

Comprehensive Sexual Health Education Summary Sheet

What is Comprehensive Sexual Health Education (CSHEC)?

History

CSHEC is part of Washington's Health Standards that was voted into law. Below is a timeline that reflects the unusual path of this requirement from bill to law:

- March 2020: Comprehensive Sexual Health Education (Senate Bill 5395) is voted into law by both the Washington State House of Representatives and Senate in March 2020.
- November 2020: The curriculum is voted into law as a referendum (Referendum Measure No. 90) by Washington voters. (Additional information on Referendum No. 90 below.)
- December 2020: RCW 28A.300.475 Comprehensive Sexual Health Education is made law in the State of Washington.

Referendum 90

According to Referendum Measure No.90:

The Legislature passed a Bill (5395) that would change the law about sexual health education. If the voters approve Referendum 90, then the law would change to require public schools to provide comprehensive age-appropriate sexual health education (see Voters' Pamphlet November 2020, pages 123-125. If the voters reject Referendum 90, then the law will remain as it presently exists (see Voters' Pamphlet November 2020, page 9.

Resources: [Clark County Voters' Pamphlet November 2020](#) (Bill description on pgs. 8-12 & 123-125). [History of Referendum Measures - WA Secretary of State](#)

Referendum Measure No. 90 was approved by Washington voters (57.8%) and 56.92% of Clark County voters, thereby enacting Comprehensive Sexual Health Education by law (RCW 28A.300.475).

Resource: Link to [RCW 28A.300.475](#): Comprehensive Sexual Health Education

**Summary of Key Differences Between Sexual Health Education Prior to/After
Referendum 90 [Referendum Measure No. 90 Explanatory Statement](#)**

Prior to the Passage of Referendum No. 90	After the Voter's passage of Referendum No. 90
School districts may choose to provide, or not to provide, sexual health education. They may opt out.	Referendum 90 requires public schools to provide comprehensive age-appropriate sexual health education. They may opt out.
<p>If taught, it must be:</p> <ul style="list-style-type: none"> ● Medically and scientifically accurate ● Be age appropriate and appropriate for students of any gender, race, disability status, or sexual orientation. ● Include information on abstinence and other methods of preventing pregnancy and sexually transmitted diseases ● Cannot consist only of information about abstinence ● Parents may opt their student(s) out 	<p>When taught, it must be:</p> <ul style="list-style-type: none"> ● Medically and scientifically accurate ● Be age appropriate instruction in human development and reproduction and appropriate for students of any gender, race, disability status, or sexual orientation. ● Include information on abstinence and other methods of preventing pregnancy and sexually transmitted diseases ● Cannot consist only of information about abstinence ● Instruction must use language and strategies that avoid discrimination against any student. ● Must include information about affirmative consent and bystander training. ● K-3rd: SEL (Social Emotional Learning) ● 4th/5th: puberty, HIV/STDs, Healthy Relationships (Bystander Training and Affirmative Consent) ● 4th - 12th: Comprehensive Sexual Health materials (Grades 4/5 speak to HIV/STDs) ● Parents may opt their student(s) out

Comprehensive Sexual Health Education [Implementation Requirements](#)

Required content for Washington schools:

- In grades K-3, instruction must be in [Social Emotional Learning](#) (SEL) - learning to do things like manage feelings, set goals, and get along with others. Instruction must be consistent with [Social and Emotional Learning Standards and Benchmarks](#). (Note: there is no sexuality content required for students in grades K-3.)
- In grades 4-12, instruction must be consistent with [Health Education K-12 Learning Standards](#), must use language and strategies that recognize all members of protected

classes, and must include age-appropriate, medically/scientifically, inclusive information about:

- The physiological, psychological, and sociological developmental processes experienced by an individual;
- Abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases;
- Health care and prevention resources;
- The development of intrapersonal and interpersonal skills to communicate, respectfully and effectively, to reduce health risks and choose healthy behaviors and relationships based on mutual respect and affection, and free from violence, coercion, and intimidation;
- The development of meaningful relationships and avoidance of exploitative relationships;
- Understanding the influences of family, peers, community, and the media throughout life on healthy sexual relationships;
- Affirmative consent and recognizing and responding safely and effectively when violence or a risk of violence is or may be present, with strategies that include bystander training.

Health Education [K-12 Learning Standards Definitions and Requirements](#) and [K-12 Health & Physical Education Learning Standards](#)

There is some confusion that schools must teach all of the CSHEC topics. Schools are required to teach all CSHEC standards, but not all grade level outcomes. See the above links.

Curriculum is not Resources (and Vice Versa)

Curriculum is an educational term that speaks to a course's content and standards (What is taught.) Instructional materials or resources is a term that covers how a curriculum is taught: Textbooks, videos, guest speakers, supplementary resources and other resources.