Spring 2019

Dear Parent/Guardian,

The *Healthy Schools Act of 2010* mandates health education be provided to students in the District of Columbia in grades K-8, and high school students are required to take one semester of health for graduation. The Office of the State Superintendent of Education has developed the DC Health and Physical Education Assessment to measure student knowledge and achievement in health topics that are important to the health and wellness of our students, including emotional health, safety skills, human body, disease prevention, nutrition, alcohol, tobacco and other drugs, and physical education.

During the 2018-19 school year, students in grades 5, 8, and high school (high school students take the assessment during the year that a health class is taken) will be asked to take the test; however, participation in any age-appropriate questions regarding sexual health is **optional** and you may choose to exempt your student from these test questions.

The 2019 Health and Physical Education Assessment will take place in schools between April 1 and June 14, 2019. 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 [mm/dd/yy].** Choosing to exempt your student will not impact his or her grades or performance on the assessment. If you have any questions, comments or suggestions, please do not hesitate to call your school.

Sincerely,

Heidi Schumacher

Assistant Superintendent

Health & Wellness Division

Office of the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_