



Spring 2014

Dear Parent/Guardian:

Your child's health is important to us. Students in the District of Columbia schools receive health education on a variety of topics, such as nutrition, mental and emotional health, alcohol, tobacco and other drugs, disease prevention, and sexual health. The Healthy Schools Act of 2010 mandates health education in grades K-8, and high school students are required to take one semester of health for graduation. To measure student achievement in these categories, the DC Comprehensive Assessment System (DC CAS) includes a test in health and physical education. This standards-based test is administered to fifth grade, eighth grade, and high school students enrolled in health education during the 2013-2014 school year.

Youth in DC suffer from high rates of obesity, diabetes, asthma, sexually transmitted infections, and teen pregnancy, and the assessment covers various topics that are important to the health and wellness of our students. All students in the above mentioned grades will participate in the assessment; however, participation in the age-appropriate questions regarding sexual health is optional.

As with the sexual health portion of the health curriculum, you may choose for your student to opt out of these test questions. These questions comprise only a small portion of the overall test. If you **do not** wish for your student to participate in the sexual health portion of the assessment, please fill out the form below. **If you check the box "no" below, you must sign this form and return it to the school as soon as possible and no later than March 31, 2014 if your school is participating in the first health test administration and June 4, 2014 if they are participating in the second health test administration.** Participating in the opt out will not impact students grades or their CAS performance. If you have any questions, comments or suggestions, please do not hesitate to call your school.

Sincerely,

Sandra Schlicker
Deputy State Superintendent of Education

STUDENT'S NAME: _____

School: _____ Grade: _____

[] NO, my child may not participate in the sexual health education questions.

Parent/Guardian signature: _____ Date: _____

Phone number: _____

