

To:

US Department of Justice
950 Pennsylvania Avenue NW
Washington DC 20530
% Harmeet K. Dhillon

From:

Nikki Snyder
Member of Michigan State Board of Education

Re: Request for DOJ to Investigate the Michigan Department of Education

Attachments:

2016 MDE LGBTQ Statement and Guidance
2026 MDE Health Education Guidance/Standards
2026 Resolution in Opposition of MDE Health Education Guidance/Standards

To Whom It May Concern,

I write to you as a ten year Member of the Michigan State Board of Education having been duly elected twice with the highest vote count of any member in the history of the board. I do not say this to boast - I say this because I believe the people of Michigan have partnered with me in the desperate goal of improving Michigan's Public Education system. We currently rank 44th in the nation in 4th grade reading when we were once a beacon of excellence. I would not be who I am or where I am today if it were not for the quality of public education during my childhood. Every student deserves this kind of opportunity, no matter where they live.

We are here today because our state's education system is led by a department (MDE) that honors no authority at both the state and federal levels and is plagued with bad actors that have replaced the efforts and conversation of how to focus on improvement in education with how to continuously manipulate the political leverage of groups of Michiganders based on how they define their identity with subsequent indoctrination of students in our schools. This is why the DOJ is investigating our local schools right now. I ask you to consider the following in directing your focus of investigation on the one body in Michigan that has driven local schools to defy federal authority in this matter.

Michigan State statute gives MDE the authority to write health education guidelines (MCL 380.1278a) within a specific set of topics that are required for graduation and the statute directs local districts to choose a health education curriculum that align with those guidelines. MDE is also the body of enforcement for local school districts to be in compliance with federal and state laws.

“(iii) ...1278b... at least ½ credit in health aligned with guidelines developed by the department...” (MCL 380.1278a)

The history of this issue will show 2 past State Superintendents and the current State Superintendent acquiescing to a department of bureaucrats that develop politically charged guidelines or standards and then force them on local school districts to adopt. Notwithstanding the conflict of interest that exists in the fact that they are also the department that enforces compliance with the guidelines they write, they are also the body that manages and distributes the \$24.1B budget local schools depend upon to educate students statewide.

In 2016, previous State Superintendent Brian Whiston hoisted the issue as defined and developed by MDE onto local districts through their transgender bathroom policy. In 2025, Interim State Superintendent Sue Carnell pushed through the Health Education Guidelines and Standards, of which the department acknowledged not one State Board of Education Member actually developed. In 2026, when notified that the DOJ would investigate the local schools teaching gender identity at the behest of the MDE, current State Superintendent Glenn Maleyko stands by the decades of abuse of power and corruption and claims it is putting students first.

MDE has violated state law by developing guidelines that include teaching gender identity, which is not an allowable topic. This is a direct assault to our state legislature's authority. In writing these guidelines, MDE has also violated the President's Executive Order and Supreme Court Opinion in *Mahmoud v. Taylor*. I personally warned that developing these guidelines was a violation of laws and authority on multiple levels. Please see the attached, “Resolution to Affirm Parental Rights Established by Supreme Court Precedent in *Mahmoud V. Taylor*” which was put before the State Board of Education and MDE when these guidelines were passed and subsequently given to local districts.

There is no governmental body that has shown such disregard for authority at all levels like Michigan's Department of Education. When it comes to improving public education in Michigan, this bureaucratic entity requires a massive reset in checks and balances. MDE is the root of Michigan's education problem. They should never be encouraging local districts to follow guidelines they write that violate state law, presidential executive orders, or Supreme Court opinion. They are the body expected to hold local districts in compliance with our laws.

Public schools are not a space for evangelism or gender transitioning— really any teaching that fundamentally guides or directs the formation of an individual's core identity.

Have I mentioned MDE is also under investigation by the Federal Office Of Civil Rights for not providing compensatory education to special education students during COVID - the only state in the nation to be investigated in such a manner in 27 years? Every other state that was not in compliance with this issue rectified it, but not Michigan.

I am unashamed to beg you to help us here in the State of Michigan. And I know firsthand that it starts with investigating not the local school districts that are backed into a corner by the MDE, but rather to investigate the MDE itself. MDE is the department that should be showing up and notifying local districts that don't follow state or federal law that this is why they risk the important dollars that need to get to students in classrooms.

Thank you for your consideration of this matter.

Sincerely,

Nicolette Snyder

Nikki Snyder

Member of State Board of Education



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

BRIAN J. WHISTON
STATE SUPERINTENDENT

MEMORANDUM

DATE: August 30, 2016

TO: State Board of Education

FROM: Brian J. Whiston, State Superintendent 

SUBJECT: Discussion and Consideration of Action on Statement and Guidance on Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Students

The State Board of Education (SBE) and the Michigan Department of Education (MDE) are committed to reducing the impact of high-risk factors and providing equitable resources and access to quality educational opportunities to meet the needs of all students. Students should be treated equally, fairly, and be protected from any discrimination. Due to a variety of factors, the school experience can be significantly more difficult for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students. Despite widespread efforts, LGBTQ students continue to face challenges that threaten their health, safety, and learning opportunities in schools.

The draft Statement and Guidance was presented to the SBE on March 8, 2016. A public comment period took place from March 14 to May 11, 2016. Comments were reviewed and categorized. A copy of the revised Statement and Guidance is attached. Additions to the Statement are in ALL CAPITALS, ~~strikethroughs~~ are removals.

It is recommended that the SBE approve the revised State Board of Education Statement and Guidance on Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Students as attached to the Memorandum dated August 30, 2016.

Attachment

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State Board of Education Statement and Guidance on Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Students

THE BELOW ARE MEANT TO BE GUIDELINES TO SUPPORT SCHOOLS IN CREATING AN INCLUSIVE SCHOOL ENVIRONMENT FOR ALL STUDENTS. THESE GUIDELINES ARE VOLUNTARY AND SHOULD NOT BE CONSIDERED MANDATES OR REQUIREMENTS. DECISIONS BY DISTRICTS TO UTILIZE THIS GUIDANCE SHOULD BE MADE AT THE LOCAL LEVEL EMPLOYING THE NORMAL COMMUNITY INPUT PROCESS.

The State Board of Education (SBE) is committed to promoting a safe, supportive, and inclusive learning environment for all students and ensuring that every student has equal access to educational programs and activities. Due to a variety of factors, the school experience can be significantly more difficult for SOME students INCLUDING THOSE with marginalized identities. ~~STUDENTS WHO DO NOT CONFORM TO GENDER-ROLE STEREOTYPES FACE SOCIAL CHALLENGES AT A MINIMUM, WITH THE POTENTIAL THREAT OF EXCLUSION, BULLYING, OR DISCRIMINATION.~~ Despite widespread efforts, lesbian, gay, bisexual, transgender, and questioning (LGBTQ)ⁱ Students continue to face challenges that threaten their health, safety, and learning opportunities in schools.

Research indicates that LGBTQ students, nationally and in Michigan, are targeted with physical violence and experience a hostile school environment more frequently than their non-LGBTQ peers.

- Data from the 2015 Michigan Youth Risk Behavior Surveyⁱⁱ (YRBS) show that students who identify as lesbian, gay, or bisexual (LGB), 8.4 percent of all high school students, are 2.3 times more likely to be threatened or injured with a weapon on school property than their non-LGB peers, and they are 2.3 times more likely to skip school because they feel unsafe. Forty-one percent of LGB students report being bullied on school property, and they are 4.5 times more likely to attempt suicide.
- According to a national report, 26 percent of transgender students were physically assaulted, (e.g., punched, kicked, or injured with a weapon) in school in the past year because of their gender expression.ⁱⁱⁱ
- Overall, LGBTQ students who are bullied and harassed are more likely to experience depression and anxiety, feel excluded from the school community, and experience lower academic achievement and stunted educational aspirations.
- Lesbian, gay, bisexual, and transgender (LGBT) students are over-represented in the unaccompanied homeless youth population, creating significant barriers to health, safety, and school success.
- Not all LGBTQ students are equally affected by these risk factors. LGBTQ students with intersecting, marginalized identities (~~e.g., black gay males, LGBTQ students with disabilities~~) are at greater risk of negative outcomes, INCLUDING SCHOOL FAILURE AND DROPOUT.
- The adverse health and educational consequences for transgender students are even greater than those for LGB students.

SUPPORTIVE ENVIRONMENTS THAT ACKNOWLEDGE AND AFFIRM A STUDENT'S IDENTITY ARE PROTECTIVE FACTORS THAT IMPROVE HEALTH AND EDUCATIONAL OUTCOMES.

~~The SBE recognizes the role that Power, privilege, discrimination, and oppression play a role in creating disparities that exist between LGBTQ students and their peers; , and that only by addressing the underlying structural inequities will the existing disparities in academic achievement and health outcomes be eliminated.~~

As articulated in the ~~“Top 10 in 10 Years”~~ OUR strategic goals, the SBE and the Michigan Department of Education (MDE) are committed to reducing the impact of high-risk factors and providing equitable resources and access to quality educational opportunities to meet the needs of all students.^{iv} The SBE recognizes the need for all students to have a safe and supportive school environment to progress academically and developmentally, and believes school administrators, teachers, staff, families, and students all play an important role in creating and sustaining that environment. To that end, students should be treated equally, fairly, and be protected from discrimination based on their real or perceived^v sexual orientation, gender identity, and gender expression. ~~As such, the SBE encourages districts to~~ **WHILE THE FOLLOWING GUIDANCE IS VOLUNTARY, THE SBE ENCOURAGES DISTRICTS TO CONSIDER THESE BEST-PRACTICES STRATEGIES TO CREATE A MORE SUPPORTIVE LEARNING ENVIRONMENT FOR ALL STUDENTS, INCLUDING THOSE WHO ARE LGBTQ. DISTRICTS SHOULD ENGAGE NEED-TO-WORK WITH THEIR COMMUNITY TO DEVELOP A PROCESS THAT WORKS FOR ALL STUDENTS.**

- 1) **Adopt, implement, and enforce policies protecting students from harassment, violence, and discrimination FOR ANY REASON INCLUDING based on their real or perceived sexual orientation, gender identity, and/or gender expression (e.g., enumerated nondiscrimination, anti-bullying, and anti-harassment policies).**^{vi}

Inclusive school policies and administrative guidelines regarding implementation provide clear guidance for school administrators, teachers, support staff, families, and students to ensure all members of the school community have similar, consistent expectations for what is considered appropriate conduct in school and at school-related activities. Those same protections should also be afforded to LGBT staff to provide a diverse workforce and role models who are supported.

- 2) **Provide professional development opportunities on issues affecting LGBTQ students to ~~all~~ district staff and board members.** These opportunities should extend beyond teachers, administrators, and school mental health staff, to include anyone who interacts with students (e.g., coaches, bus drivers, cafeteria workers, custodians, and administrative support staff). The MDE conducts introductory and advanced workshops to help educators and other school personnel understand, assess, and improve school safety and climate for all students, including those who are LGBTQ.^{vii} Districts should encourage and support staff attendance at these and other role-appropriate professional development opportunities.

- 3) **IN ACCORDANCE WITH THE EQUAL ACCESS ACT, support the formation of extracurricular student-led clubs, such as Gay-Straight Alliances or Gender and Sexuality Alliances (GSAs) in middle and high schools. ~~in accordance with local policies.~~** ~~In accordance with the Equal Access Act, t~~The GSA should be afforded the same rights and privileges as other student-led extracurricular clubs in all areas, such as appointment ~~and compensation~~ of advisors, publicity for events, and inclusion on school websites. These groups have been shown to improve school climate for all students, regardless of sexual orientation, gender identity, or gender expression, and are protective for all students, both members and non-members. They can serve different functions, including supporting potentially isolated and at-risk LGBTQ students and their allies, educating the larger school community, and advocating for a more inclusive school climate.

- 4) **Provide appropriate and meaningful family engagement and support.** ~~Since~~ Parental ~~acceptance~~ and family support are key determinants of LGBTQ student health^{viii}; therefore, student support teams, staff, and community partners should provide resources to help families and students locate information, affirming counseling, and support services. School mental health professionals (school counselors, school social workers, and school psychologists) play an important role in helping students evaluate their academic

and family situations, support systems, and resources, and have the necessary training to conduct mental health and substance use assessments, as needed. Schools should provide a welcoming environment for diverse families, including those that are headed by LGBTQ parents,^{ix} and are encouraged to educate all families in their community about this SBE Statement and Guidance.

