out what you know about STIs and STDs. Then fill out what you would like to know or what you wonder about when it comes to STIs and STDs.

KWL Chart

Name: _____
Date: _____

Topic: _____

Know	Wonder	Learned
What do you think you already know about this topic?	What do you wonder about this topic? Write your questions below.	After you complete your project, write what you learned.

15-24 year olds account for almost half of the 20 million new cases of STDs in 2018.

Abstinence is the only 100% sure proof way to prevent the spread of STDs.

In a study conducted by the Kaiser Family Foundation 7 out of 10 15-19 year old females who had sex wish they had waited.

It is **never too late** to make a different decision about being sexually active.

If you do decide to have become sexually active, you and your partner should be tested for STDs.

You and your partner need to be monogamous (only partner you are sexually active with) to decrease the risk of STDs.

Use a condom correctly each and every time you have sex.

Come up with a plan of how you will protect your body from STDs. Make sure your partner agrees. **DO NOT DO** anything you are not comfortable with.

Read Chapter 7-1(103) and take Cornell notes



Sexually Transmitted Infections (text book and cdc.gov/std)

Human papillomavirus(HPV)

- *There is a vaccine.
- *Often asymptomatic, or may take years for symptoms to appear.
- *The most contracted STI in the U.S. Can cause 6 different types of cancer in men and women.
- *Responsible for 30,000 cases of cancer each year in the U.S.
- *Most times goes away on its own.
- *Can be spread from skin to skin contact.

Chlamydia

- *The most commonly reported bacterial STI in the United States.
- *Often asymptomatic.
- *Treated with antibiotics.
- *Repeated infection is common.
- *If you have sexual intercourse go get tested.
- *Can lead to PID and infertility.

Gonorrhea

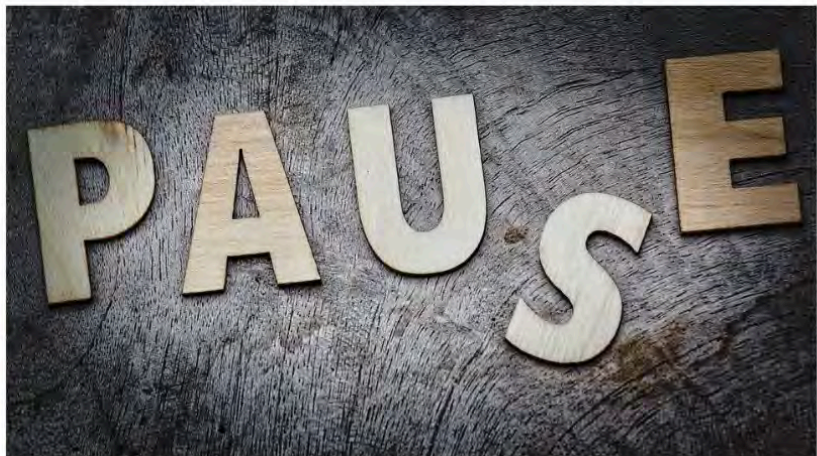
- *Women often have no symptoms, can be cured with the correct antibiotics but some strands are becoming drug-resistant.
- *Drugs can not cure permanent damage that was done prior to getting on medication.
- *It can cause PID in women and make men infertile.
- *If spreads to joints and blood can be life threatening.

Genital Herpes-

- *Once have it, always have it.
- *Can be spread by skin to skin contact.
- *1 in 6 people age 14-49 has genital herpes.
- *No cure.
- * Medications that can help prevent or shorten outbreaks. One medication taken daily can also reduce the risk of spreading it to others.

Add to your KWL

Take a break



Read pages 110-114 In Human Sexuality and take Cornell Notes



Read pages 110-114 In Human Sexuality (CDC.gov)

Hep B-

- *Exposure to symptoms can be anywhere from 6 weeks to 6 months.
- *Can be chronic and cause liver failure.
- *Can get from sharing needles for drugs.
- *There is a vaccine given to babies.

Hep C-

- *The most common, chronic bloodborne infection in the United States.
- *Often asymptomatic.
- *The CDC says the risk of spreading Hepatitis C during most sexual intercourse is very low.

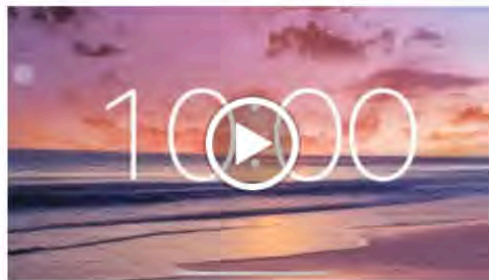
Syphilis

- * Can be treated with penicillin, fungal infection.
- * Four stages. Starts with one sore.
- * If you have it once, you can get it again.
- * Once damage is done to the organs it can not be undone.

