

**Arlington Public Schools  
Family Life Education  
Parent Opt-Out Form**

SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ TEACHER NAME \_\_\_\_\_

STUDENTS HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

I hereby exercise my option to have my child opt-out of the following objectives. I understand that my child will be given an alternative assignment to be completed independently in place of any objectives from which I opt-out my child. I also understand that the child is expected to comply with school rules and policies while working on the alternative assignment and that a grade will be given for this assignment.

**DIRECTIONS:** Please place your initials on the line next to each objective from which you opt-out your child.

- \_\_\_\_ 8.1 The student will relate stages of human development to his or her own developmental level.
- \_\_\_\_ 8.2 The student will recognize the development of sexuality as an aspect of the total personality.
- \_\_\_\_ 8.3 The student will become aware of the need to think through decisions and to take responsibility for them.
- \_\_\_\_ 8.4 The student will recognize the nature of dating during adolescence.
- \_\_\_\_ 8.5 The student will interpret the messages in society related to sexuality.
- \_\_\_\_ 8.6 The student will describe strategies for saying "no" to premarital sexual relations.
- \_\_\_\_ 8.7 The student will develop the coping skills needed to deal with stress.
- \_\_\_\_ 8.8 The student will identify the stresses related to changing relationships in the home, school, and community.
- \_\_\_\_ 8.9 The student will analyze the issues related to teenage pregnancy.
- \_\_\_\_ 8.10 The student will review facts about pregnancy prevention and disease control.
- \_\_\_\_ 8.11 The student will describe the effects of alcohol and drug use and abuse on families and peer relationships.
- \_\_\_\_ 8.12 The student will identify the effects and prevention of sexual assault, rape (including date rape), incestuous behavior, and molestation.
- \_\_\_\_ 8.13 The student will recall the ways in which the HIV virus is transmitted and prevented.

**PLEASE RETURN THIS FORM TO THE PRINCIPAL BY THE DATE ESTABLISHED BY YOUR SCHOOL**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_