SELF, HEALTH, AND RELATIONSHIP EDUCATION (SHARE): GUIDELINES FOR THE CONSIDERATION OF AGE-APPROPRIATE AND DEVELOPMENTALLY APPROPRIATE INSTRUCTION

May 2024

TABLE OF CONTENTS

Stakeholder Input *1*

Purpose *1*

Definitions *1*

Underlying Assumptions *3*

Rationale *4*

Building the System *5*

Consideration Process *5*

Continuum of Services and Supports **7**

Self, Health, and Relationship Education (SHaRE) Consideration Guide **8**

Assessment *8*

Related Skill Assessment **9**

Functional Behavioral Assessment (FBA) 10

Instruction and Data Collection *10*

Trauma-Informed Consideration and Instruction **11**

Thoughtful Conversations *12*

Response to Interfering Behavior(s) Related to SHaRE **13**

Summary *14*

References *15*

Stakeholder Input

The Virginia Department of Education (VDOE) thanks the stakeholders who participated in the development of this consideration document including parents, self-advocates, college support service providers, counselors, leaders from local agencies, and educators. Additionally, these guidelines were open for public comment and the feedback was reviewed and incorporated into this document. Through that input and careful examination of the legislation, this document and supporting documents have been developed to address the topics of self, health, and relationship education (SHaRE), which are not often addressed.

Purpose

Legislation passed during the 2020 Virginia General Assembly session requires Individualized Education Program (IEP) Teams to consider the need for age-appropriate and developmentally appropriate instruction related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others (*Code of Virginia* §22.1-217.03). This document is intended to be used by school divisions as guidelines for the consideration and/or assessment of these critical instructional areas when developing IEPs for students with disabilities. Consideration should occur within already established IEP development processes and does not replace any federal or state regulations.

Though essential, conversations about sexual health, self-restraint, self-protection, respect for personal privacy, and the personal boundaries of others can sometimes be uncomfortable or difficult and perhaps avoided. The following guidelines provide information and context for discussing topics related to these critical topics with students, families, and educators. Consideration of potential services and supports through the IEP to ensure access to this instruction can help ensure all students develop the necessary skills to make informed decisions about their social and romantic choices and relationships.

For the remainder of this document, instruction in the areas of sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others will also be referred to as self, health, and relationship education, or SHaRE.

Definitions

The following terms will be used throughout this document. Definitions are provided to ensure a clear understanding and consistency when discussing these concepts among team members and across the Commonwealth.

- **Access skills** are the skills that may or may not be linked directly to the content but are required for the student to be able to meet the content standard(s). Access skills may include self-awareness and other social-emotional skills, executive functioning, functional communication, and foundational academic skills (Alber-Morgan et. al., 2022).

- **Age appropriate** refers to content, topics, and instruction that are generally accepted and taught to students based on chronological age. The age level at which it is suitable to teach concepts, information, and skills is based on the social, cognitive, emotional, and experience levels of most students in that age range (Future of Sex Education, 2020).

- **Consideration** is the process by which the IEP Team examines and determines if the student requires instruction and/or support in specific areas.

- **Developmentally appropriate** refers to utilizing both the chronological age and individual needs of the student to develop learning objectives and teaching strategies; commonly referred to as "meeting students where they are emotionally, socially, and cognitively."

- The **Individualized Education Program (IEP) Team** is a group of individuals who come together to develop a student's IEP. The IEP Team is comprised of individuals who bring different perspectives and expertise to ensure the IEP is individualized to the strengths and needs of the student to promote growth and independence. Individuals with specific knowledge or special expertise regarding the student can help ensure a free appropriate public education (FAPE) must be included as part of the IEP Team (34 CFR §300.321).

- **Performance deficit** occurs when a student possesses the skill but is unable to perform the skill independently or with fluency. For example, a student has learned how to provide consent and can respond "yes" or "no" when asked a question in which consent is required. However, when in a social situation that requires providing or not providing consent for an activity, they are unable to do so or do not provide an answer consistent with their true intention. Performance deficits require increased opportunities to practice with immediate feedback, reinforcement of the skills, and generalization across settings and people.

- **Personal boundaries** are the intellectual, emotional, and physical limits an individual has for themselves as well as the ability to recognize others' boundaries to promote safe and healthy relationships across all environments.