In closing-- Abstinence is the only method that is 100% effective in preventing the spread of all STIs. If you are sexually active, get tested.

AIDS/HIV

Read pages 117-121 and take Cornell Notes as a table Group.



HIV/AIDS a few more facts.....(cdc.gov)

- HIV infection in humans came from a type of chimpanzee in Central Africa.
- The chimpanzee version of the virus (called simian immunodeficiency virus, or SIV) was probably passed to humans when humans hunted these chimpanzees for meat and came in contact with their infected blood.
- Over decades, HIV slowly spread across Africa and later into other parts of the world. We know that the virus has existed in the United States since at least the mid to late 1970s.

The only way to know for sure whether you have HIV is to [get tested](#). Knowing your HIV status helps you make healthy decisions to prevent getting or transmitting HIV.

Latex condoms, used correctly, prevent the spread of HIV.

There are no reported cases in the US of getting HIV through tattoos or body piercings.

Finish Your KWL



Brainstorm

Analyze how the media, in movies and shows, depicts sexuality.



Think-Pair-Share-Square-Class

Think of the last show or movie you watched. Were the characters engaged in sex. Was it safe sex? Was Clear consent given? Did either character get an STI?



Media (depts.washington.edu)

--Kaiser Family Study found 76% of teens said the main reason teens have sex is TV and movies made it seem normal.

--2 out of every 3 shows has sexual content (67%).

--As parents get desensitized to sexual content they let younger and younger children watch it.

--Only 10% of TV shows include references to possible STDs or pregnancy .

-Studies show the more sex teens see in media, the more likely they are to be sexually active.

-Most teens have seen or heard 98,000 sexual references



Networking



Process, Connect, Summarize notes



Exit Ticket

Discuss if STI's are actually a preventive factor for teenage sexuality, why or why not.





Sexual Education

Lesson 5: 2 Lessons in 1

Quick Write

What activities would you miss out on if you had a baby as a teenager?



Learning Objective: Students will understand the demands of having a baby through classroom activities.

**Essential Question
What is sexual health?**



Parental Responsibilities (56)





Lines



Lines

Name one challenge of being a teenage parent.



Lines

What is one way being a teenage parent would impact your physical health?



Lines

What is one way being a teenage parent would impact your emotional/mental health?

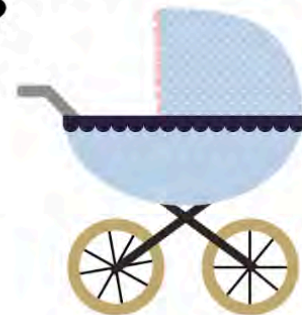


Lines

**What is one way being a teenage parent
Would impact your social health?**

Lines

**What is one thing you would have to delay, or
even give up as a teenage parent?**



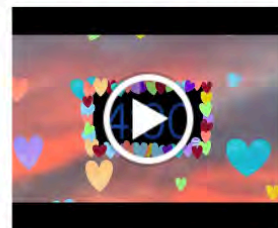
Thank your partner, have a seat!