- 5) **Encourage respect for the human and civil rights of all people, including those who are LGBTQ, across the curriculum.**^x INCORPORATING LGBTQ TOPICS THROUGHOUT THE EDUCATIONAL CULTURE OF THE SCHOOL FOSTERS AN INCLUSIVE AND SAFER ENVIRONMENT FOR ALL STUDENTS, REGARDLESS OF SEXUAL ORIENTATION OR GENDER IDENTITY. Research shows that inclusion of LGBTQ topics in curricula is correlated with students feeling safer in school, regardless of sexual orientation or gender identity. Schools are encouraged to have relevant and age-appropriate content, throughout the curriculum, in areas such as social studies, English language arts, creative arts, and health education, including sex education.^{xi}
- 6) **Provide developmentally-appropriate information about LGBTQ issues in school libraries and in student and faculty resource centers.** School libraries ARE ENCOURAGED TO ~~should~~ include a selection of ~~high-interest~~ LGBTQ books and media. SELECTION OF LIBRARY MATERIALS SHOULD BE GUIDED BY LOCAL POLICIES AND PROCEDURES. ~~Computer-filtering software should not inhibit age-appropriate access to medical and social information.~~ Schools are encouraged to review the computer-filtering protocol to ensure that students and other school community members can access AGE-APPROPRIATE information related to LGBTQ youth, local and national resources, and LGBTQ health information.
- 7) **Collect and review data to identify disparities that create barriers to a safe and successful learning experience for LGBTQ students.** LGBTQ students are disproportionately at risk for experiencing bullying, truancy, violence, substance use, unaccompanied homelessness, discipline treatment, and involvement with the juvenile justice system. Districts are encouraged to analyze available attendance, suspension, expulsion, bullying, student risk behavior, and school climate data to promote practices that improve LGBTQ students' attendance and participation in school.^{xii} The United States Office for Civil Rights (OCR) requires every public school in the nation to report data on key education and civil rights issues, including incidents of bullying based on sexual orientation and sex (which can include gender- or gender identity-based bullying).
- 8) **Designate a building-level staff member who is conversant in issues related to sexual orientation, gender identity, and gender expression.** Students report feeling safer at school when they know where to go for information or support regarding LGBTQ issues, or when they have a trusted teacher or school staff person available. This person may assume a leadership role in working with LGBTQ students and their families, educate the school community regarding these topics, serve as the point person for the building, work closely with the district Title IX Coordinator, and be a liaison to MDE.

Guidance to Support Transgender and Gender Nonconforming (GNC) Students

Due to the increased risks facing transgender and GNC students, as well as the unique circumstances that may arise when working with these students and their families, the SBE is providing additional guidance and recommendations to help ensure these students receive the same educational opportunities as their peers.

Districts make important decisions regarding policies and practices to promote student safety and support, with equal access to all programs, services, and facilities provided by school districts. It is the position of the SBE that students should be

treated equally and fairly, free from discrimination, harassment, and bullying based on their real or perceived sexual orientation, gender identity, and gender expression. This commitment to equal and fair treatment includes transgender and GNC students, and applies to all district operations, programs, and activities. ~~Title IX guidance and legal briefs issued by the OCR have defined fair and equal treatment for transgender and GNC students in relation to rights in areas such as student names and pronouns, restrooms, privacy, school records, student safety, and dress codes.~~

THE LEGAL BASIS FOR THE FOLLOWING RECOMMENDATIONS IS GROUNDED IN THE U.S. DEPARTMENT OF EDUCATION (USED) OFFICE FOR CIVIL RIGHTS' (OCR) INTERPRETATION OF TITLE IX. AS A CONDITION OF RECEIVING FEDERAL FUNDS, SCHOOLS AGREE THAT THEY WILL NOT DISCRIMINATE ON THE BASIS OF SEX IN THEIR EDUCATIONAL PROGRAMS OR ACTIVITIES. THE USED TREATS A STUDENT'S GENDER IDENTITY AS THE STUDENT'S SEX. THIS INTERPRETATION IS CONSISTENT WITH COURTS' AND OTHER AGENCIES' INTERPRETATIONS OF FEDERAL LAWS PROHIBITING SEX DISCRIMINATION.^{xiii} IN ESSENCE, SCHOOLS MUST NOT TREAT A TRANSGENDER STUDENT DIFFERENTLY FROM THE WAY THEY TREAT OTHER STUDENTS OF THE SAME GENDER IDENTITY, REGARDLESS OF THE STUDENT'S SEX ASSIGNED AT BIRTH.^{xiv}

~~The responsibility for determining a student's gender identity rests with the student. Outside confirmation from medical or mental health professionals, or documentation of legal changes, is not needed.~~ These recommendations facilitate district compliance with local, state, and federal laws, while furthering the goals of cultivating and sustaining caring, supportive, respectful, and affirming learning environments that provide for the education, safety, and welfare of all students. While this guidance provides important suggestions for school staff, it does not anticipate every situation that might occur. The unique needs and concerns of each student should be addressed on a case-by-case basis, with a student-centered approach that includes the ongoing engagement of the student, the parent(s) (UNLESS EXCEPT IN SITUATIONS WHERE EDUCATORS ARE AWARE PARENTAL KNOWLEDGE MIGHT THREATEN THE STUDENT'S SAFETY AND/OR WELFARE), ~~as appropriate,~~^{xv} and school personnel with a legitimate educational interest per the Family Education Rights and Privacy Act (FERPA). The overall goal is to ensure the safety, comfort, and healthy development of all students, including transgender and GNC students, maximizing inclusion and social integration while minimizing exclusion and stigmatization.

1) STUDENT IDENTITY. GENDER IDENTITY IS A CHARACTERISTIC THAT IS ESTABLISHED AT A YOUNG AGE. IT IS A CORE PART OF A PERSON'S IDENTITY. WHEN A STUDENT'S GENDER IDENTITY IS RESPECTED BY SCHOOLS AND SUPPORTED BY PARENTS, THE STUDENT IS MORE LIKELY TO LEARN AND THRIVE.

THE PERSON BEST SITUATED TO DETERMINE A STUDENT'S GENDER IDENTITY IS THE INDIVIDUAL STUDENT. IN THE CASE WHERE A STUDENT IS NOT ABLE TO SELF-ADVOCATE, THE REQUEST TO TREAT THE STUDENT IN ACCORDANCE WITH THEIR GENDER IDENTITY WILL LIKELY COME FROM THE STUDENT'S PARENTS OR GUARDIANS. OUTSIDE CONFIRMATION FROM MEDICAL OR MENTAL HEALTH PROFESSIONALS, OR DOCUMENTATION OF LEGAL CHANGES, IS NOT ~~NEEDED~~ REQUIRED.

WHEN STUDENTS HAVE NOT COME OUT TO THEIR PARENT(S), A DISCLOSURE TO PARENT(S) SHOULD BE CAREFULLY CONSIDERED ON A CASE-BY-CASE BASIS. SCHOOL DISTRICTS SHOULD CONSIDER THE HEALTH, SAFETY, AND WELL-BEING OF THE

STUDENT, AS WELL AS THE RESPONSIBILITY TO KEEP PARENTS INFORMED. PRIVACY CONSIDERATIONS MAY VARY WITH THE AGE OF THE STUDENTS.

ONCE A SCHOOL HAS BEEN NOTIFIED BY A PARENT/GUARDIAN AND/OR STUDENT THAT THE STUDENT IS TRANSGENDER OR GNC, SCHOOL STAFF ARE ENCOURAGED TO WORK CLOSELY WITH THE STUDENT AND THEIR PARENT(S)/GUARDIAN(S) ~~AS APPROPRIATE,~~ TO DEVELOP A PLAN TO ADDRESS THE STUDENT'S PARTICULAR CIRCUMSTANCES OR NEEDS.^{xvi} THE NEEDS MAY VARY DEPENDING UPON WHERE A STUDENT IS IN THEIR GENDER TRANSITION PROCESS. IF A STUDENT'S ASSERTED GENDER IDENTITY IS NOT GENUINE, THE ESTABLISHMENT OF THE ABOVE-MENTIONED PLAN WILL ASSIST SCHOOL OFFICIALS WITH IDENTIFYING AN INDIVIDUAL CLAIMING A FALSE GENDER IDENTITY FOR IMPROPER PURPOSES. SUCH MATTERS SHOULD BE ADDRESSED IMMEDIATELY, ACCORDING TO DISCIPLINARY PROCEDURES.

- 2) **Names and Pronouns.** WHEN REQUESTED BY THE PARENT/GUARDIAN AND/OR STUDENT, school staff should ENGAGE IN REASONABLE AND GOOD FAITH EFFORTS TO address students by their chosen name and pronouns that correspond to their gender identity, regardless of whether there has been a legal name change. Upon request, the chosen name and gender should be included in the district's information management systems, in addition to the student's legal name. District-generated student email addresses should also reflect the student's chosen name, if first names are identifiable in such addresses. These changes inform all staff, including substitute teachers, of the name and pronoun to use when addressing the student, and help avoid inadvertent disclosures.
- 3) **Student Records.** When requested, schools should engage in reasonable and good faith efforts to change current unofficial student records (e.g., class and team rosters, yearbooks, school newspapers, and newsletters) with the chosen name and appropriate gender markers to promote consistency among teachers, substitute teachers, school administrators, and other staff.^{xvii} The Michigan School Code requires proof of identity and age for school entry (e.g., birth certificate, passport) but does not address changing names and gender markers in student records. Per communications with the U.S. Department of Education, the gender marker in the pupil's official record should reflect the gender identity of the student regardless of what appears on the birth certificate.^{xviii} While Michigan law provides a process for people to seek a legal name change, there may be extenuating circumstances that make a legal name change desired but unattainable. Parents, or students who are age 18 or older, have the right to seek amendment to the school records (per FERPA) if their records are deemed "inaccurate, misleading, or in violation of the student's privacy." School districts should comply if transgender students ask the district to amend their secondary educational records, including diplomas and transcripts after graduation, to ensure that those requesting records (e.g., college admissions offices or potential employers) will only see the name and gender marker corresponding to the student's gender identity.
- 4) **Privacy and Confidentiality Regarding Disclosures.** ~~Transgender and GNC students have the right to decide when, with whom, and to what extent to share private information. When contacting the parent/guardian of a transgender or GNC student, school staff should use the student's legal name and the pronoun corresponding to the student's assigned sex at birth, unless the student or parent/guardian has specified otherwise.~~ A STUDENT'S TRANSGENDER STATUS, BIRTH NAME, AND SEX ASSIGNED AT BIRTH ARE CONFIDENTIAL INFORMATION AND CONSIDERED PERSONALLY IDENTIFIABLE INFORMATION (PII) UNDER FERPA.^{xix} SCHOOLS SHOULD ENGAGE IN REASONABLE AND GOOD FAITH EFFORTS TO PROTECT STUDENTS' AND THEIR FAMILY'S PRIVACY BY NOT DISCLOSING, OR REQUIRING STUDENTS OR THEIR PARENT/GUARDIAN TO DISCLOSE, PII TO THE SCHOOL AND/OR SCHOOL COMMUNITY. SUCH DISCLOSURES MAY BE HARMFUL, INFRINGE UPON THE PRIVACY OF STUDENTS AND THEIR FAMILIES, AND MAY POSSIBLY VIOLATE FERPA OR CONSTITUTIONAL PRIVACY PROTECTIONS.

WHEN STUDENTS HAVE NOT COME OUT^{xx} TO THEIR PARENT(S), A DISCLOSURE TO PARENT(S) SHOULD BE CAREFULLY CONSIDERED ON A CASE-BY-CASE BASIS. SCHOOL DISTRICTS SHOULD CONSIDER THE HEALTH, SAFETY, AND WELL-BEING OF THE STUDENT, AS WELL AS THE RESPONSIBILITY TO KEEP PARENTS INFORMED. PRIVACY CONSIDERATIONS MAY VARY WITH THE AGE OF THE STUDENTS.