- **Personal privacy** is the concept of privacy for self and others in scenarios such as public and private behaviors, daily living skills such as bathing and using the bathroom, internet safety, interpersonal scenarios, and/or engaging in consensual sexual activity.

- **Prerequisite skills** are the skills the student must know and have mastered before working toward a specific standard (Alber-Morgan et. al., 2022).

- **Self-protection** is the ability to understand and apply knowledge and behaviors that promote personal safety, choice, and autonomy through recognizing uncomfortable or harmful situations, making informed choices to prevent harm, and having the ability to take protective action.

- **Self-restraint** is the act of exercising self-control over one's physical, mental, and emotional actions including managing impulses, delaying gratification, and problem-solving.

- **Sexual health** is the physical, emotional, mental, and social well-being regarding sexuality through human development and human anatomy of sex organs and reproductive organs.

- **Skill deficit** occurs when a student has not learned and does not possess a skill, so they cannot successfully perform the skill when needed. For example, a student has not been taught the correct terms for different body parts and is unable to accurately identify them when asked. In addition to increased opportunities for practice and reinforcement of the skill, the student must be explicitly taught how, when, and where to perform the skill.

- **Social emotional learning** is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions, achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions (CASEL, 2022).

- **Specially designed instruction (SDI)** is the adapting of content, methodology, or delivery of instruction to address the unique needs of the student that result from the student's disability and ensure the student's access to the general curriculum so the student can meet the educational standards that apply to all students within the jurisdiction of the local educational agency.

- **Student voice** refers to the values, opinions, beliefs, perspectives, and cultural backgrounds of individual students or groups of students in a school and to the instructional approaches and techniques that are based on student choices, interests, passions, and ambitions. Student voice can be seen as an alternative to more traditional forms of governance or instruction in which school administrators and teachers may make unilateral decisions with little or no input from students (The Glossary of Education Reform, 2014).

Underlying Assumptions

All individuals have the right to make their own decisions related to sexuality, relationships (platonic and romantic), personal preferences, reproduction, and parenting. Informed decision-making requires access to information that will guide decisions related to relationships, sexual activity, and parenting. Accordingly, student voice is critical in the consideration of the need for age-appropriate and developmentally appropriate instruction related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others.

All individuals have a right to live a life of their choosing, including their social relationships. All people deserve a life with meaningful social connections and support and deserve a life free from abuse. As stated in House Joint Resolution No. 91. (2020) regarding the civil rights and dignity of all Virginians:

> "[….] That the Commonwealth remain committed to diversity and fostering an atmosphere of inclusiveness that respects the dignity and worth of every person without regard to race, ethnicity, gender, religion, ancestry, national origin, immigration status, marital status, age, disability, sexual orientation, gender identity, or familial status; and be it RESOLVED FURTHER, That the General Assembly call upon all citizens and residents and state employees to resist and oppose acts of intimidation, bullying, discrimination, and violence and support victims of such acts [….]"

Supports can and should be provided to help individuals who seek social relationships and connections but lack the skills that foster these relationships both in person and through the internet, including social media.

Rationale

Findings by Strnadová, Danker, and Carter (2021) suggest that although IEPs should be developed by a full team, including student voice, the students are often left out of the conversation regarding sex education and that parents and teachers are often the gatekeepers of access to this curriculum for students with disabilities. Students with disabilities have the same sexual and reproductive needs and rights as any individual. However, several factors, including a feeling that the student may not understand; a misconception that students with disabilities have different sexual and reproductive needs compared to their non-disabled peers; a lack of curriculum; and a lack of understanding of the value and impact of teaching sex education, have been identified by parents and teachers as barriers to students with disabilities receiving age-appropriate and developmentally appropriate sex education instruction (Strnadová, Danker, & Carter, 2021; UNESCO et al., 2018). Additionally, despite parents' recognition of the need for their child to receive instruction on topics such as menstruation, self-protection, and personal boundaries, parents and teachers often provide instruction in reaction to situations occurring rather than proactively teaching about these topics before situations, which can be potentially harmful, occur.