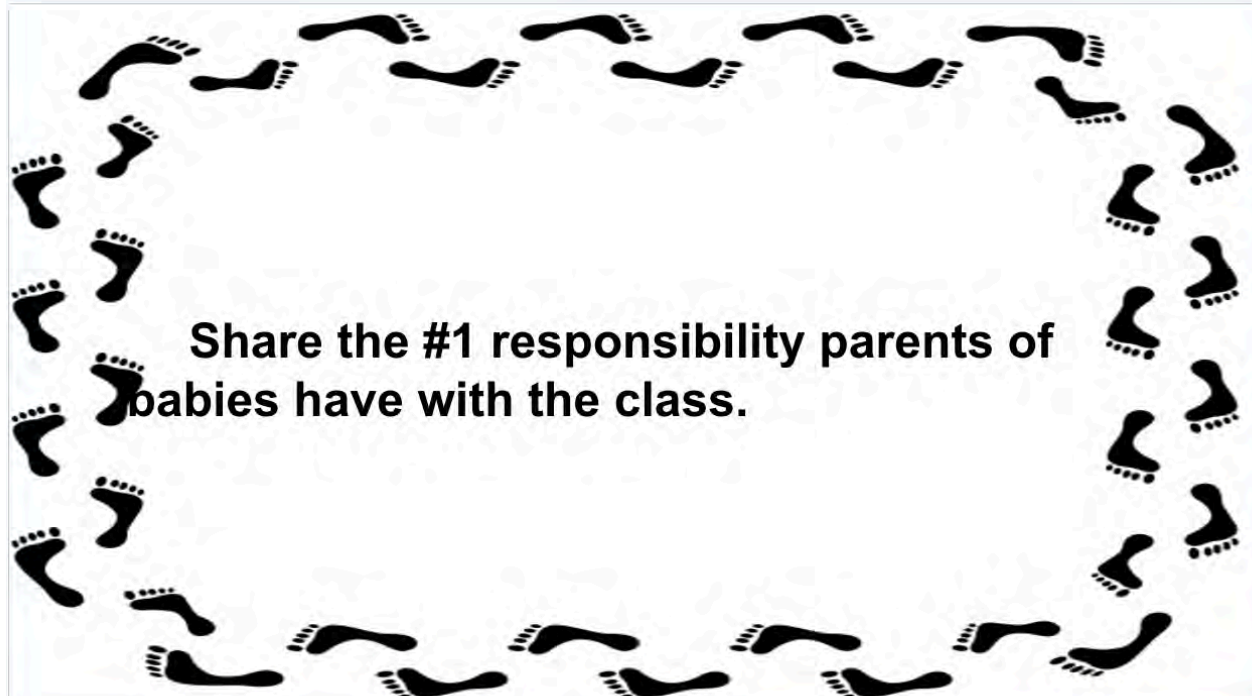


On your own, come up with a list of things teenager parent would have to do everyday for their babies.



As a table group, come up with the top 3 things a teenage parent would spend their time doing for a baby.





Share the #1 responsibility parents of babies have with the class.

What a baby needs everyday (pregnancybirthbaby.org)

Your baby cannot tell the difference between sleeping during the day and night, and will probably wake for feeds 2 to 3 times during the night.

Each sleep period is around 2 to 3 hours. However, your baby may start to stir after 40 minutes and may need your help to settle back into sleep again.

Once your baby is a month old, they may start sleeping for longer periods at night, and from 3 to 6 months they may sleep for 4 to 5 hours at a time.

Whether you choose to breastfeed or bottle feed, your baby will need about 6 to 8 feeds in a 24-hour period, for a total of around 2 to 5 hours a day.

Making time for cuddling and play time with your baby as part of your daily activities is important for their growth and development.

- making eye contact, smiling and talking
- singing nursery rhymes
- taking your baby for a walk
- reading or telling them a story
- making faces
- blowing raspberries

Sometimes it seems as if your baby is always crying! This is normal and is a way for your newborn to communicate with you.

About 1 in 10 babies cry more than 3 hours a day.

Babies need about 7 diaper changes every day.

The average cost of raising a child is \$233,610 from birth to 17. This does not include college education. (usda.gov)

Average childcare cost per week for a childcare center in Larimer County is \$345 until age 1. Average childcare cost per week for a in home provider is \$221 until age 1.

The cost goes down about \$20 dollars a week until the child is 4.

1. Parenthood is the leading reason that teen girls drop out of school. More than 50% of teen mothers never graduate from high school.[\[2\]](#)
2. 8 out of 10 teen dads don't marry the mother of their child.[\[8\]](#)
3. A sexually active teen who doesn't use contraceptives has a 90% chance of becoming pregnant within a year.[\[9\]](#)
4. More than half of all mothers on welfare had their first child as a teenager. In fact, two-thirds of families begun by a young, unmarried mother are poor.[\[10\]](#)
5. The United States has one of the highest teen pregnancy rates in the western industrialized world.[\[5\]](#)

Source dosomething.org



The United States has one of the highest teenage pregnancy rates in the industrialized world because.....

Complete the sentence on the left hand side of your notebook.
Then write it on the white board.
When everyone is finished check out everyone's answers.
Write down one that surprised you.



Being Safe While Online



Quickwrite

What does being safe online mean to you?



Learning Objective

By the end of class students will know how to practice safety online by analyzing situations which could happen online.

Essential Question: How can I practice safety while online?

Team Huddle



Staying Safe Online (728-729)

- Do not share personal information, photos, or or videos online in a public form or with people you do not know in real life.
- NO to unsafe virtual requests as well as real life requests.
- Tell a parent or trusted adult if anyone ask you to partake in sexual activity or any other inappropriate behavior!
- Review all games, apps and social media before downloading, if there is end to end encryption, direct messaging, video chats, file uploads, or use anonymity be ware. These are often used by predators.