5) GENDER-SEGREGATED ACTIVITIES AND FACILITIES. TITLE IX PERMITS A SCHOOL TO PROVIDE GENDER-SEGREGATED RESTROOMS, LOCKER ROOMS, ATHLETIC TEAMS, AND CLASSES, AS LONG AS THEY ARE COMPARABLE. WHEN A SCHOOL PROVIDES GENDER-SEGREGATED ACTIVITIES AND FACILITIES, TRANSGENDER STUDENTS SHOULD BE ALLOWED TO PARTICIPATE IN SUCH ACTIVITIES AND ACCESS SUCH FACILITIES CONSISTENT WITH THEIR GENDER IDENTITY. PROVIDING TRANSGENDER STUDENTS WITH ACTIVITIES AND FACILITIES CONSISTENT WITH THEIR GENDER IDENTITY MAY FEEL UNCOMFORTABLE FOR SOME STUDENTS AND/OR THEIR FAMILIES. THE OCR HAS EMPHASIZED, "A SCHOOL'S TITLE IX OBLIGATION TO ENSURE NONDISCRIMINATION ON THE BASIS OF SEX REQUIRES SCHOOLS TO PROVIDE TRANSGENDER STUDENTS EQUAL ACCESS TO EDUCATIONAL PROGRAMS AND ACTIVITIES EVEN IN CIRCUMSTANCES IN WHICH OTHER STUDENTS, PARENTS, OR COMMUNITY MEMBERS RAISE OBJECTIONS OR CONCERNS. AS IS CONSISTENTLY RECOGNIZED IN CIVIL RIGHTS CASES, THE DESIRE TO ACCOMMODATE OTHERS' DISCOMFORT CANNOT JUSTIFY A POLICY THAT SINGLES OUT AND DISADVANTAGES A PARTICULAR CLASS OF STUDENTS." ^{xxi}

5a) Restrooms. EVERY STUDENT NEEDS TO BE SAFE IN THE RESTROOM. FOR A VARIETY OF REASONS, A STUDENT MAY HAVE CONCERNS ABOUT PRIVACY OR COMFORT WHEN USING A RESTROOM WITH OTHER STUDENTS. Any student who has a need or desire for increased privacy, regardless of underlying reasons, has the right to access a single-user restroom.^{xxii} Students should be allowed to use the restroom in accordance with their gender identity. Alternative and non-stigmatizing options, such as an all-gender or single-user restroom (e.g., staff bathroom or nurse's office), should be made available to all students who request them. WHILE GENDER-NEUTRAL BATHROOM FACILITIES ARE OFTEN THE SOLUTION THAT WORKS BEST FOR ALL STUDENTS, INCLUDING TRANSGENDER STUDENTS, DISTRICTS ARE REMINDED THAT CURRENT INTERPRETATION OF FEDERAL CIVIL RIGHTS LAWS PROTECT THE RIGHT OF TRANSGENDER STUDENTS TO USE THE BATHROOM OF THEIR GENDER IDENTITY IF THEY SO CHOOSE., but not presented as the only option.^{xxiii} BY MAKING BEHAVIORAL EXPECTATIONS CLEAR, SUPERVISING FACILITIES APPROPRIATELY, AND ENFORCING RELEVANT POLICIES, SCHOOLS CAN ADDRESS CONCERNS ABOUT SAFETY AND PRIVACY IN THESE SPACES.

5b) Locker Rooms AND Changing Facilities. EVERY STUDENT NEEDS TO BE SAFE IN LOCKER ROOMS AND CHANGING FACILITIES. FOR A VARIETY OF REASONS, A STUDENT MAY HAVE CONCERNS ABOUT PRIVACY OR COMFORT WHEN USING THESE FACILITIES WITH OTHER STUDENTS. Any student who has a need or desire for increased privacy, regardless of the underlying reasons, may request options such as 1) an adjusted changing schedule; 2) use of a private area in the facility (e.g., nearby restroom stall with a door, an area separated by a curtain, a physical education instructor's office in the locker room); and 3) use of a nearby private area (e.g., restroom, nurse's office). CURRENT INTERPRETATION OF FEDERAL CIVIL RIGHTS LAWS SAY NO TRANSGENDER STUDENT SHOULD BE FORCED TO USE A CHANGING FACILITY INCONGRUENT WITH THEIR GENDER IDENTITY. —A student should not be required to use a locker room or changing facility that is incongruent with their gender identity. Use of these facilities should

be determined on a case-by-case basis. ~~using the guiding principles of safety and honoring the student's gender identity and expression.~~ BY MAKING BEHAVIORAL EXPECTATIONS CLEAR, SUPERVISING FACILITIES APPROPRIATELY, AND ENFORCING RELEVANT POLICIES, SCHOOLS CAN ADDRESS CONCERNS ABOUT SAFETY AND PRIVACY IN THESE SPACES.

- 5c) Physical Education Classes and Intramural Sports.** Students should be allowed to participate in physical education classes and intramural sports in accordance with their gender identity.
- 5d) Interscholastic Sports.** GENERALLY, students should be allowed to participate in interscholastic sports in accordance with their gender identity.^{xxiv} Eligibility of transgender students in Michigan High School Athletic Association (MHSAA)-sponsored, post-season tournaments is governed by the MHSAA, subject to state and federal civil rights laws.
- 5e) Gender-Based Activities or Practices.** Districts should evaluate all gender-based programs and practices and maintain only those that have a clear and sound educational purpose. Gender-based programs and practices can have the unintentional consequence of marginalizing, stigmatizing, and excluding transgender and GNC students. Moreover, in some circumstances, they may violate state and federal laws. When students are separated by gender in school activities, students should be allowed to participate in accordance with their gender identity. When considering overnight accommodations, situations should be assessed on a case-by-case basis, seeking solutions that are inclusive, respectful, and acceptable to the student and do not impose an additional expense or burden on the student.
- 6) Dress Code.** Students should have the right to express their gender at school, within the parameters of the school's dress code, without discrimination or harassment. The school's dress code should be gender-neutral. ~~be gender-neutral and not restrict a student's clothing choices on the basis of gender.~~ In the event that the dress code has differing expectations or practices based on gender, students should be permitted to dress in accordance with their gender identity.
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Definitions

A number of terms are used in this document that may not be commonly known. A short list of definitions is included in the endnotes to facilitate a shared understanding. It is not an all-inclusive list.

Biological sex assigned at birth—a person's biological sex is a combination of bodily characteristics, including chromosomes, hormones, internal and external genitalia, and secondary sex characteristics. At birth, infants are assigned a sex, usually male or female, based solely on the appearance of their external anatomy.

Gender identity—a person's deeply-held internal sense or psychological knowledge of their own gender, regardless of the biological-sex they were assigned at birth.

Gender expression—the manner in which a person represents or expresses gender to others, often through one's name, pronouns, behavior, clothing, haircut, activities, voice, mannerisms, and other distinctive cultural markers of gender.

Transgender—an adjective describing a person whose gender identity or expression is different from their biological-sex assigned at birth.

Gender nonconforming (GNC)—an umbrella term for people whose gender expression differs from stereotypical expectations of the biological-sex they were assigned at birth. GNC people may identify as girls, boys, neither girls nor boys, or some other gender.

GENDER TRANSITION—THE PROCESS IN WHICH TRANSGENDER PEOPLE BEGIN ASSERTING THE SEX THAT CORRESPONDS TO THEIR GENDER IDENTITY INSTEAD OF THE SEX THEY WERE ASSIGNED AT BIRTH. DURING GENDER TRANSITION, PEOPLE BEGIN TO LIVE AND IDENTIFY AS THE SEX CONSISTENT WITH THEIR GENDER IDENTITY AND MAY DRESS DIFFERENTLY, ADOPT A NEW NAME, AND USE PRONOUNS CONSISTENT WITH THEIR GENDER IDENTITY. TRANSITION MAY OR MAY NOT ALSO INCLUDE MEDICAL AND LEGAL ASPECTS, INCLUDING TAKING HORMONES, HAVING SURGERY, OR CHANGING IDENTITY DOCUMENTS (E.G. DRIVER'S LICENSE, SOCIAL SECURITY RECORD) TO REFLECT ONE'S GENDER IDENTITY. GENDER TRANSITION CAN HAPPEN SWIFTLY OR OVER A LONG DURATION OF TIME. NOT ALL TRANSGENDER OR GNC PEOPLE TRANSITION OR DESIRE TO TRANSITION IN THE SAME WAY.

Sexual orientation—a person's emotional, romantic, and/or sexual attraction to other people. Sexual orientation is not the same as gender identity.

Questioning—a person's process of exploring and discovering their own sexual orientation and/or gender identity.

Endnotes

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- ~~i. Definitions can be found at the end of the main body of this document (pages 6-7).~~
- ii Michigan Department of Education (2016). Risk behaviors and sexual identity report. 2015 Youth Risk Behavior Survey. Unpublished data.
- iii Greytak, E., A., Ksciw, J. G., & Diaz, E. M. (2009). Harsh realities: The experiences of transgender youth in our nation's schools. New York: GLSEN.
- iv THE DEPARTMENT HAS ENGAGED IN NUMEROUS INITIATIVES TO ENGAGE AND IMPROVE LEARNING OUTCOMES FOR AT-RISK POPULATIONS (E.G., AFRICAN-AMERICAN YOUNG MEN OF PROMISE). RETRIEVED FROM [HTTP://WWW.MICHIGAN.GOV/MDE/0,4615,7-140-6530_30334-297206--,00.HTML](http://www.michigan.gov/mde/0,4615,7-140-6530_30334-297206--,00.HTML)
- v. AS USED IN THIS DOCUMENT, THE WORD "PERCEIVED" REFERS TO ANOTHER PERSON'S PERCEPTION OF A STUDENT'S SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSION.
- vi See State Board of Education Model Anti-Bullying Policy as an example of an enumerated policy that includes sexual orientation, gender identity and gender expression. Retrieved from http://www.michigan.gov/documents/mde/SBE_Model_AntiBullying_Policy_Revised_9.8_172355_7.pdf. The State Board of Education Model Code of Student Conduct, Sample Notice of Discrimination, is another example of enumeration. Retrieved from https://www.michigan.gov/documents/mde/Revised_Code_of_Student_Conduct_SBE_Approved_4654_06_7.pdf.
- vii The introductory workshop (*A Silent Crisis: Creating Safe Schools for Sexual Minority Youth*) and advanced workshop (*Planning for Action: Next Steps in Creating Safe Schools for Sexual Minority Youth*) are available at regional sites throughout the states. For more information, go to www.michigan.gov/mde-smy.
- viii GAY AND TRANSGENDER TEENS WHO WERE HIGHLY REJECTED BY THEIR PARENTS AND CAREGIVERS WERE AT VERY HIGH RISK FOR HEALTH AND MENTAL HEALTH PROBLEMS WHEN THEY BECOME YOUNG ADULTS COMPARED WITH THOSE WHO WERE NOT REJECTED OR WERE ONLY A LITTLE REJECTED BY THEIR PARENTS. FOR MORE INFORMATION, REFER TO THE FAMILY ACCEPTANCE PROJECT WEBSITE AT [HTTP://FAMILYPROJECT.SFSU.EDU/](http://familyproject.sfsu.edu/).
- ix WHEN USED IN THIS DOCUMENT, THE TERM "PARENT" REFERS TO A PARENT AS WELL AS LEGAL GUARDIAN.
- x In a recent national study, Michigan was one of 20 states that scored an "F" in teaching about civil rights. Retrieved from <http://www.scribd.com/doc/266143260/Teaching-the-Movement-2014>.
- ~~xi Note that changes in materials and methods that fall under the umbrella of sex education must go through approval process specified in MCL 380.1507.~~
- xii The Michigan Profiles for Healthy Youth (MiPHY) collects risk data on students in Grades 7, 9, and 11, with questions regarding students who identify as lesbian, gay, or bisexual or engage in same sex sexual behavior. Standard reports include cross tabulations that compare these students with all others on academic achievement. For more information, see www.michigan.gov/miphy.
- xiii SEE *DEAR COLLEAGUE LETTER ON TRANSGENDER STUDENTS* (2016). RETRIEVED FROM [HTTP://WWW2.ED.GOV/ABOUT/OFFICES/LIST/OCR/LETTERS/COLLEAGUE-201605-TITLE-IX-TRANSGENDER.PDF](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf).
- xiv FOR EXAMPLE, A TRANSGENDER BOY SHOULD BE TREATED THE SAME AS ANY OTHER BOY, AND A TRANSGENDER GIRL SHOULD BE TREATED THE SAME AS ANY OTHER GIRL.
- ~~xv SCHOOL DISTRICTS SHOULD WORK IN PARTNERSHIP WITH PARENT(S), EXCEPT IN SITUATIONS WHERE PARENTAL KNOWLEDGE MIGHT THREATEN THE STUDENT'S SAFETY AND/OR WELFARE.~~
- xvi FOR A SAMPLE SCHOOL GENDER SUPPORT PLAN, SEE EDUCATIONAL RESOURCES FROM GENDER SPECTRUM. RETRIEVED FROM [HTTPS://WWW.GENDERSPECTRUM.ORG/RESOURCES/EDUCATION-2/#MORE-424](https://www.genderspectrum.org/resources/education-2/#more-424).
- xvii Note that schools should not be expected to make changes to unofficial student records that existed prior to the request for a name and gender change.
- xviii C. Foley, U.S. Department of Education, *EDFacts* Partner Support Center, personal communication with C. Jones in CEPI, July 10, 2015.