When this instruction is denied (for whatever reason), students with disabilities are limited in their access to fully participate in society (Palucka et al., 2012). Students may be more likely to engage in socially interfering behaviors that may increase the risk of having a poor self-image and decreased relationships with others as well as an increased risk to experience and be affected by traumatic events including incarceration, coercion to engage in undesired sexual or other acts (that they feel may lead to acceptance or friendship), or to be a victim of sexual abuse or sexual assault (Curtiss and Kammes, 2020; Kerns, Newschaffer, & Berkowitz, 2015). For students with disabilities, unknowingly engaging in interfering or sexually inappropriate behaviors may lead to

an increased risk of suspension and expulsion, which can then increase the risk of dropping out and reduce the likelihood of graduation and/or socially meaningful postschool outcomes.

Access to age-appropriate and developmentally appropriate instruction that provides self, health, and relationship education is a right of every student in Virginia, including students with disabilities. Despite knowing the potential negative impact on student outcomes resulting from a lack of age-appropriate and developmentally appropriate instruction, barriers such as thinking students may not understand or lack of an appropriate curriculum continue to keep local school divisions from providing access to family life education to all students, as required by *Code of Virginia* (COV) §22.1-207.1. As such, all students, including students with disabilities, should have access to this general education curriculum with SDI and other supports, as needed.

Building the System

In the Commonwealth of Virginia, local school divisions have the discretion to decide whether to provide family life education to students, the grade levels at which it is offered, and the curriculum used. Although IEP Teams are required to consider the need for age-appropriate and developmentally appropriate instruction, school divisions may not have the infrastructure to provide comprehensive Health and Family Life Education (FLE). This can lead to a lack of qualified personnel, curricula, or a general understanding of the benefits of providing this instruction. For school divisions without comprehensive Health and FLE, careful consideration of how to integrate this curriculum and build the knowledge and skills of educators into the educational system is critical. Collaboration between a variety of stakeholders including school division leaders, administrators, teachers, counselors, nurses, and families can ensure thoughtful planning, training, and implementation of Health and FLE for all students, including students with disabilities.

Consideration Process

The *Individuals with Disabilities Education Act of 2004* (IDEA 2004) (34 CFR §300.324 (a)) requires IEP Teams to consider special factors, including behavior, blindness or visual impairment, communication needs, and assistive technology, in the development, review, and revision of each student's IEP. As a part of this consideration, the COV also requires that teams consider the need for age-appropriate and developmentally appropriate instruction related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others (COV §22.1-217.03). As with all other factors that must be considered, IEP Teams must use data to determine if the need for age-appropriate and developmentally appropriate instruction relating to SHaRE is required by the student to access FAPE and, if so, address this within the student's IEP.

The provision of age-appropriate and developmentally appropriate instruction in sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others begins with addressing access to the standards outlined in the Health Standards of Learning (VDOE, 2020b) and the Family Life Education Standards of Learning (VDOE, 2020a) for all

students in Virginia public schools. When IEP Teams are knowledgeable about SDI as it relates to sexual health and relationships, it increases the likelihood of effective instruction and success for the student. For that reason, IEP Team members should know what the health and family life standards are and the importance of all students receiving this instruction in the manner that best meets each student's needs.

The Health Standards of Learning reflect age-appropriate knowledge and abilities designed to provide core components of knowledge on topics such as:

- Body systems
- Physical health
- Disease prevention
- Mental wellness/social and emotional competence
- Violence prevention

The Family Life Education Standards of Learning provide content in the following areas:

- Family living and community relationships
- Value of family relationships
- Human sexuality
- Human reproduction
- Dating violence, including a focus on informing high school students that consent is required before a sexual act
- Characteristics of abusive relationships
- Steps to take to deter sexual assault
- Mental health education and awareness

In addition to ensuring students with disabilities are provided instruction on the Health and Family Life Education Standards of Learning, IEP Teams may consider other areas of instruction related to SHaRE, such as the *Virginia Social Emotional Learning (SEL) Guidance Standards*, that may be required to ensure the student develops the knowledge and ability to apply skills related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others.

As with any other IEP decision, the consideration for SHaRE is not a linear process and different decisions may be made based on individual student data. The *Standards-Based Individualized Education Program: A Guide for School Divisions* (VDOE, 2016) may be used by teams to inform the process of considering grade-level standards, examining student data, writing the present level of performance and measurable goals, providing supplementary aids and services, and monitoring student progress. Student voice should always be a part of IEP development and decision-making.