(Source:justice.gov)

Online Safety Videos

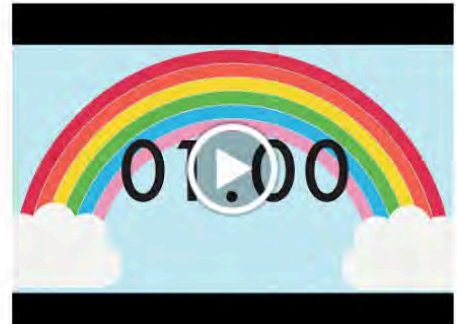
[Real-Life Stories - Two Kinds of Stupid](#)

What I see, what I think, what I wonder

[Your Photo Fate \(2018\)](#)

One Minute paper

Legal Consequences



Process, Connect and Summarize Notes



Student made Gallery Walk

1. Each table comes up with a situation which high schoolers could encounter online.
2. Everyone must contribute and agree to the situation, give three to five sentences of information about the situation. The last sentence should be a question.
3. Get your situation approved by Ms. B.
4. Rotate to a different table, read, and analyze how the best way to handle the situation.



6.1 Personnel

6.1.1 Appointments

- 6.1.1.1 Chloe Burke- Technology Assistant
- 6.1.1.2 Kala Mawlawi- Executive Administrative Assistant
- 6.1.1.3 Brayden Kelly- Instructional Paraprofessional
- 6.1.1.4 Dalton Avinger- AVID Tutor
- 6.1.1.5 Amelia Hatch- Substitute Teacher
- 6.1.1.6 Abigail Shoemate- Substitute Teacher
- 6.1.1.7 Megan Trauernight- Substitute Teacher
- 6.1.1.8 Sarah Hamilton- AVID Tutor
- 6.1.1.9 Aaron Johnon- AVID Tutor
- 6.1.1.10 Doralee Modesto- Facilities Custodian
- 6.1.1.11 Maranda Serna- Instructional Paraprofessional

6.1.2 Terminations/Resignations

- 6.1.2.1 Ashley Meusch- Substitute Teacher

6.1.3 Transfers

- 6.1.3.1 Lori Plechaty- Instructional Paraprofessional to Middle School Receptionist
- 6.1.3.2 Jaime Boyle- Middle School Receptionist to Athletic Secretary
- 6.1.3.3 Eliza Ekstrand- Substitute Teacher to High School Teacher

6.2 Policies

- 6.2.1 Policy GCIE Professional Development, First Read
- 6.2.2 Policy GCC Employee Leaves, Second Read

The motion was made by was made by Elaine Hungenberg and seconded by Carolyn Mader to approve the consent agenda. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

6.2.1 POLICY

Memorandum To:	Windsor Charter Academy Executive Board
From:	Dr. Rebecca Teeples, Executive Director
Date:	February 22, 2024
Re:	Policy GCIE
Agenda Item:	6.2.1
Pertinent Background Information:	Teachers and eligible personnel can increase their salary through professional development, or additional school credits. Staff will work with the Director of Curriculum, Instruction, and Innovation to determine the relevant credit hours submitted and answer any questions about requirements. Staff must provide official transcripts or proof of successful completion of hours to the Director of Curriculum, Instruction, and Innovation to determine the credits or hours earned. The policy revisions aim to provide clear guidelines on the criteria for credit approval and submission deadlines, enhancing transparency and understanding among stakeholders.
Financial Considerations:	Staff will be able to increase their yearly salary through this policy. Additionally, staff is provided with relevant professional development throughout the year, as well as professional development opportunities.
Recommendation(s):	It is the recommendation to the Executive Board to approve Policy GCIE Professional Development on first read.
Attachments:	Policy GCIE Professional Development



Windsor
CHARTER ACADEMY
GROWING LIFE-LONG LEARNERS
PROFESSIONAL DEVELOPMENT

Credit Hours

Teachers and other eligible personnel will have an opportunity to increase their salary by earning professional development credit.

The following credits are eligible for salary advancement.

1. Credit hours from a college and/or university.
Up to two credit hours for supervision of a student teacher that is a semester in length; up to one credit for supervision of a practicum teacher. Supervision of a student teacher that is shared with one or more teachers shall have the credit hours prorated based on the number of supervising teachers during the semester.
2. Credit hours from professional development course offerings provided by Windsor Charter Academy.
3. Credit hours from professional development course offerings provided by external organizations that are approved in advance by the Director of Curriculum, Instruction, and Innovation.