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- ^{xxix} NOTE THAT TRANSGENDER AND GNC STUDENTS, AS WELL AS THEIR FAMILIES, HAVE THE RIGHT TO DECIDE WHEN, WITH WHOM, AND TO WHAT EXTENT TO SHARE PRIVATE INFORMATION REGARDING TRANSGENDER STATUS. THESE DISCUSSIONS ARE AN IMPORTANT PART OF A GENDER SUPPORT PLAN.
- ^{xxx} COMING OUT IS A FIGURE OF SPEECH THAT REFERS TO A PERSON'S SELF-DISCLOSURE OF THEIR GENDER IDENTITY AND/OR SEXUAL ORIENTATION.
- ^{xxxi} SEE *DEAR COLLEAGUE LETTER ON TRANSGENDER STUDENTS* (2016). RETRIEVED FROM [HTTP://WWW2.ED.GOV/ABOUT/OFFICES/LIST/OCR/LETTERS/COLLEAGUE-201605-TITLE-IX-TRANSGENDER.PDF](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf).
- ^{xxxii} NOTE THAT IN the event that the school does not have such a facility, every effort must be made to accommodate the student's needs.
- ^{xxxiii} NOTE THAT TRANSGENDER STUDENTS ALREADY FACE NUMEROUS BARRIERS TO ACCEPTANCE AT SCHOOL; REQUIRING THEM AND NOT OTHERS TO USE A SINGLE STALL RESTROOM IS STIGMATIZING. A SCHOOL'S INSISTENCE THAT THEY BE SEGREGATED FROM THEIR PEERS CAN INCREASE THEIR SENSE OF ISOLATION AND REDUCE THEIR SCHOOL CONNECTEDNESS. THIS CAN BE HARMFUL AND ALSO THREATEN THEIR SAFETY, BY INADVERTENTLY OUTING AN INDIVIDUAL WHO HAS CHOSEN TO KEEP THEIR TRANSGENDER STATUS PRIVATE. REQUIRING TRANSGENDER STUDENTS TO USE THE SINGLE STALL OPTION, WHILE NOT REQUIRING ALL STUDENTS TO USE THE SINGLE STALL OPTION, WOULD BE INEQUITABLE TREATMENT AND MAY VIOLATE TITLE IX.
- ^{xxxiv} SEE *DEAR COLLEAGUE LETTER ON TRANSGENDER STUDENTS* (2016) FOR ADDITIONAL GUIDANCE. RETRIEVED FROM [HTTP://WWW2.ED.GOV/ABOUT/OFFICES/LIST/OCR/LETTERS/COLLEAGUE-201605-TITLE-IX-TRANSGENDER.PDF](http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201605-title-ix-transgender.pdf).



MICHIGAN HEALTH EDUCATION STANDARDS GUIDELINES



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Michigan Health Education Standards Guidelines

Vision

The goal of health education is to develop an individual who is health-literate and engages in practices that lead to an overall healthy lifestyle throughout their life. Best practice in K-12 education includes comprehensive health education in all grades, focusing heavily on skill development.

All Michigan students will learn how to take care of their health through clear, accurate, and age-appropriate lessons. These lessons will help students build healthy habits, understand their emotions, and support their mental well-being. Students will gain the confidence and skills they need to make good choices and live healthy lives.

Rationale and Updated Focus

Michigan's 2007 Health Education Content Expectations reflected legal requirements, best practices, and current research at the time in the teaching and learning of health education. They built on the Michigan Health Education Standards and Benchmarks (1996) and the State Board of Education's Policy on Comprehensive School Health Education (2004). This updated version is more robust and adds details and attention to the critical skills of comprehensive health education, and makes links among students' well-being, school performance, and family involvement.

These Michigan Health Education Standards Guidelines are built upon the National Health Education Standards drafted, reviewed, and passed in March 2024 by the Society of Health and Physical Educators (SHAPE) America and modeled, with permission, on the Massachusetts Curriculum Guidelines for Comprehensive Health and Physical Education (2023). Not only does Massachusetts rank number one in its math and reading scores according to the 2024 National Assessment of Educational Progress, but it also has lower student rates of bullying, depression, and suicide. These Michigan Health Education Standards Guidelines were modified to align with Michigan laws.

Health education programs are a critical component of a well-rounded education that helps support the whole child. As the world continues to experience complex health challenges, a comprehensive approach to support the development of healthy students remains a key need today and in the future. These standards guidelines provide a pathway for and continue to encourage all schools to implement educational programming and strategies that enhance students' mental, emotional, and physical health while recognizing the critical role of school and community climate and culture on student outcomes. The focus is on developing self-efficacy (the belief in one's own ability to successfully perform a specific task or handle a particular situation) in health-related skills and knowledge at the student

level, and implementation of policies and practices at the school and district levels.

This involves all staff working with parents to address student well-being, such as building social and emotional competencies or managing stress, as well as teaching skills and information necessary for students to strive to improve health outcomes and health-related behaviors for themselves and their communities. Staff most directly involved in comprehensive health education programs include health educators, as well as school nurses, school psychologists, and counselors, among others.

The updated focus of the 2025 standards guidelines reflects several key developments and shifts in the field of health education to support student success. These shifts include:

- A stronger emphasis on practices – the processes and skills needed to promote and maintain lifelong physical, mental, and emotional health. Practices are emphasized both in the overall organization of the standards guidelines as well as in individual standards guidelines, resulting in more active and rigorous performance expectations that reflect real-world applications.
- A clear articulation of social and emotional competencies that can apply across the curriculum and be integrated into any area of content.
- Updates to reflect current and ever-changing technology, social media, and other influences on health and well-being (e.g., vaping, opioid use, health during a crisis). While specific references are kept somewhat generic because each can change quickly, the standards guidelines emphasize critical analysis and strategies to evaluate health issues and their potential effect on individuals and the community.
- Updates to acknowledge that students are increasingly using media and technology to access information and services related to health and health care and emphasize the importance of including media literacy as a component of health and well-being.
- A more deliberate integration of skills for personal safety, maintaining personal boundaries, and child sexual abuse prevention through a trauma-informed lens. The guidelines are meant to help students understand that abuse is never their fault, and that trauma is something that people may experience, but it does not define who they are.
- A trauma-responsive perspective that supports and encourages students in their learning while recognizing that students bring individual and unique needs to the classroom.
- Guiding principles that encourage a whole school, whole community, whole child approach and emphasize the application of the *practices* noted below across disciplines, throughout school programming, and coordinated planning across the curriculum and the general school environment.

- In this document, the term “developmentally appropriate” recognizes that development is comprised of physical, cognitive, and social and emotional domains. These guidelines do not define the additional resources and supplemental supports that may be necessary to meet varying developmental needs. This includes designing and implementing learning experiences and opportunities that recognize both the internal assets students bring into the classroom and the external and social forces outside of students’ control that may affect learning. It is up to administrators, educators, and parents to provide all students with the opportunity to learn and meet the same high standards needed to access the skills and knowledge that will be necessary in their lives.

Standards Guidelines vs. Curriculum

[MCL 380.1278](#) assigns the State Board of Education (SBE) the responsibility to develop and periodically update model core academic curriculum content standards. [MCL 388.994](#) states that the SBE provides its constitutional general supervision by developing and creating general guidelines and standards by which public education is provided. These standards are educational goals that define what students should know and be able to do by the end of each grade span. Standards typically do not provide all the details, particular skills, or the “how” of teaching, but are broad in scope and reach to ensure that they support all of Michigan’s 1.36 million students.

Michigan is a local control state. Therefore, local education agencies (LEAs) use standards and guidelines set by the State Board of Education to select a curriculum that best supports the needs of their students. A curriculum is a program created or selected by a local school district that outlines the content and methods of instruction, including activities, lessons, materials, and assessments, which align with state standards and guidelines.

In summary, academic content standards define what all students are expected to know and be able to do, not how local teachers teach. The standards and guidelines focus on what is most essential for student learning rather than describing all that can or should be taught.

The Michigan Health Education Standards Guidelines meet the requirements of [MCL 380.1278a](#) (referred to as “standards guidelines” throughout the rest of the document). These standards guidelines include the key practices and concepts that students broadly need to be healthy in school and life. The standards guidelines typically do not provide all the details, particular skills, or functional information that may be part of a curriculum chosen at the local level. In Michigan, school districts have discretion to determine how the standards guidelines will be implemented at the local level, within the parameters of Michigan law.

Guiding Principles for Effective Health Education Programs

The guiding principles inform the selection and evaluation of health education curricula that are effective, inclusive, medically accurate, developmentally appropriate, age-appropriate, and include trauma-informed strategies. Curricula guided by these principles will prepare students for postsecondary education, career and technical education, and their lives as productive and informed people in a global society.

Guiding Principle 1

Students come from a variety of backgrounds. Partnering with educators, families, and community stakeholders reflecting students' backgrounds provides essential support for the implementation of a successful health education program, in which all are invested in supporting students' personal health and the overall health of their community.

Guiding Principle 2

Effective health education programs provide safe and supportive learning environments that are developmentally appropriate, age-appropriate, trauma-responsive, inclusive, and culturally responsive so that all students, regardless of ability or circumstance, are supported as individuals and can achieve their learning goals.

Guiding Principle 3

Effective health education programs incorporate diverse perspectives and acknowledge that attainment of equitable and optimal health is contextual, individualized, and affected by the intersection of many factors.

Guiding Principle 4

Every student deserves equitable access to effective health education programming, including dedicated instruction for health education every year from kindergarten through grade 12, facilitated by qualified educators who are properly endorsed and certified.

Guiding Principle 5

Effective health education programs foster equity-focused and trauma-informed strategies through school-wide and community collaboration. They support and promote a sense of belonging and well-being and the development of social and emotional skills, including self-awareness, self-management, social awareness, responsible decision-making, and relationship skills, in a wide variety of contexts and situations.

Guiding Principle 6

Health education programs use various effective implementation and assessment strategies such as scaffolding, collaboration, application, relevance, authenticity, differentiation and adaptation, and authentic performance-based assessment, which provide multiple opportunities for learning and demonstrating competency.

Guiding Principle 7

Health education programs develop students' skills in research, reasoning, decision-making, critical thinking, problem-solving, and habits of mind necessary for maintaining health throughout their lifespan. These include being able to differentiate among various factors affecting behavior, such as culture, community, family, peers, and group dynamics.

Guiding Principle 8

Health education programs require a school-wide culture that promotes health and well-being, equity, integration, and collaboration among education leaders and health professionals and coherent district-wide support for implementation to improve each student's cognitive, physical, social, and emotional development.

Practices for Comprehensive Health Education

The kindergarten through grade 12 practices for health education are the processes and skills that students will learn throughout the elementary, middle, and high school years that promote and maintain lifelong health and well-being. These practices support the development of skills that students need throughout life and are reinforced and applied across disciplines and settings. This approach is evidence-based and aligns with best practices outlined in the "Characteristics of an Effective Health Education Curriculum" from the Centers for Disease Control and Prevention and the "Essential Components of Health Education" from the Society of Health and Physical Educators (SHAPE) America.

The practices closely align with the skills in the National Health Education Standards (NHES). The first standard, focused on functional health information, is now integrated into each of the practices. These practices are so important to health education outcomes that they provide the organization for these guidelines. Their use in this way provides for active and rigorous performance expectations that reflect real-world application.