Continuum of Services and Supports

When considering the need for SHaRE, the team should first identify if the need for age-appropriate and developmentally appropriate instruction is relevant for the student. If the student currently has access to and engages in instruction related to self, health, and relationship education without the need for special education services and supports and is making progress, the IEP should document this and may proceed to address other relevant factors for the student. The consideration process is complete at this time but should be considered again as part of the development of any future IEPs and as part of the problem-solving process if adequate progress is not being made or additional concerns arise.

If the student does not have access to the general curriculum for Health and FLE, the IEP Team should consider how to provide this instruction to the student. Teams may consider potential barriers for why the student is not receiving this instruction, what supports may be required to ensure access that meets the student's learning and developmental needs, and any specific curriculum standards not being met. Supports may include providing instruction in the least restrictive environment (LRE) for the student, utilizing supplementary aids and services including accommodations and modifications, and SDI to meet the student's needs.

If the student has access but is not making adequate progress toward grade-level standards, the team may consider providing supplementary aids and services including accommodations, modifications, and SDI to assist the student in making progress. When considering student progress, the team should consider both mastery of the content contained in grade-level standards as well as the application of the knowledge. The team may also consider other instructional needs of the student to make progress in the curriculum. This may include but is not limited to instruction on *Virginia SEL Guidance Standards*, adaptive behavior skills, and instruction in the student's LRE.

With all consideration, teams must consider if the curriculum is both age-appropriate and developmentally appropriate. While grade-level standards may be age-appropriate for the student, standards may not be developmentally appropriate, and vice-versa. Students with and without an identified disability experience physical and emotional changes including hormone shifts and puberty. Teams should consider providing instruction in a way that best meets the needs of the student regarding these and related topics before, not in response to, these changes occurring. Teams should identify the supplementary aids and services required by the student to ensure they are receiving instruction on the curriculum that is both age-appropriate and

developmentally appropriate. Teams may require collaboration with individuals outside the student's current IEP Team to ensure these needs are met and the student can make progress.

Self, Health, and Relationship Education (SHaRE) Consideration Guide

The *Self, Health, and Relationship (SHaRE) Consideration Guide* is designed to facilitate a meaningful discussion and decision-making process that ensures compliance with regulations and drives quality instruction related to self, health, and relationship education. While not required, the *SHaRE Consideration Guide* can help the IEP Team ensure that the consideration of SHaRE fully explores the student's strengths, areas of need, and potential instructional opportunities. The consideration guide can be used by the IEP Team to guide discussion during the IEP Team meeting or to support discussion as a response to any behavior(s) of concern that occurs due to skill or performance deficits in the areas of sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others. When used to facilitate discussion as a result of a specific behavioral incident, any behavior-specific considerations should also be documented within the student's IEP as appropriate.

Assessment

The consideration of SHaRE is based on a discussion of existing data among the IEP Team. If the team identifies one or more areas of concern and determines that additional data is required, the team may choose to conduct a new, additional assessment(s) to assist the team in making a more informed decision regarding the need(s) of the student. This may include indirect data collection such as interviews, skill-based assessment(s), behavioral observation and/or assessment, or other direct forms of information gathering to help inform the present level of performance, goals, objectives, SDI, special education services, and/or accommodations.

There is a lack of standardized assessments available for educators to help identify specific strengths and skill deficits regarding sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others. This limitation can make targeting the specific instructional needs of the student challenging for the IEP Team. For IEP Teams considering the need for SDI and/or accommodations related to SHaRE, much of the data used to inform decision-making will come from nonstandardized assessments. Grade-level Health and Family Life Education Standards of Learning can provide a backbone for curriculum-based assessment to target areas for instruction (Hall & Mengel, 2002). Students who have demonstrated proficiency in health and family life content may not apply or generalize learned knowledge to real-life situations, and teams may require additional forms of assessment such as direct observation and formative assessment to support skill generalization and maintenance.