Up to two credit hours of experiential learning (i.e. study abroad programs) can be applied for every 10 credits that are earned within three years of application for salary advancement. Credit hours are determined by the number of hours in experiential learning and not time for travel. Experiential learning must be specific to the content that the individual teaches.

Fifteen contact hours of professional development equals 1.0 credit. Course offerings eligible for credit approval must meet a minimum threshold of 0.25 credits. **Professional development credits will be granted in increments of 0.25 credits only.**

Approval of Credits

A teacher **or counselor** must **complete and** submit a **Windsor Charter Academy Horizontal Advancement Application by March 31st to be considered for eligibility for the following school year.** ~~request to advance on an official form as provided for this purpose. The official form for salary advancement must be completed by March 31st for the next school year.~~ **The Director of Curriculum, Instruction, and Innovation will assess the submitted application to determine whether it includes a plan to complete ten credits that align with the relevant professional quality standards.**

Eligible teachers and counselors must provide official transcripts or proof of successful completion, indicating the hours/credits earned, to the Director of Curriculum, Instruction, and Innovation by September 1st of the current school year.

The Director of Curriculum, Instruction, and Innovation shall review the request for advancement and make a determination on relevant credit hours submitted for licensure. Professional development course offerings must have relevance to the appropriate **professional quality standards.** ~~CDE Professional Licensure Standards and for the content that the individual teaches.~~ In the case where the applicant disagrees with the decision of accepted credit hours, the Executive Director shall cause a review team to review the request for advancement. The review team shall consist of the Executive Director, Director of Curriculum, Instruction & Innovation, -Director of Finance & HR, one Board Member, and one teacher **or counselor**. If, in the opinion of the review team, credits are not deemed sufficient with regard to relevance to appropriate licensure standards, the team may deny such credits toward advancement. If the review team finds in favor of the individual making the request, the credits shall count toward advancement. The findings of the team shall be final. In the case where a majority of the members of the review team cannot reach a decision, the team shall refer the decision to the Executive Board President and the decision of the Executive Board President shall be final.

~~Official transcripts and/or evidence of successful completion must be submitted to the Executive Director or designee no later than September 1st of the current school year.~~

Pay Increases

Advancement granted in March shall be paid on the next contracted school year and be evident in the September payroll.

Other Considerations

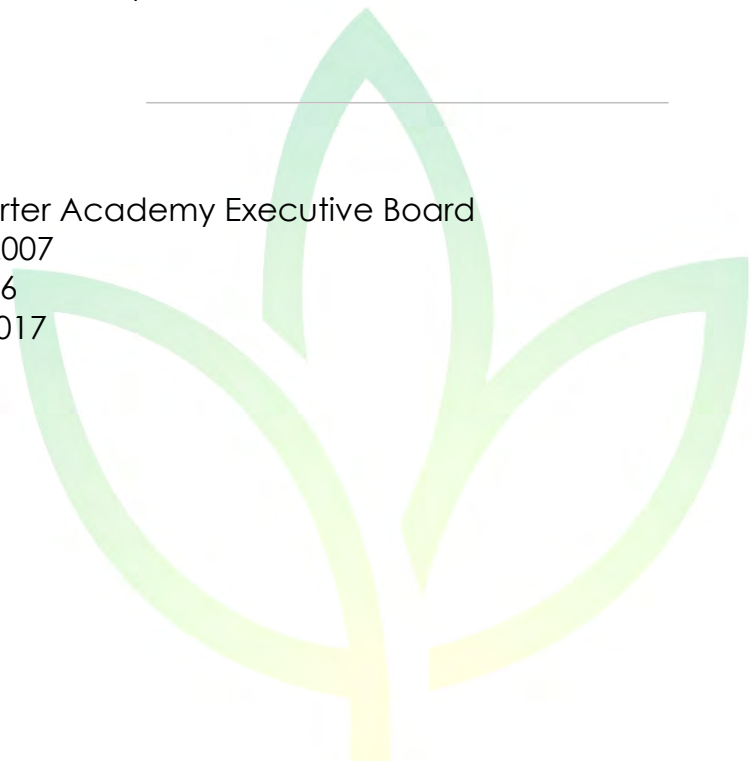
Teachers **or counselors** that are hired with a bachelor's or an advanced

degree, but are not certified teachers **or counselors**, may wish to complete an alternative licensing program. Credit hours from professional development course offerings provided by external organizations for alternative licensing must be approved in advance by the Director of Curriculum, Instruction, and Innovation to be considered for horizontal movement.