The practices outline opportunities for students to demonstrate behaviors that support health and well-being and increase health outcomes through the development of self-efficacy, health literacy, and physical literacy. The application of each practice to specific topics is not exhaustive but is intended to outline the progression of the practice across topics and grade spans. Designers of curricula, assessments, and professional development can consider the transferability of these practice skills across topics and through multiple disciplines beyond those covered in this document.

Practice 1: Self-Awareness and Analyzing Influences: Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors, and articulate how these influences affect health behaviors and outcomes.

Through developmentally appropriate and age-appropriate means, students can develop a sense of self-awareness, recognizing their own emotions and needs. They can articulate these feelings and needs to others, expressing them in developmentally appropriate and culturally sensitive ways. As students progress, their physiological vocabulary expands, enabling them to describe the sensations and experiences in their bodies. Similarly, their emotional vocabulary grows, allowing them to articulate their feelings more accurately and effectively. This heightened self-awareness fosters empathy, as students can apply their knowledge of their own emotions to infer the experiences of others and respond with compassion.

Students recognize the various influences around them and critically evaluate these influences to understand how they enhance or inhibit well-being. Students understand that influences may include the culture in which they are immersed, economic systems, peers and families, media, and technology. Older students evaluate their own health-related beliefs and values, discern the sources of those values, and determine whether their personal choices and goals align with their identified values and beliefs, which build critical health and physical literacy. Students consider how individual actions intersect with personal and community health and well-being, and ways that external factors shape our environment and our health.

Practice 2: Social Awareness, Relationship, and Communication

Skills: Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Students are socially aware individuals who recognize the complexities of the world around them, including the role of health in individual and community success and outcomes. Students understand the interconnectedness of health, how others' health affects individuals' health, and vice versa. They can take the perspective of and empathize with others, including those from diverse backgrounds and cultures. They seek to better understand others and their perspectives. They treat all individuals with respect and apply

strategies to meaningfully engage with family, school, and community resources and supports.

Students demonstrate positive relationship skills. They establish and maintain meaningful and rewarding relationships with diverse individuals and groups. They use verbal and non-verbal skills to develop and maintain healthy personal relationships and ask for help to enhance the health of self and others.

In developmentally appropriate and age-appropriate ways, students communicate clearly and effectively (with considerations for ability and culture) in a variety of settings, situations, and cultural contexts. They cooperate with others, recognize and navigate complex group dynamics, resist inappropriate social pressure, constructively negotiate conflict, and respectfully and assertively communicate needs, wants, and feelings to support their health and avoid problems. This may include telling a parent or other trusted adult if they feel threatened or harmed and employing refusal, negotiation, and collaboration skills to enhance their own health and reduce health risks. Students develop the ability to extract information from a variety of forms of communication and apply it in new settings and circumstances.

Practice 3: Information and Resource Seeking: Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Students can seek developmentally appropriate and age-appropriate information from reliable sources to enhance health and well-being. For younger students, information and resources may come from an educator, school nurse, parent, family member, or an adult at home. As students grow and seek information from new sources (e.g., online, healthcare providers, community resources, social media), they must apply increasing sophistication to evaluate the level of expertise, credibility, and potential bias of their sources to use this information in meaningful ways.

Media literacy is enhanced by students analyzing sources of information and resources to determine the extent to which media information and resources help or hinder health. Students know how to use health products (e.g., toothbrushes, adhesive bandages, deodorant, reproductive health products, wearable technology) in ways appropriate for the given situations. They also determine the accessibility of products and services that enhance health and are appropriate for their given context or situation. Students can seek health services and resources that are culturally relevant and responsive to their needs for themselves and others. For younger students, this may take the form of learning how to call 9-1-1 when someone needs help or how to identify community or school health helpers. In the upper grades, students

may learn to identify and use community resources to support health care needs or develop coping strategies.

Practice 4: Decision Making and Problem Solving: Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Students can make informed, responsible decisions to lead a life that enhances overall well-being across numerous aspects of health. Students can apply developmental and age-appropriate decision-making processes in situations. Through developing this practice, students increase their health and physical literacy and can make decisions that improve health and well-being in a variety of settings and situations.

Students can examine their options and the potential consequences, consider how personal beliefs and values influence their decisions, the role external forces play on decisions and opportunities, and evaluate the results of their decisions.

In developmentally appropriate and age-appropriate ways, and through a variety of health-related situations, students can apply a decision-making model to evaluate the benefits and risks of various alternatives when addressing problems. Students can differentiate between a decision that can be made individually and a decision that may need assistance. Students can work collaboratively in various settings and groups to solve problems while navigating group dynamics.

Practice 5: Self-Management and Goal Setting: Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

In developmentally appropriate and age-appropriate ways, students can recognize and regulate their emotions, actions, and behaviors in different situations to effectively manage stress, control impulses, and self-motivate. Students use health-promoting strategies (e.g., physical activity, asking for help) and avoid risk behaviors (e.g., using food or alcohol to cope) to meet their social, emotional, and physical needs. Students take personal responsibility for their health, while recognizing factors outside of their control that can affect health and well-being. Students will seek support to navigate health challenges. They engage in health-promoting behaviors in a variety of settings and can explain how these behaviors contribute to a positive quality of life and prevent injury and disease.

Students must become self-aware through self-reflection and examination of their identities, lives, habits, and behaviors to identify, adopt, and maintain health-promoting behaviors and lifestyles. They set short-term and long-term goals that are specific, measurable, attainable, relevant, and time-bound. The process often includes identifying who can help (e.g., a health education teacher, parent, guardian, family member, and/or community

organization) when assistance is needed to set and achieve a personal health goal. For older students, the process may include describing how personal health goals can vary with changing abilities, priorities, opportunities, and responsibilities.

Practice 6: Advocacy and Health Promotion: Promote personal, family, and community health and well-being.

In developmentally appropriate and age-appropriate ways, students can recognize their own and others' health needs (e.g., physical activity, health care, clean air) and act effectively to address those needs on their own. Students encourage others to embrace similar behaviors and support their efforts with a variety of valid and reliable resources. Students recognize when and how to advocate for health needs for themselves, their family, and their community.

At the personal and family levels, students develop an awareness of what they and their family members need to be healthy. Students will be able to communicate those needs within their family to promote health, raise awareness, seek assistance, and promote change. At the community level, students examine public health issues and engage in relevant advocacy efforts to promote health and well-being.

For younger students, advocacy and health promotion may include promoting handwashing or sneezing into one's sleeve to prevent the spread of germs or encouraging students to increase their physical activity to recommended levels. For older students, advocacy and health promotion may include working to reduce the stigma of mental health conditions and helping others to understand the warning signs of suicide. Students focus on promoting well-being for health issues that are meaningful and relevant to them. They will also encourage, influence, and support peers to make positive health-related choices.

Organization of the Standards Guidelines

The standards guidelines document is organized first by sections:

- Section 1 is content required by state law and includes HIV, cardiopulmonary resuscitation (CPR)/automated external defibrillation (AED), and physiology and hygiene as it relates to substance use;
- Section 2 is the bulk of the general health education standards guidelines; and
- Section 3 is sex education standards guidelines with specific laws governing district responsibilities and parent choice.

There are appendices with all Michigan laws governing health and sex education.

Within each section, content standards guidelines are organized by grade span: K-2, 3-5, 6-8, and 9-12. The change from individual grade levels to grade spans allows more flexibility for districts. The indicators are considered learning goals, which are intended to be achieved by the end of each grade span, respectively. Within each grade span, the indicators are first grouped by practice. This reflects the importance of the practices for students across the discipline of health education and in developing social and emotional competencies.

Within each practice, the indicators are grouped by the following topics:

- Balanced Eating and Physical Activity [BEPA]
- Community and Environmental Health [CEH]
- Healthy Relationships [HR]
- Mental and Emotional Health [MEH]
- Personal Health and Wellness [PHW]
- Safety [SAF]
- Substance Use and Misuse [SU]
- Sex Education [SE]

Below is an example that labels the various components included in the Standards Guidelines:

Grades K–2 (Grade span meaning by the end of Grade 2)

Practice 4: Decision-Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations. (Definition of the Practice)

Balanced Eating and Physical Activity [2.4.BEPA] (Topic)

1. Identify and describe strengths and interests related to physical activity.

(Indicator)

Design of Guidelines

Each practice provides a set of indicators that support developing health literacy and social and emotional competencies. Each grouping of indicators is designed to advance a thoughtful progression of the associated practice and topic. From early elementary grades through high school, the standards guidelines build over time so that students have the foundations necessary for successful engagement and learning of the standards guidelines in later grades. At each grade span, this document aligns practices with topics that are meaningful to explore and develop with students. However, within this document, it is not possible to connect every topic with every practice that may be meaningful for students. Educators may find it appropriate to add topic criteria for a practice to provide students with additional opportunities

to develop skill proficiency. While the progression builds across successive grade spans (i.e., from K-2 to 3-5 to 6-8 to 9-12) for each practice and topic, within any specific grade span, there is no implied sequencing for curriculum and instruction based on the order of the indicators.

Each indicator includes two key components: a performance element (the verb[s]) that begins a standard, and a concept and knowledge element (what is to be learned and applied). Together, these make up a performance expectation that students can demonstrate because of instruction. It is important to note that curriculum and instruction are not limited to the guidelines as written; health educators can mix and match practices, concepts, and performance expectations as needed for their context.

Each indicator has a unique identifying code. Each code indicates the grade span, practice, topic, and standard number. In the example above, the grades K-2 indicator presented is coded as 2.4.BEPA.



SECTION 1. CONTENT REQUIRED BY STATE LAW

Introduction

The Michigan Legislature has passed laws that require local districts to teach specific content. This requirement currently includes communicable diseases such as HIV/AIDS under [MCL 380.1169](#), cardiopulmonary resuscitation (CPR) and automated external defibrillators (AED) under [MCL 380.1170a](#), and physiology and hygiene with special reference to substance abuse, including the abusive use of tobacco, alcohol, and drugs, and their effect upon the human system under [MCL 380.1170](#).

It's important for local districts and educators to know and understand that the HIV/AIDS instruction is still subject to the laws around educator qualifications under [MCL 380.1169](#) and parent choice outlined in [MCL 380.1170](#).

CPR standards guidelines fall under the safety topic, and physiology and hygiene, with reference to substance abuse, which falls under substance use and misuse. Both are typically included as part of a local district's choice in the curriculum adopted at the local level.

Educator Qualifications for Teaching Health Education

[MCL 380.1531](#) gives responsibility to the superintendent of public instruction to determine requirements for and issue all licenses, certificates, and endorsements for teachers. [MDE's Quick Reference Guide: Courses That Can Be Taught](#) outlines endorsements that meet the requirements to teach health education.

A teacher with an elementary certificate (grades K-5) with an endorsement that includes "all subjects" is qualified to teach health education for the grades designated. Although the law allows elementary teachers to teach health education, it is highly recommended by the Michigan Department of Education that teachers receive professional development from an approved program in health and sex education, which includes training in curriculum implementation, best practice, and current state law related to health education. Please contact your [Regional School Health Coordinator](#) to inquire about current training opportunities.

A teacher with a secondary certificate (grades 6-12) is authorized to teach health education with any one of the following endorsements: MC (Health and Physical Education), *MA (health)*, *MC (K-12 Health and Physical Education)*, *MX (health, physical education, recreation, and dance)*, and KH (family and consumer science). Please note that the italicized endorsements are no longer issued and are in the process of being phased out.

Educator Qualifications for Sex Education and HIV/AIDS Instruction

Pursuant to [MCL 380.1507](#), in order to teach sex education (puberty) at the elementary level, a teacher must be qualified to teach health education. See designations in the section above, titled “Educator Qualifications for Teaching Health Education.”

To teach sex education at the middle and high school level under a secondary teaching certificate, teachers must be endorsed to teach health under [MCL 380.1507\(5\)](#). See above for the endorsements that qualify teachers to teach health. Due to the restrictions on who can legally teach sex education, at the secondary level, sex education is traditionally taught as a stand-alone unit within the health education course. **Keep in mind that the inclusion of the sex education unit within the health course does not mean that sex education is required to be taught to students for them to receive their health education credit for graduation.** [MCL 380.1507](#) clearly states in Section 1507(2) that the class (sex education) described in subsection (1) shall be elective and not a requirement for graduation.