Formative assessment, a process for monitoring student learning to provide ongoing feedback used to adjust ongoing teaching and learning, can be used by teachers to help identify student progress toward Health and FLE and additional areas of instructional need (Brookhart & Lazarus, 2017). Students should be a part of the formative assessment process to identify goals, gather and interpret evidence of where they are in their progress toward that goal, and actively

figure out and take the next steps. This can be done through observation of skill application, generalization of concepts, and knowledge checks during instruction.

Due to the nature of social interactions and the subtle differences between what can be considered appropriate and inappropriate between individuals, interpretations of skill and performance deficits related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others can vary. As such, the assessment may be an ongoing process. The IEP must maintain an objective perspective on SHaRE to effectively assess and determine instruction.

Related Skill Assessment

While not directly assessing skills in the areas of sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others, related skill assessments are available that may help identify underlying knowledge and skill deficits that can inform instructional goals and strategies related to SHaRE. These assessments may address adaptive behavior, communication, social emotional learning competencies, or other access or performance skills that may affect a student's ability to learn and generalize skills. Assessments may already be used to assess some or all of these areas in order to address other curricula standards. Consider how these assessments may be used by teams to inform instruction.

Social emotional learning includes a student's relationship skills, self-awareness, self-management, social awareness, and decision-making. Best practices in general education include opportunities to learn, practice, and enhance these skills. Moreover, instruction should focus on socially valid behaviors, meaning such behaviors are relevant to a particular student at a specific point in time, people, and location. For example, teaching "appropriate" greetings (a contrived definition) subjects the greeting's "appropriateness" to the individual(s) interpreting it. If a student's cultural norms dictate that they do not make eye contact with adults, then instruction must consider this convention when teaching how to greet adults.

Results from assessments provide information related to the nature of the skill and/or performance deficit and can lead to a rationale as to why the skill may be important to the student. In practice, these results can be a starting point for discussions with students and their families about the importance or benefits of engaging in a skill. These benefits can be used as a relevant rationale or a "hook" for the learner to engage in the instruction.

Assessments should be conducted across settings and school team members. Assessments may be formal, such as data collection via direct observation, functional behavioral assessments, rating scales, checklists, and parent or teacher interviews. Assessments may also be informal, such as direct observations without data collection (e.g., engaging a student in play or a game), student self-reports, and collecting anecdotal evidence from parents and teachers (e.g., teacher's objective, verbal report on how the student did at the school assembly last week).

Assessments before instruction will also allow streamlined and targeted teaching. Data collection on social emotional and communication skills should be ongoing as expectations change with age and location.

Functional Behavioral Assessment (FBA)

In some cases, skill deficits relating to SHaRE may result in behaviors that interfere with the learning environment and/or social relationships of the student and peers. For example, a student's lack of understanding of personal boundaries may result in unwanted physical contact with another individual and potentially being accused of sexual misconduct. For behaviors such as these (that may or may not reach the threshold of requiring disciplinary action), the utilization of a functional behavioral assessment (FBA) can help identify why the student is engaging in behavior(s) that interfere with their learning and the learning of the student's peers. The data collected through the FBA will also help inform the team of instructional strategies for developing skills that support healthy and meaningful social relationships. More information on the behavior instruction and the FBA process is available on the VDOE website.

Instruction and Data Collection

In instances where the student is not progressing through the curriculum or is not applying the knowledge gained through typical instruction, the IEP Team should consider a continuum of instructional supports and services. Regardless of learning challenges, teachers are tasked with ensuring all standards are accessible for students and the IEP addresses critical skills needed for the student to access the grade-level curriculum (Alber-Morgan, et.al., 2022). Access to grade-level Health and FLE curriculum begins with ensuring all students, including students with disabilities, can access and engage in this age-appropriate and developmentally appropriate instruction.

Inclusive classrooms that 1) address standards, 2) provide meaningful opportunities for interactions with nondisabled peers, and 3) provide access to instructors with high levels of content knowledge help to ensure that students receive grade-level instruction in the LRE. Participating in inclusive settings for Health and FLE will ensure that students have access to age-appropriate and developmentally appropriate instruction in sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others.

While all students should have access to and be able to engage in grade-level Health and FLE curriculum with their peers, some students may require additional support including accommodations and/or specialized instruction to meet their educational needs and ensure the curriculum is age-appropriate and developmentally appropriate. Support from a special educator or other professional(s) who can provide specialized instruction (e.g., counselor, case manager, nurse, speech-language pathologist) may help identify foundational skill deficits that prevent the student from acquiring knowledge and skills and may provide instructional strategies, supports, and assistance with modifications.