Once a bachelor's degree or master's degree is obtained, hours for salary advancement must be earned after the date the degree was granted.

Credit for advancement shall not be granted for course work or other professional development activities completed more than seven (7) years prior to the date of the request for advancement.

Windsor Charter Academy Executive Board
September 2007
February 2016
November 2017
March 2021
April 2022
March 2023



6.2.2 POLICY

Memorandum To:	Windsor Charter Academy Executive Board
From:	Dr. Rebecca Teeples, Executive Director
Date:	February 22, 2024
Re:	Policy GCC Employee Leaves
Agenda Item:	6.2.2
Pertinent Background Information:	The policy revisions offer staff members the chance to receive compensation for their unused PTO that will not carry over. This also promotes a balance between utilizing some PTO for personal or sick days and reducing the need for substitute teachers due to unused PTO.
Financial Considerations:	For the 2023-2024 school year, the revision to the policy for staff member payout for unused PTO (Paid Time Off) that would not rollover to the following year would result in a total payout of \$81,500.
Recommendation(s):	It is the recommendation to the Executive Board to approve Policy GCC Employee Leaves on second read.
Attachments:	Policy GCC Employee Leaves



EMPLOYEE LEAVE

1. Jury Duty

Staff shall be granted leave with full pay when called to jury duty, under the condition that employee shall turn over to Windsor Charter Academy their jury duty fees, but not their mileage or transportation allowance.

2. Bereavement Leave

Staff members eligible for benefits shall be allowed up to five (5) days' leave with full pay per death for immediate and extended family members.

Immediate and extended family is defined as spouse, children, parents, parent-in-law, grandparent, grandparent-in-law, grandchild, brother, sister, brother-in-law, sister-in-law, daughter-in-law and son-in-law. Said leave is not cumulative. Any portion of a day, up to and including one (1) full day with pay shall be allowed for death of a close friend or other relative/person not identified above. An employee may request additional leave not to exceed five (5) days. Such additional bereavement leave must be approved in advance by the Executive Director and such additional days shall be deducted from the employee's PTO leave account if available. If not, pay shall be deducted at the employee's current daily contract rate, whether or not a substitute is hired.

3. Paid Time Off (PTO) Leave

PTO leave allows continuation of full base pay plus benefits when an eligible staff member is required to be absent from work. PTO hours are awarded up front on the date of hire, or the first employment day each year. **The following table outlines PTO leave for full-time employees:**

Agreement Days	Annual Awarded PTO Hours	Maximum Carryover Hours Allowed	Maximum Payout Hours Allowed
<190	80 hours (10 days)	160 hours	40 hours
191-210	88 hours (11 days)	152 hours	44 hours
211-239	96 hours (12 days)	144 hours	48 hours
≥ 240	104 hours (13 days)	136 hours	52 hours

Part-time employees will be awarded PTO at the rate of one (1) hours per thirty (30) hours of work, up to a maximum of forty-eight (48) hours per employment year.

Unused PTO leave may be accumulated to the maximum of thirty (30) days, or 240 hours, for each employee. This includes both accumulated carryover leave and the current school year's award. Once an employee reaches the maximum accumulated carryover hours as per the policy chart above, they become eligible for the PTO payout program. Under this program, up to 50% of the annual PTO award that exceeds the maximum allowed carryover hours based on the policy chart will be paid to the employee in their final paycheck of the school year. For example, if an employee has 240 hours of total PTO on August 1 and uses 40 hours during the year, the remaining 40 hours would be paid out in the final paycheck of the year because they exceed the maximum allowable carryover and would otherwise be lost.

When PTO leave is exhausted, the deduction for an approved absence will be based on the employee's current daily contract rate.

When PTO leave days exceeds four (4) consecutive working days in relation to a specific illness, a written report from the attending physician must be filed with the Executive Director confirming the need for additional days off the job for recovery because of abnormal and involuntary complications, so long as such documentation can be obtained in reasonable time and without added expense, otherwise the employee's signed certification may be requested. When the need for sick and safety leave is foreseeable, employees should make a good faith effort to provide advance notification and make a reasonable effort to schedule leave so as not to be unduly disruptive to their job requirements.

PTO may be used for the following "sick and safety leave" reasons, including other personal purposes not listed below.

- The employee has a mental or physical illness, injury, or health condition; needs a medical diagnosis, care or treatment related to such illness, injury or condition; or needs to obtain preventive medical care.
- The employee needs to care for a family member who has a mental or physical illness, injury, or health condition; needs a medical diagnosis, care, or treatment related to such illness, injury, or condition; or needs to obtain preventive medical care.