Qualifications of a person who may provide HIV/AIDS instruction:

- Consistent with [MCL 380.1169](#) that mandates HIV/AIDS instruction, any certified teacher shall be qualified to provide such instruction upon the successful completion of an in-service program provided by designated [Regional School Health Coordinators](#) and approved by the Michigan Department of Education.
- Apart from certified teachers, [MCL 380.1169\(2\)](#) of the Revised School Code also allows licensed health care professionals who have training in HIV/AIDS to provide this instruction.

Parent Choice in Sex Education and HIV/AIDS Instruction

By law ([MCL 380.1507](#)), parents shall:

- Receive prior notification of sex education classes and curriculum.
- Have the right to review sex education curriculum prior to instruction.
- Be able to opt out their child from all or some of the sex education content without penalty.

The parent rights listed above also pertain to HIV instruction under [MCL 380.1169](#).

Michigan law [MCL 380.1507](#) has some of the strongest requirements in the country for parental involvement and oversight in sex education. If a district chooses to include sex education as part of its comprehensive health education program, the district must establish a sex education advisory

board. This board (SEAB) must consist of at least 50% parent membership. The majority of the parents cannot currently be employed by the school district. The SEAB must also include at least one parent as a co-chair. SEABs review student data, review curricula, and make recommendations to the local district's board of education for review and approval.

Local education agencies (LEAs), including intermediate school districts, public school academies, and traditional public school districts, have local control in determining whether to include sex education as a unit in their health education course. However, the required topics described in this section are not optional.

Requirements of Michigan Laws

Physiology/Hygiene: [380.1170](#) - Physiology and hygiene; instruction; development of comprehensive health education programs; conflict with religious beliefs.

Physiology/Hygiene Parent Opt Out: [380.1170](#) - Section 3: A child, upon the written statement of parent or guardian that instruction in the characteristics or symptoms of disease is in conflict with his or her sincerely held religious beliefs, shall be excused from attending classes where such instruction is being given and no penalties as to credit or graduation shall result therefrom.

Dangerous Communicable Diseases, including HIV: [380.1169](#) - Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.

Dangerous Communicable Diseases, including HIV Parent Opt Out: [380.1170](#) - Section 3: A child, upon the written statement of parent or guardian that instruction in the characteristics or symptoms of disease is in conflict with his or her sincerely held religious beliefs, shall be excused from attending classes where such instruction is being given and no penalties as to credit or graduation shall result therefrom.

CPR: [380.1170a](#) - Model core academic curriculum content standards, guidelines for health education; subject area content expectations and guidelines for health education; instruction in cardiopulmonary resuscitation and automated external defibrillators; individuals providing instruction; use of local resources; exemption; definitions.

Section 1: Standards Guidelines That Are Required by Law to Be Taught

Please note that the following indicators, listed under this section, are repeated within their identified health topics in Section 2 (safety and substance use and misuse) and Section 3 (sex education). These are pulled out here to show clearly which content must be taught by Michigan laws noted above.

Please remember that while the sex education topics addressing dangerous communicable diseases in this section must be taught, parent choice outlined in [MCL 380.1170](#) remains.

Grade Span: K-2 (by the end of Grade 2)

Purposely Blank

There are NO standards guidelines in this grade span.

Grade Span: 3-5 (by the end of Grade 5)

Practice 2: Social Awareness, Relationship, and Communication Skills

Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Substance Use and Misuse [5.2.SU]

1. Distinguish between the use and misuse of drugs (legal and illegal) and identify potential short- and long-term effects on the body.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Sex Education [5.3.SE]

1. Define communicable diseases, including Human Immunodeficiency Virus (HIV), and identify how they are and are not transmitted.

Grade Span: 6-8 (by the end of Grade 8)

Practice 1: Self-Awareness and Analyzing Influences

Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors and articulate how these influences affect health behavior and outcomes.

Substance Use and Misuse [8.1.SU]

1. Summarize and communicate the effects of using legal (e.g., prescription drugs prescribed to you, over-the-counter drugs, and [at a certain age] nicotine, electronic vapor products, alcohol and marijuana) and illegal drugs (e.g., prescription drugs not prescribed to you, cocaine) on brain development and multiple dimensions of health (e.g., physical, social, occupational, mental/emotional).

Practice 2: Social Awareness, Relationship, and Communication Skills

Sex Education [8.2.SE]

1. Discuss signs, symptoms, and potential effects of sexually transmitted infections, including HIV.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Sex Education [8.4.SE]

1. Analyze ways to prevent sexually transmitted infections (STIs), including strategies that can be used before becoming sexually active (e.g., communicating with a partner, abstinence, contraception).
2. Articulate the benefits of abstinence, postponing sexual activity, and setting personal limits (e.g., aligning with personal or family values, changing the nature of relationships, reducing risk of STIs) based on individual beliefs and values.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Safety [8.5.SAF]

1. Demonstrate proficiency in cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs).

Sex Education [8.5.SE]

1. Determine strategies, including abstinence, that will reduce the risk of HIV and other sexually transmitted infections.

Grade Span: 9-12 (by the end of Grade 12)

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Substance Use and Misuse [12.3.SU]

1. Use valid and reliable information to analyze the relationship between the use of legal and illegal (regarding legal age of use and type) substances and the causes of death (including overdose) and disease (including addiction) in the United States.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Substance Use and Misuse [12.4.SU]

1. Analyze the potential short- and long-term impacts of legal and illegal substances on multiple dimensions of health (e.g., physical, mental, emotional, social, and/or intellectual) and on other health risk behaviors (e.g., sexual activity and impaired driving).

Sex Education [12.4.SE]

1. Analyze factors that contribute to behaviors that increase the risk of HIV and other STIs.
2. Explain the importance of STI (including HIV) testing and treatment, where to get tested, and why it is essential to communicate with a partner about STI status.
3. Identify situations, signs, and symptoms that might indicate a need to seek medical consultation.
4. Analyze factors that contribute to behaviors that increase the risk of HIV and other STIs.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Safety [12.5.SAF]

1. Demonstrate proficiency in cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs).



SECTION 2. GENERAL HEALTH EDUCATION CONTENT

Introduction

These standards guidelines in Section 2 serve as guidance to local districts as they choose their health curriculum for any grade, K-12. Not all topics may be covered; it is a local decision based on local student data which topics will be covered and at what grade span(s).

Best Practices in Health Education Instruction

With the limitations of time to teach about all the health issues affecting students' lives, it is important to prioritize curriculum and instruction around the most significant health issues affecting students' lives within each grade span. Regularly reviewing risk and protective factor data, along with risk behavior data concerning students, can help immensely with prioritizing instruction. Each group of students that comes through a teacher's classroom may be dealing with very different risk factors than the students before them, even just a year apart.

Best practice for high school health instruction is for health to be taught during grades 11-12, when high school content is more relevant to the lives of the students and will set them up for success into adulthood. A high school health course is required for graduation under [MCL 380.1278a](#). Please note that a sex education unit within a health course is NOT required as part of the graduation requirement as stated in [MCL 380.1507 Sections 1 and 2](#).

This guidance also provides best practices that are included in Michigan law but are not required to be covered in relevant health topics, including, but not limited to:

- Health and physical education for students shall be established and provided in all public schools in the state ([MCL 380.1502](#) Building Level Health Education)
- Bullying Prevention that addresses preventing, identifying, responding to, and reporting incidents of bullying and cyberbullying (Matt Epling's Law - [MCL 380.1310b](#))
- Child Sexual Abuse Prevention that includes evidence-based instruction for students in pre-K-5 (Erin's Law - [MCL 380.1505](#) and [MCL 380.1505a](#))
- Depression and Suicide Awareness (Chase Edwards Law - [MCL 380.1171](#))
- Prescription Pills and Opioid Prevention ([MCL 380.1170b](#))

Michigan Laws Specific to Health Education Instruction

According to [MCL 380.1502](#), Michigan requires all public schools to establish and provide health education to students. At the K-8 level, the law does not dictate how much time schools must spend on health education content. This allows districts to determine the needs of their students, the time they can dedicate to the content, and the length of the program they offer. Knowing that schools' implementation of health education will vary greatly based on

these factors and others, these comprehensive guidelines allow districts to select the skills and topics that will have the greatest impact on their students' health and well-being.

While health education is a requirement for graduation, districts can select the course content, methods, and instructional resources that will meet that requirement. If a district chooses to include a sex education unit, or any sex education standard, as part of the health education course, parents still have the right to opt their child out of sex education without penalty or loss of academic credit ([MCL 380.1507](#)).

Educator Qualifications for Teaching Health Education

A teacher with an elementary certificate (grades K-5) with an endorsement that includes "all subjects" is qualified to teach health education for the grades designated. Although the law allows elementary teachers to teach health education, it is highly recommended by the Michigan Department of Education that teachers receive professional development from an approved program in health and sex education, which includes training in curriculum implementation, best practice, and current state law related to health education. Please contact your [Regional School Health Coordinator](#) to inquire about current training opportunities.

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Section 2: Health Education Standards Guidelines

Grade Span K–2 (by the end of Grade 2)

Practice 1: Self-Awareness and Analyzing Influences

Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors and articulate how these influences affect health behavior and outcomes.

Mental and Emotional Health [2.1.MEH]

1. Recognize and accurately identify basic emotions (e.g., happy, sad, mad, worried, lonely).
2. Explain that emotions are information and that one’s emotions may be the same or different from the emotions of others.
3. List and demonstrate emotional regulation strategies to support mental and emotional health independently or with support.
4. Recognize and list challenges and setbacks as a regular part of life.
5. Demonstrate the ability to persevere despite perceived challenges and setbacks.
6. Describe personal strengths and the ways that those strengths support mental health.
7. Articulate and celebrate the individual characteristics that make a person unique and explain that different factors (e.g., peers, media, culture, family, phase of life, etc.) can influence how a person views themselves.
8. Demonstrate strategies that help all students feel welcome and valued as a part of the school community (e.g., cooperative playing, listening, showing you care, sharing).

Practice 2: Social Awareness, Relationship, and Communication Skills

Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Mental and Emotional Health [2.2.MEH]

1. Identify and practice strategies to make and keep friends and develop positive peer relationships (e.g., identify and acknowledge other people’s feelings, communicate effectively, ask for help).
2. Identify reasons why it is important to have a variety of supportive relationships.
3. Identify characteristics of a trusted adult.
4. Identify feelings and practice talking about them to

- parents/caregivers, family members, and/or trusted adults.
5. Express needs, wants, and feelings through verbal and nonverbal actions.
 6. Show respect for the feelings, rights, and property of others.
 7. Demonstrate effective listening and communication skills, including giving and accepting compliments and feedback, individually and in groups.
 8. Recognize and appreciate individual differences in others.
 9. Describe positive qualities in self and others.
 10. Identify reasons for disagreements and/or conflict and identify strategies for resolving and/or managing them.

Healthy Relationships [2.2.HR]

1. Define bullying and teasing, explain their similarities and differences, and how both can be harmful.
2. Define personal boundaries and demonstrate simple ways to communicate them. This includes respecting the boundaries of others, including physical, verbal, and emotional boundaries.
3. Explain how no one has a right to violate personal boundaries and demonstrate an appropriate refusal (e.g., tell a trusted adult, say NO, leave the situation) when someone says or does something that does not respect personal boundaries.
4. Identify groups to which one belongs and reflect on similarities and differences with others.
5. Recognize the benefits of and strategies for cooperation in various settings.
6. Discuss stereotypes and how these can affect relationships and situations.
7. Appreciate and demonstrate empathy and respect for others.
8. Demonstrate awareness of and respect for a variety of family structures.
9. Anticipate how someone else may feel in various situations and display compassionate and empathetic behaviors.

Balanced Eating and Physical Activity [2.2.BEPA]

1. Invite others of various ability levels to join and participate in physical activities.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Substance Use and Misuse [2.3.SU]

1. Recognize that medication comes in many forms and always seek assistance from a parent/caregiver or other trusted adult.
2. Explain the importance of using prescription and over-the-counter

- medications correctly and safely and the potential risks associated with misusing and/or ingesting household products.
3. Identify trusted adults at home and school who can discuss rules and practices related to medicine use (e.g., only taking medicine with an adult's help, only taking prescriptions prescribed to you).