Curricular modifications may be considered when a student demonstrates deficits that put them significantly behind their peers or requires extensive adaptation to make progress. In contrast to accommodations, modifications change the content of what the student is learning. For example, a student may only be required to demonstrate mastery of selected standards from the Health and FLE curriculum or the standards may be altered to meet the specific needs of an individual student. Teams may consider a modification to the curriculum if the student is not making progress despite accommodations and specialized instruction being provided with fidelity. When considering modifications to the curriculum standards, teams should consider the core components of what the student needs to know as well as any prerequisite skills or access skills needed to access the content.

Teams must ensure the student is still receiving instruction that is both age-appropriate and developmentally appropriate, ensuring skills are not modified because the team does not feel the student is capable of understanding or not applicable. For example, although a student may struggle with developing peer relationships, they should still be taught about developing romantic relationships with their peers. Rather than removing the standard that is being provided to same-aged peers, teams may consider how to focus instruction on the core components of building and understanding romantic relationships (modification) by utilizing instructional strategies that have been successful for the student (specialized instruction).

This continuum of services available for student instruction may be utilized in the consideration and/or assessment process if the team identifies other areas of instruction related to SHaRE.

Data should be collected to monitor student progress toward identified goals. To ensure fidelity of implementation, teams may develop a plan for how any instructional services, accommodations, and/or modifications will be provided and any collaborative partnerships needed for implementation. Consider the potential professional learning, including training and coaching, that may need to be provided to support implementing staff.

Trauma-Informed Consideration and Instruction

Trauma "results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Services Administration, 2014). It is estimated that more than two-thirds of children reported experiencing at least one traumatic event by age 16 (Copeland, et al. 2007).

A trauma-informed school recognizes that trauma affects staff, students, families, communities, and systems (The National Child Trauma Stress Network, 2017). A trauma-informed school also recognizes the relationship between and alignment of trauma-informed core areas with social, emotional, and behavioral learning practices; disciplinary response; classroom management; and student and professional support. It acknowledges the impact that mental health can have across all major developmental domains (physical health, cognitive learning, behavioral, social emotional) both inside and outside of the classroom, as well as how the scholastic experience can influence mental health. Ongoing training and technical assistance in trauma-informed practices

can help students, educators, and the school to develop a trauma-informed mindset and foster meaningful and thoughtful relationships with students.

In building awareness of potentially traumatic events and understanding how to support individuals who may have experienced trauma, educators can take actions necessary to universally avoid recreating traumatic events or memories during the consideration process and when providing instruction related to SHaRE.

Thoughtful Conversations

Thoughtful conversations surrounding the consideration of the need for age-appropriate and developmentally appropriate instruction related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others benefit the outcomes and quality of life for all individuals. These conversations assist the team in understanding the importance that SHaRE plays in the development of positive self-concepts and respect for others, as well as in supporting all individuals develop self-esteem, self-confidence, and responsibility through meaningful, individualized instruction. Despite the importance, conversations among the IEP Team about sexual health and wellness can evoke a variety of reactions including acceptance, embarrassment, worry, confusion, or defensiveness. Self-awareness regarding conversation and instruction on these topics should be considered and addressed, as appropriate, by all team members.

Remain focused on the student.

- The IEP Team develops goals and services for a student that will help them be successful and as independent as possible at school and after graduation. By staying focused on meaningful outcomes for the student, the team can address barriers in a way that promotes the development of appropriate behaviors and the implementation of positive instructional practices. Be forthcoming about behaviors, concerns, and questions as the more information that the team has, the more effectively the team can intervene, as needed, to support the student.

Be friendly.

- Say “hello,” smile, and maintain a friendly attitude throughout IEP Team discussions. This helps set a comfortable tone for the meeting and may help put those who are uncomfortable with the topics of conversation at ease. The tone of voice/communication can also portray a variety of positive or negative feelings and may cause others to become defensive or shut down before the conversation begins.

Inform.