- The employee or family member has been the victim of domestic abuse, sexual assault, or harassment and needs to be absent from work for purposes related to such crime.
- A public official has ordered the closure of the school or place of care of the employee's child or of the employee's place of business due to a public health emergency, necessitating the employee's absence from work.

During a Public Health Emergency, upon the date a public health emergency is declared a full-time employee will be granted up to 80 hours of paid sick leave, including any existing accrued sick time. Part-time employees will be granted the amount they are scheduled to work in a two-week time frame, including any existing accrued sick time. The following are additional allowable reasons qualifying as "sick and safety leave" during a public health emergency:

- Employee need to self-isolate and care for oneself because of a diagnosis or experiencing the symptoms of a communicable illness connected to the cause of the public health emergency or to care for a family member who has to self-isolate for those reasons.
- To see preventative care for, or medical diagnosis, care, or treatment for symptoms of a communicable illness that is the cause of the public health emergency or to care for a family member for those reasons.
- When a public official, health authority of employer (of the employee or the employee's family member) determined the employee's or employee's family member's presence on the job or in the community would jeopardize the health of others because of the individual's exposure to- or exhibiting symptoms of- the communicable illness that is the cause of the public health emergency (whether diagnosed or not).
- Care of a child or other family member when the individual's child care provider is unable due to a public health emergency, or if the child's or family member's school or place of care is closed by a public health emergency (including if it is physically closed but providing remote instruction).
- An employee's inability to work because the employee has a health condition that may increase susceptibility to or risk of a communicable illness that is the cause of the public health emergency.

Policy GCC

After the four-week period following a public health emergency, any remaining public health emergency leave time will be removed from the employee's leave total.

In the event that state or federal orders supersede these provisions, such orders will govern if warranted. This policy and any accompanying regulations should be read and understood in conjunction with the entirety of the Colorado Healthy Families and Workplaces Act. Any definitions, requirements, or details of the CHFVA shall supersede this policy.

If PTO leave is to be used for a serious health condition, the birth or care of a newly-born child, the placement for adoption or foster care of a child, or to care for a covered military service member, certification will be required pursuant to the Windsor Charter Academy's FMLA policy. Accumulated PTO leave must be used concurrently as part of the staff member's FMLA leave upon physician certification.

Accumulated PTO leave balances must be used concurrently with parental leave.

If employment is terminated before the employment agreement has been fulfilled, an adjustment will be made to PTO on a prorated basis based on the days scheduled versus the days worked. Accumulated PTO will be paid at the employee daily rate upon separation of employment for those that have been employed for more than three years. For those employees that separate for three years or less, accumulated PTO will be paid at the substitute teacher rate.

Windsor Charter Academy will retain records for each employee for a two-year period, documenting hours worked, paid sick leave accrued, and paid sick leave used. Windsor Charter Academy will provide documentation of the current amount of paid leave employees have (1) available for use, and (2) already used during the current benefit year, including any supplemental public health emergency leave. Information may be requested once per month or when the need for paid sick leave arises.

Windsor Charter Academy will not require disclosure of details relating to domestic violence, sexual assault, or stalking or the details of an employee's or an employee's family member's health information as a condition of providing paid sick leave. Any health or safety information possessed by Windsor Charter Academy regarding an employee or employee's family member will be maintained on a separate form and in a separate file from

other personnel information; be treated as confidential medical records; and not be disclosed except to the affected employee or with the express permission of the affected employee.

Use of PTO for a reason qualifying as sick and safety leave will not be counted as an "absence" that may result in termination or any other kind of adverse action. An employee will not be required to find a substitute or job coverage when taking paid leave for a reason qualifying as sick and safety leave. If an employee separates from employment and is rehired within six months after the separation, the employee will have reinstated any paid sick leave (up to a maximum of 48 hours) that the employee had accrued but not used during the employee's previous employment.

4. Parental Leave of Absence

Parental leave of absence is available to all full-time personnel. Parental leave may be taken to provide care for a newly born, adopted or foster-placed child.

Parental leave of absences are unpaid and intended to supplement leave available under the Family and Medical Leave Act (FMLA). Accumulated PTO leave must be used concurrently with parental leave of absence.

Parental leave of absence may be granted for a maximum of one school year; however, return date shall be designated as the beginning of a semester.

When a staff member returns to duty from a parental leave of absence of one year or less, the employee will be reassigned to their previous position. Salary, position and unused accrued PTO leave earned prior to the leave of absence shall be retained. Staff employment status as defined in CRS 22-63-101 will not be altered as a result of this leave.