Personal Health and Wellness (2.3.PHW)

1. Identify school and community health worker resources.
2. Identify individuals who can assist with health-related issues and potentially life-threatening health conditions (e.g., asthma episodes, diabetes, allergic reactions, seizures, concussions).
3. Demonstrate the ability to access help for self or others to support personal health and wellness.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Balanced Eating and Physical Activity [2.4.BEPA]

1. Identify situations when a food-related decision needs to be made (e.g., when trying new foods, choosing snacks and beverages, eating breakfast).
2. Identify, with adult guidance, food-related decisions that can be made independently (e.g., asking for healthier options) or when assistance is needed (e.g., managing a food allergy).
3. Describe how food provides nutrients and energy for the body and identify foods that are good sources of energy and nutrients to support informed decision-making.
4. Explain the importance of access to fresh and affordable food and clean drinking water on health.
5. Explain the benefits of health-promoting eating choices and habits (e.g., eating a variety of foods, staying hydrated, awareness of hunger and thirst signals).
6. Describe how the foods students eat may reflect the area in which they live and/or their cultural backgrounds, the way students' families use or produce food, how family meals and food traditions benefit them, different dietary needs (e.g., food allergies, dietary restrictions), and how they contribute to food-related decisions.
7. Recognize that media (e.g., cartoons, characters, advertisements, product placement) can affect food-related decisions.
8. Recognize body responses, physiological and emotional, to choices and habits in relation to eating, movement, and physical activity.
9. Identify and describe strengths and interests related to physical activity.
10. Identify physical activity as a health-promoting habit that contributes to overall health and well-being and list the benefits of

- these habits on physical well-being (e.g., activities that strengthen the heart and cardiovascular systems, contribute to fitness and muscle-building) and mental health (e.g., stress management).
11. Identify opportunities, in and out of the school setting, for safe, active play, and physical activity for self-expression, social interaction, personal enjoyment, and challenge.
 12. Set a short-term physical activity goal relevant to specific needs and abilities, take meaningful action toward achieving the goal, and identify people at home or at school who can help when assistance is needed to achieve the goal.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Mental and Emotional Health [2.5.MEH]

1. Demonstrate self-control (e.g., delay gratification, wait your turn) independently or with the support of adults in various settings (e.g., on the playground, in the classroom, during physical education, at an assembly).
2. Define stress and demonstrate strategies for managing stress (e.g., positive self-talk, belly breathing, talking with a trusted adult, physical activity, listening to calming music, play).
3. Identify what it means to be responsible and list personal responsibilities.
4. Use positive self-talk to help with emotional regulation and demonstrate supportive behaviors.

Safety [2.5.SAF]

1. Apply strategies for staying safe in various situations (e.g., on the playground, during physical activity, around water, when using wheeled recreation, as a pedestrian, around cooking elements or fire, on the bus, when online, around weapons, or in situations of gun violence) and determine when to report potentially unsafe situations to an adult.
2. Provide examples of how rules can keep children safe and identify rules to help children stay safe in various situations (e.g., related to medicines, playground safety, physical activity, threats of violence, personal space, and boundaries).
3. Demonstrate how to respond (e.g., yell, get away, tell an adult, seek help) and get help in various emergency situations including when and how to call 9-1-1.
4. Identify safe adults to confide in and places to go if feeling personally threatened (e.g., someone says they will hurt or harm you).
5. Demonstrate the ability to ask a trusted adult for help (including

- problem-solving) in various situations.
6. Recognize safe and unsafe touching and demonstrate how to tell a parent, guardian, or other trusted adult if this happens.
 7. Identify and practice behaviors for personal safety (e.g., say no, get away, tell a trusted adult).

Personal Health and Wellness [2.5.PHW]

1. Identify various habits that can promote health (e.g., brushing teeth, proper nutrition, going to the doctor, getting enough sleep, being physically active, limiting screen time, washing hands, etc.).
2. Explain how a young person can maintain or enhance the health of both their body and mind.
3. Use medically accurate names for body parts when communicating about the body and physical health.
4. Demonstrate independence in health-promoting practices such as hand washing, tooth brushing, sneezing and coughing, disposal of tissues, and physical activity.
5. Set a simple goal related to physical health habits and monitor progress toward the goal with assistance from a parent, guardian, or other trusted adult.

Practice 6: Advocacy and Health Promotion

Promote personal, family, and community health and well-being.

Personal Health and Wellness [2.6.PHW]

1. Describe personal health habits (e.g., brushing and flossing teeth, hand washing, bathing and/or showering, sufficient sleep, sun safety, physical activity, limiting screen time) that can prevent illness and promote self-care and overall health.
2. Advocate for personal health needs to be met (e.g., needing to wash hands, asking for sun protection, access to bathrooms).
3. Recognize how the actions of others can affect physical health (e.g., spreading germs) and encourage peers to make positive choices about physical health habits and prevention strategies.

Community and Environmental Health [2.6.CEH]

1. Identify the effects of personal activities that positively or negatively contribute to the environment.
2. Identify ways that the communities people live in and connections to others, can affect their health and well-being.
3. Identify strategies to minimize environmental impact (e.g., reduce, reuse, recycle).
4. Encourage peers and family members to make choices to help protect the environment (e.g., recycling, using less water, turning off lights).

5. Encourage peers and family to help in the community (e.g., donate food to a food pantry, clean up litter).

Grade Span: 3-5 (by the end of Grade 5)

Practice 1: Self-Awareness and Analyzing Influences

Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors and articulate how these influences affect health behavior and outcomes.

Mental and Emotional Health [5.1.MEH]

1. Describe personal and cultural identities and assets, their importance and value, and explain how they support mental and emotional health.
2. Describe personal interests and the skills needed to pursue those interests in ways that support individual growth.
3. Identify personal strengths and opportunities for growth and improvement in various contexts.
4. Describe how peers, media, family, society, community, and culture can influence ideas about body image and the impact on self-esteem and behaviors.
5. Demonstrate how social media and technology can influence mental and emotional well-being (e.g., stress levels, happiness, mood).

Practice 2: Social Awareness, Relationship, and Communication Skills

Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Mental and Emotional Health [5.2.MEH]

1. Demonstrate an awareness that emotions may be expressed in different ways (e.g., through body language, intensity of expression) by various groups and in other cultures.
2. Identify people who are trusted adults in various settings.
3. Explain the importance of talking with parents, guardians, family, friends, and/or trusted adults about feelings and emotions.
4. Demonstrate how to ask for assistance with mental health questions, issues, or concerns (e.g., challenges with friends, feeling anxious).
5. Define stigma and demonstrate how to discuss mental health and mental health conditions in ways that reduce stigma.
6. Identify signs and symptoms of mental distress in self and others, and how to get help.

Healthy Relationships [5.2.HR]

1. Identify characteristics of supportive relationships with a variety of individuals (e.g., family, peers, trusted adults, teachers).
2. Define and demonstrate ways to determine and respect the

- boundaries of self and others.
3. Demonstrate strategies for addressing one's feelings and the feelings and perspectives of others to support positive relationships.
 4. Differentiate between conflict and bullying and articulate the importance of the difference to avoid escalating conflicts into bullying or violence.
 5. Identify and respond to bullying, including practicing supportive bystander behaviors, in various settings.
 6. Identify and practice assertive and nonviolent communication skills.
 7. Identify and practice conflict prevention, management, and resolution strategies.
 8. Describe how personal experiences, peers, family, media, society, community, and culture influence the ways people interact in relationships and social situations.
 9. Describe how stereotypes, perceived stereotypes, and prejudice can affect relationships, and demonstrate strategies to address these factors.

Balanced Eating and Physical Activity [5.2.BEPA]

1. Demonstrate respectful interactions with others when participating in physical activity (e.g., at recess).
2. Identify and describe social benefits gained from participating in physical activity.
3. Identify opportunities and safe places for activity outside of school.
4. Describe the benefits of movement and being physically active, especially with others, on physical, social, and emotional health.

Substance Use and Misuse [5.2.SU]

1. Distinguish between the use and misuse of drugs (legal and illegal) and identify potential short- and long-term effects on the body.
2. Identify potential reasons why people might use legal and illegal drugs, such as media, peer pressure, stress, or cultural factors.
3. Discuss health-promoting strategies to prevent illegal drug use and unsafe or potentially harmful use of illegal drugs.
4. Analyze data about youth substance use to emphasize positive social norms (e.g., most youth are not vaping).
5. Effectively communicate personal feelings or perspectives about substance use and misuse.
6. Demonstrate effective refusal of alcohol, nicotine, electronic vapor products, marijuana, and other substances that can affect health.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Safety [5.3.SAF]

1. Discuss what constitutes abuse, harassment, and assault.
2. Locate trusted adults (including parents or guardians) from whom to get help if boundaries are being violated or one is being abused, harassed, or assaulted.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Balanced Eating and Physical Activity [5.4.BEPA]

1. Identify principles of balanced eating to meet nutritional needs when making nutrition-related decisions.
2. Identify and describe hunger and fullness indicators and how these can inform nutrition-related decision-making.
3. Discuss the benefits of balanced eating and physical activity on physical health (e.g., supporting growth and development, ability to engage in physical activity), social health, and emotional and mental health (e.g., managing stress and emotions) when making decisions pertaining to nutrition and physical activity.
4. Demonstrate how to use food labels as part of nutrition-related decision-making.
5. Describe how and where food comes from and how food production affects nutrition-related decisions.
6. Identify factors (e.g., budget, food access and availability, time management) that influence decisions about nutrition and determine when assistance is needed to make a decision.
7. Explain various factors that can influence decisions about nutrition (e.g., food during celebrations, food preferences, media advertising, celebrity endorsements, product placement, access and availability, financial resources, physical activity levels).
8. Recognize that individuals have different food-related needs, preferences, and traditions.
9. Use the steps of the decision-making process when making a nutrition-related decision.
10. Engage in independent and cooperative problem-solving activities while participating in physical activities.
11. Compare the benefits of various physical activities to support personal decision-making related to physical activity.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Mental and Emotional Health [5.5.MEH]

1. Identify different feelings and emotions that people may experience

- and how people might express those emotions (including individual and cultural differences in expression).
2. Discuss how feelings and emotions can affect behavior and how behavior can affect feelings and emotions.
 3. Recognize that all feelings and emotions have a purpose and are information that individuals can use to support mental and emotional health.
 4. Identify how a person's brain and body influence mental and emotional well-being.
 5. Describe and demonstrate strategies for expressing and regulating emotions.
 6. Identify characteristics of and practices to support mental and emotional well-being within various cultures and diverse perspectives.
 7. Set a goal to use one or more health-promoting practices or behaviors (e.g., being aware of your own feelings and the feelings of others, safe online behaviors, engaging in physical activity, limiting screen time) and track progress towards its achievement to maintain or improve mental and emotional well-being.
 8. Identify personal stressors and demonstrate effective stress management techniques, independently or with support.
 9. Identify and demonstrate strategies and behaviors to overcome barriers and help meet personal responsibilities.
 10. Identify a variety of strategies for planning, prioritizing, and managing time.
 11. Demonstrate strategies that show a willingness to reflect, learn, and grow from challenges.

Safety [5.5.SAF]

1. Describe ways to promote personal safety and reduce the risk of injuries in various situations (e.g., during physical activity, around motor vehicles, around firearms, around loud noise or music, around water, fire prevention, during a fire, as a pedestrian).
2. Recognize aspects of the environment (e.g., whether crosswalks are marked, presence of sidewalks, weather conditions, access to healthy foods, access to green space, levels of violence in a community) that can positively or negatively affect safety.
3. Identify and demonstrate how to contact appropriate resources when someone is poisoned or injured and needs help (e.g., calling poison control and 911).
4. Apply strategies to stay safe online (e.g., when gaming, using digital technology, and engaging in social media), including addressing overuse.
5. Describe actions one could take if uncomfortable, unsafe, or harmed (e.g., tell a parent, guardian, or other trusted adult, leave the situation).

6. Demonstrate the ability to set and maintain developmentally appropriate boundaries (including physical, verbal, and emotional boundaries) and how to respond if those boundaries are violated.
7. Distinguish between safe, unsafe, and confusing touch and demonstrate strategies for telling a parent, guardian, or other trusted adult.