- Provide relevant information as it relates to the discussion of age-appropriate and developmentally appropriate instruction and keep personal thoughts, opinions, and advice to oneself. Maintain objectivity. Collaborate with other professionals, when needed, to

ensure families and other team members have all information needed to make an informed decision.

Ease discomfort.

- If a staff or team member is uncomfortable discussing certain topics, then role-playing and scripting may help to boost comfort. If uneasiness remains, a designated leader should be identified to provide additional support when having these discussions. Alternative staff members may also be needed to support student instruction if comfortability with these topics interferes with quality instruction. Collaborate with other team members, such as a school nurse or school counselor, to build knowledge and comfort with these topics.

Response to Interfering Behavior(s) Related to SHaRE

Consideration for age-appropriate and developmentally appropriate instruction related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others is intended to be a proactive practice to ensure all students gain the necessary knowledge and tools to understand their bodies and make informed decisions. Unfortunately, students with disabilities are at an increased risk of being victims of sexual abuse or unknowingly engaging in social misconduct or sexual abuse themselves. Ensuring students are provided SHaRE is a first step to ensuring students have the knowledge and abilities to understand and protect themselves and others. However, behaviors related to skill or performance deficits in these areas may occur either at school, in the home, or in community settings and may require immediate attention by the IEP Team to support the student. When meeting as a team to discuss a proactive plan to address any behavior(s) of concern and how to implement the plan with fidelity, additional considerations should be taken by the team to reduce the likelihood of misunderstandings, defensiveness, or frustration. Maintain focus on developing a plan to provide support and instruction to improve the behavior(s) in question.

Be objective.

- When contacting the family about a specific incident that has occurred, tell the parent precisely what happened, or what has been happening, that prompted your call. Maintain objectivity and provide relevant information regarding only the facts you know to be true. Leave out any rumors, hearsay, or innuendos. Depending on the situation, it may be helpful to ask the family if this behavior occurs at home and, if so, how has it been handled in the past. Knowing the specific behavior(s), including what it looks like when it occurs, the frequency of the behavior, and previously successful strategies (if any), will help the school team develop teaching and intervention strategies.

Be timely.

- When there are concerns relating to the aforementioned behaviors for students with disabilities, school staff should contact the parents to arrange a meeting with the IEP

Team to address the next steps for intervention and instruction. Also encourage families to share information about any related behaviors that occur in the home, as appropriate. This can help alert the school of potential behaviors they may see at school and make a plan for implementing antecedent strategies and instructional changes to proactively support the student. Remind families they have a right to request a meeting to discuss concerns with the IEP Team at any time.

Maintain confidentiality.

- Offer families ways in which to discuss concerns in a confidential, supportive, respectful, and private environment. Make sure families know that sharing the details of their child's behavior will not result in negative interactions with the student at school. Additionally, do not disclose the personal information of other students to ensure their confidentiality.

Attempt to minimize barriers or concerns.

- Provide the family the opportunity to openly discuss (as they are comfortable) any barriers or concerns they may have as it relates to the behavior, teaching strategies, or information shared. This may include cultural, religious, or other preferences. Developing an agenda with possible discussion points can help to maintain the focus of the conversation on the student and ensure all input is received.

Provide resources.

- If concerns cannot be fully and effectively addressed at school, then provide the family with recommendations for additional assistance or support within the home environment (e.g., physician, psychologist, church, specific support groups).

Summary

The consideration of the need for age-appropriate and developmentally appropriate instruction related to sexual health, self-restraint, self-protection, respect for personal privacy, and personal boundaries of others is required by the Commonwealth of Virginia as a part of the development of each annual IEP, at a minimum, for all students with an identified educational disability. The consideration and instruction of these critical skill areas are also essential. Targeted and meaningful education addressing the safety of the student and the safety of others may reduce the likelihood of behaviors that can lead to negative consequences including social isolation, misinterpretation of social cues, and victimization. It can also help prevent sexual abuse and challenging behaviors while promoting a variety of healthy relationships and healthy behaviors. When addressed early, through quality age-appropriate and developmentally appropriate instruction, the student can learn to develop healthy social relationships within the classroom and throughout their life.