A staff member requesting parental leave shall submit a written request to the Executive Director at least 30 calendar days prior to the commencement of the leave. The request shall be accompanied by a physician's statement giving the expected date of delivery.

The beginning date and length of parental leave shall be determined by the employee and his/her supervisor, subject to approval by the Executive Director.

An employee whose parental leave extends over the summer months and

who expects to return for the opening of school shall notify Windsor Charter Academy of their intent to return by April 1 preceding the ensuing school year.

5. Worker's Compensation Benefits

Employees temporarily absent from work and unable to perform their duties as a result of a work-related injury for which they are eligible for worker's compensation benefits, will be paid their full salary (until the individual employee's PTO leave is exhausted) less the amount of any worker's compensation payment benefits, or awards made for temporary disabilities due to said injury, during the period of such temporary absence from the date of said injury. If the employee is entitled to any PTO leave benefits from Windsor Charter Academy in addition to that employee's salary, the amount of the additional PTO leave benefits shall also be reduced by the amount of any worker's compensation received by the employee. Employees receiving worker's compensation benefits are not eligible to use PTO leave bank time.

The Executive Board shall have the right to have such employee examined by a physician designated by the Board to assist in determining the length of time the employee is temporarily unable to perform duties, and that the disability is attributable to the injury involved.

6. Family and Medical Leave

Eligible staff are entitled to unpaid leave under the Federal Family Medical Leave Act (FMLA). The conditions for such leave are outlined in School Policy GBGF.

Windsor Charter Academy Executive
Board Adopted: May 2001
August 2007
September 2009
June 2010
February 2016
December 2020
June 2022
May 2023
February 2024

Policy GCC

Legal References

Family and Medical Leave Act of 1993 and Implementing Regulations

Cross References

GBGF Family Medical Leave

7.0

Executive Board
Pulled-Consent
Agenda Items

8.0

Member Pulled-
Consent Agenda
Items

9.0

Executive Session

A motion was made to go into Executive Session by Carolyn Mader based on the following citations:

- Discuss personnel matters, subject to the limitations discussed below. If the employee who is the subject of the discussions desires the discussions occur in open meeting, the discussions must be held in open meeting, C.R.S. §24-6-402(4)(f)
- Discuss individual students where public disclosure would adversely affect the person or persons involved, C.R.S. §24-6-402(4)(h)

The motion was seconded by Jenny Ojala. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

A Board of Education, upon the affirmative vote of a quorum present, may convene in Executive Session at a Regular or Special Meeting. The Board is not allowed to adopt any proposed policy, resolution, regulation, or take any formal action at an executive session that is not open to the public. Prior to convening in executive session, the Board is required to refer to the specific citation to statute authorizing it to meet when it announces the session. The Board may hold an executive session to:

- Conduct discussions regarding the purchase, acquisition, lease, transfer or sale of property, C.R.S. §24-6-402(4)(a)
- Conduct conferences with the Charter's attorney for the purpose of receiving legal advice on a particular matter, C.R.S. §24-6-402(4)(b)
- Discuss matters which are required to be kept confidential by federal or state law, rules or regulations. In such cases, the Executive Board must announce the specific citation of the law, rule, or regulation which provides for confidentiality, C.R.S. §24-6-402(4)(c)
- Discuss security arrangements or investigations, C.R.S. §24-6-402(4)(d)
- Conduct discussions regarding the Charter's position, strategies, and bargaining instructions regarding collective bargaining negotiations, C.R.S. §24-6-402(4)(e)
- Discuss personnel matters, subject to the limitations discussed below. If the employee who is the subject of the discussions desires the discussions occur in open meeting, the discussions must be held in open meeting, C.R.S. §24-6-402(4)(f)
- To consider any documents which are protected from disclosure by the Colorado Open Records Act, C.R.S. §24-6-402(4)(g)
- Discuss individual students where public disclosure would adversely affect the person or persons involved, C.R.S. §24-6-402(4)(h)

10.0

Adjournment

The Executive Board left Executive Session at 9:35 p.m.

A motion was made to renew the Executive Director's contract for the 2025-2026 school year with a salary increase of 6.6%. The motion was made by Donna James and seconded by Jenny Ojala. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously.

The motion was made by was made by Elaine Hungenberg and seconded by Donna James to adjourn. Members voted the following: Hungenberg, aye; James, aye; Mader, aye; Ojala, aye; Bartmann, aye. The motion passed unanimously. The Executive Board adjourned at 9:51 p.m.