References

Alber-Morgan, S. R., Konrad, M., Hessler, T., Helton, M. R., & Telesman, A. O. (2022). Identify and Prioritize Long- and Short-Term Learning Goals. In McLeskey, J., Maheady, L., Billingsley, B., Brownell, M. T., & Lewis, T. J. (Eds.). *High Leverage Practices for Inclusive Classrooms* (2nd ed., pp. 159-171). Routledge.

Brookhart, S. & Lazarus, S. (2017). *Formative assessment for students with disabilities*. Council of Chief State School Officers State Collaboratives on Assessing Special Education Students and Formative Assessment. https://ccsso.org/sites/default/files/2017-12/Formative_Assessment_for_Students_with_Disabilities.pdf

Collaborative for Academic, Social, and Emotional Learning (CASEL) (2022). *Fundamentals of sel*. https://casel.org/fundamentals-of-sel/

Copeland, W. E., Keeler G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry. 64*(5), 577-584. https://doi.org/10.1001/archpsyc.64.5.577

Curtiss, S. L., & Kammes, R. (2020). Understanding the risk of sexual abuse for adults with intellectual and developmental disabilities from an ecological framework. *Journal of Policy and Practice in Intellectual Disabilities*, *17*(1), 13-20. https://doi.org/10.1111/jppi.12318

Future of Sex Education. (2020). *National sex education standards: Core content and skills, K-12 (Second Edition)*. https://siecus.org/wp-content/uploads/2023/12/NSES-2020-web-updated-1.pdf

Hall, T. & Mengel, M. (2002). *Curriculum-based evaluations: Effective classroom practices report*. National Center for Accessing the General Curriculum. https://saidnazulfiqar.files.wordpress.com/2008/04/curriculum-based-evaluations.pdf

House Joint Resolution No. 91. (2020) https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+HJ91ER

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 (2004).

Kerns C. M., Newschaffer C.J., & Berkowitz S.J. (2015). Traumatic childhood events and autism spectrum disorder. *Journal of autism and developmental disorders*. *45*(11), 3475-3486. http://doi.org/10.1007/s10803-015-2392-y

National Child Traumatic Stress Network, Schools Committee (NCTSN). (2017). *Creating, supporting, and sustaining trauma-informed schools: A system framework*.

https://www.nctsn.org/resources/creating-supporting-and-sustaining-trauma-informed-schools-system-framework

Palucka, A. M., Raina, P., Liu, S. K., & Lunsky, Y. (2012). The clinical profiles of forensic inpatients with intellectual disabilities in a specialized unit. *Journal of Learning Disabilities and Offending Behavior. 3*(4), 219-227. *http://dx.doi.org/10.1108/20420921211327365*

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). *Trauma and violence*. https://www.samhsa.gov/trauma-violence

Strnadová, I., Danker, J., Carter, A. (2021). Scoping review on sex education for high school-aged students with intellectual disability and/or on the autism spectrum: parents', teachers' and students' perspectives, attitudes and experiences. *Sex education, 22*(3), 361-378. https://doi.org/10.1080/14681811.2021.1941842

The Glossary of Education Reform. (2014). Student voice. https://www.edglossary.org/student-voice/

UNESCO, Joint United Nations Programme on HIV/AIDS, United Nations Population Fund, et al. (2018). *International technical guidance on sexuality education: An evidence-informed approach*. https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf

Virginia Department of Education. (2010). *Regulations governing special education programs for children with disabilities in Virginia*. https://www.doe.virginia.gov/home/showpublisheddocument/894

Virginia Department of Education. (2015). *Guidelines for conducting functional behavioral assessment and developing positive behavior intervention and supports/strategies*. https://www.doe.virginia.gov/home/showpublisheddocument/15644

Virginia Department of Education. (2016). *Standards-based individualized education program: A guide for school divisions*. https://www.doe.virginia.gov/home/showpublisheddocument/33365

Virginia Department of Education. (2020a). *Family life education: Board of education guidelines and standards of learning for Virginia public schools*. https://www.doe.virginia.gov/home/showpublisheddocument/7960

Virginia Department of Education. (2020b). *Health education standards of learning for Virginia public schools*. https://www.doe.virginia.gov/home/showpublisheddocument/2132

Virginia Department of Education. (2021).
Virginia social emotional learning guidance standards.
https://www.doe.virginia.gov/home/showpublisheddocument/35008