Balanced Eating and Physical Activity [5.5.BEPA]

1. Demonstrate respect for self and responsible, safe interpersonal behavior (e.g., peer-to-peer, student-to-teacher) that contributes to positive social interaction in various physical activity contexts.
2. Describe the health benefits of regularly participating in physical activity on multiple dimensions of wellness (e.g., stress management, supporting positive mental health, cardiovascular health, fitness levels, muscle strengthening).
3. Recognize how physical activity influences physiological changes in their body.
4. Identify different physical activities for personal enjoyment and challenge, independently and with others.

Personal Health and Wellness [5.5.PHW]

1. Describe personal behaviors and strategies that promote health and/or avoid health risks (e.g., pedestrian safety, sun safety, protecting oneself from infectious diseases, adequate sleep, good nutrition, protective equipment, appropriate screen time, hearing protection, being physically active).
2. Discuss influences on and barriers to maintaining or enhancing physical health and wellness.
3. Set a personal health and wellness goal, identify resources to assist in achieving it, and track progress toward its achievement.

Practice 6: Advocacy and Health Promotion

Promote personal, family, and community health and well-being.

Community and Environmental Health [5.6.CEH]

1. Analyze the relationship between personal health and the health of the community.
2. Discuss that people may experience health inequities and health disparities (unfair and avoidable differences in health) due to various factors.
3. Describe ways that the community can influence the health of people within that community.
4. Describe the ways that rules and laws can affect community health and health disparities.
5. Use accurate information when discussing environmental health issues (e.g., littering, deforestation, recycling, clean water) that

- affect people's health.
6. Propose and support classroom policies and behaviors that promote dignity and respect.

Grade Span: 6-8 (by the end of Grade 8)

Practice 1: Self-Awareness and Analyzing Influences

Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors and articulate how these influences affect health behavior and outcomes.

Mental and Emotional Health [8.1.MEH]

1. Describe how emotions can affect one's behaviors and experiences, and how this might vary in differing contexts.

Safety [8.1.SAF]

1. Analyze how various influences (e.g., peers, family, culture, society, school, and community policies) affect adolescents' safety in various situations.
2. Define sexual harassment, sexual abuse, sexual assault, and domestic violence, and identify resources for support.
3. Analyze how sharing or posting personal information electronically about oneself or others (e.g., chat groups, email, texting, sexting, websites, social media, phone and tablet applications) can affect the safety of self and/or others.

Substance Use and Misuse [8.1.SU]

1. Analyze influences (e.g., culture, peers, media, perceptions of norms) that could lead to the use of nicotine, electronic vapor products, alcohol, or other illegal (regarding age, use, or type) and potentially harmful substances.
2. Describe the ways that social characteristics (e.g., socioeconomic status, culture) can affect risk and protective factors for substance use and misuse.
3. Summarize and communicate the effects of using legal (e.g., prescription drugs prescribed to you, over-the-counter drugs, and [at a certain age] nicotine, electronic vapor products, alcohol and marijuana) and illegal drugs (e.g., prescription drugs not prescribed to you, opioids, cocaine) on brain development and multiple dimensions of health (e.g., physical, social, occupational, mental/emotional).

Community and Environmental Health [8.1.CEH]

1. Define social factors that affect people's health (e.g., education, social environment, family health history, socioeconomic conditions, food availability, public safety, discrimination) and analyze how they may affect health at different levels (e.g., individual, family, and community).
2. Analyze how stigma and public perception can influence access to

- health and health care (e.g., menstrual health care, mental health services and supports, preventative screenings).
3. Define public health policies and government regulations and explain how they can influence health promotion and disease prevention in both positive and negative ways.
 4. Analyze how environmental factors (e.g., air quality, trash and litter, availability of clean drinking water) and types of pollution (e.g., air, noise, chemical, water) affect health.

Practice 2: Social Awareness, Relationship, and Communication Skills

Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Mental and Emotional Health [8.2.MEH]

1. Discuss how stress and resilience can affect mental and emotional health.
2. Demonstrate ways to support people experiencing stress.
3. Identify how emotions can influence communication (e.g., anger or anxiety may affect the ability to listen well) and demonstrate strategies to communicate effectively when experiencing a range of emotions and in various situations.
4. Accurately recognize and effectively respond to emotions, thoughts, values, and perspectives when communicating with others and resolving interpersonal conflicts.
5. Analyze how people from diverse groups can learn from each other and how this can enhance emotional well-being.
6. Apply refusal or negotiation skills in ways that support or improve mental health and minimize health risks.
7. Advocate for oneself by creating 'I'-statements to express feelings and needs appropriately.
8. Identify signs and symptoms of mental and emotional distress, in self and others, that may require assistance from adults.
9. Demonstrate how to respond (e.g., tell a parent, guardian, or other trusted adult, call or text 9-8-8, OK2SAY tipline) when there is a concern about one's own or someone else's mental well-being or when someone is considering self-harm or suicide.
10. Effectively express needs, wants, emotions, and feelings (including affection, love, friendship, concern, anger) in respectful and health-promoting ways.

Healthy Relationships [8.2.HR]

(Note: This section should not include anything that falls under sexual relationships or sex education. Sexual relationship topics fall under sex education in these standards guidelines, and must follow state laws on sex education instruction.)

1. Identify characteristics of healthy and unhealthy relationships and ways to seek help in unhealthy or unwanted relationships.
2. Demonstrate effective verbal and non-verbal communication skills that foster healthy relationships, communicate boundaries, and show respect.
3. Articulate how respectful behaviors may vary among populations and how those behaviors contribute to positive social interaction.
4. Explain why respecting a person's boundaries and consent are essential.
5. Demonstrate effective approaches to boundary setting (e.g., acknowledging feelings, communicate the boundary, target alternative) and maintenance of various boundaries (e.g., related to technology use, emotional, physical).
6. Identify situations when boundaries are being violated and identify tactics used to coerce or pressure someone to change a personal boundary (e.g., break a rule, share a password).
7. Demonstrate techniques and assertive responses to counter coercive tactics to maintain boundaries.
8. Analyze how media and technology can positively and negatively influence beliefs about what constitutes a healthy relationship.
9. Analyze the impact of technology and social media on relationships (e.g., use of smart devices, sharing relationship information, location tracking).
10. Describe potential impacts of imbalances in power on a variety of relationships and in various settings.
11. Analyze ways that prejudice, discrimination, and injustice can affect relationship health and describe ways to address these issues to support the health of self and others.
12. Apply conflict resolution strategies in various situations.
13. Demonstrate positive ways to communicate differences of opinion in various relationships (e.g., familial, peer, teacher) and situations (e.g., in class, outside of school, on a team).
14. Differentiate bullying, harassment, and abuse and demonstrate ways to support and seek help for someone who is being bullied, harassed, or abused, or who is the target of unhealthy or coercive behaviors.

Substance Use and Misuse [8.2.SU]

1. Analyze social situations in multiple settings (e.g., at home, at school, out with friends, at a party) that could lead to the use of nicotine, electronic vapor products, alcohol, or other illegal (age, use, or type) and potentially harmful substances.
2. Demonstrate effective verbal and nonverbal communication skills (including refusal) to keep self or others safe in substance use- and misuse-related situations (e.g., avoiding riding with a driver who is

under the influence, resisting peer pressure, seeking help, leaving a situation) to protect individuals from risk or injury.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Safety [8.3.SAF]

1. Identify sources of support, such as parents, guardians, or other trusted adults, to whom students can go if they or someone they know is being bullied, harassed, abused, assaulted, or exploited.
2. Explain why a person who has been bullied, harassed, abused, or the victim of violence is not at fault.
3. Locate community resources that provide support and resources related to sexual exploitation or for getting help for self or others in situations related to sex trafficking.

Mental and Emotional Health [8.3.MEH]

1. Describe situations where professional health services are necessary to support or improve mental and emotional well-being.
2. Demonstrate the ability to access professional health services if needed.
3. Locate valid and reliable products, information, and services to enhance mental and emotional well-being, manage stress and emotions, and address mental health conditions.

Personal Health and Wellness [8.3.PHW]

1. Determine the accessibility of products (e.g., deodorant, hair care, sunscreen, dental care products), resources, and services that enhance health and identify supports and barriers to accessing the products or services.
2. Access personal health products (e.g., deodorant, hair care, sunscreen, dental care products) based on individual needs.
3. Locate various personal health-related digital resources and assess each for reliability and validity.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Safety [8.4.SAF]

1. Describe the role of individual versus shared responsibility in staying safe in various situations (e.g., digital safety, threats of violence, dangerous weapons, outdoor recreation, motor vehicle safety).
2. Discuss the variety of systemic, environmental, and physical factors

- that might help or hinder an individual's ability to remain safe in various situations.
3. Evaluate potential options and consequences for decisions related to personal safety (e.g., dangerous weapons, digital safety, threats of violence, motor vehicle safety, physical injury) in a variety of situations.
 4. Describe laws (e.g., age of consent, child abuse and neglect, criminal sexual conduct, minor consent for health care) that relate to young people's health and the rights of adolescents to maintain their own health, and how these might influence decisions related to their health.
 5. Define exploitation, human trafficking (both sex and labor trafficking), and describe strategies used for, and warning signs of, exploitation and recruitment of youth.
 6. Demonstrate strategies perpetrators use to carry out human trafficking and how to get help if concerned about self or others.
 7. Explain the potential consequences of requesting, sending, or digitally posting sexually explicit pictures or messages and demonstrate the ability to make health-promoting decisions related to safe and legal activity in online and digital spaces.
 8. Demonstrate strategies for protecting privacy and reducing risks online and in digital spaces.
 9. Describe the characteristics of various forms of power and control and demonstrate strategies for getting help.
 10. Evaluate various non-violent responses to address conflict and demonstrate the ability to use these responses to act on health-related decisions.
 11. Analyze barriers that may prevent someone from reporting unsafe situations and child maltreatment to adults and identify strategies to overcome these barriers.
 12. Demonstrate the ability to use a decision-making process to address personal safety in various situations.

Healthy Relationships [8.4.HR]

(Note: This section should not include anything that falls under sexual relationships or sex education. Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.)

1. Analyze the similarities and differences between friendships and romantic relationships and discuss various ways to show affection within different relationships.
2. Compare and contrast the continuum of healthier and less healthy relationship behaviors and how these affect health and well-being.
3. Identify warning signs of potential danger in a relationship and strategies for help.
4. Describe characteristics of unhealthy and/or abusive relationships

- and evaluate options and strategies a person might use to end those relationships, including involving a trusted adult who can help.
5. Define consent and describe factors, including drugs and alcohol, that may influence one's capacity to request consent, and to give and receive consent, in a variety of situations.
 6. Demonstrate the ability to apply a decision-making process to decisions related to consent in various relationships.
 7. Demonstrate the ability to apply a decision-making model to arrive at a decision that promotes health and safety related to various situations.

Balanced Eating and Physical Activity [8.4.BEPA]

1. Seek strategies to minimize barriers and maximize opportunities (e.g., time, space, physical abilities, access to equipment, overuse of digital devices) that help maintain a physically active lifestyle.

Substance Use and Misuse [8.4.SU]

1. Apply a decision-making process to situations involving legal or illegal drugs, considering potential consequences on self and others.
2. Determine when situations or problems related to illegal drugs might require assistance and identify possible options for how to respond.
3. Access valid and reliable information (from home, school, and community) about legal and illegal drugs (regarding age of legal use or type of substance) and use it to understand and communicate the risks and dangers of drug use and misuse.
4. Analyze factors that may affect a decision to use legal or illegal substances.
5. Use adolescent data to reinforce the norms that most don't use illegal drugs, including nicotine, alcohol, and marijuana.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Mental and Emotional Health [8.5.MEH]

1. Explain environmental and contextual factors that affect mental and emotional well-being and individual and collective responsibility for supporting mental and emotional health.
2. Demonstrate strategies to manage changing emotions during adolescence effectively.
3. Demonstrate techniques to independently manage emotions on one's own in a variety of settings.
4. Demonstrate behaviors that will maintain or improve the mental and emotional well-being of self and others.
5. Explain possible outcomes of expressing or repressing emotions.

6. Examine how various coping strategies may help or harm health.
7. Apply health-promoting coping and stress management strategies.
8. Demonstrate strategies to persevere when facing adversity.
9. Create and monitor personal goals to meet identified emotional and mental health needs or wants and identify people or resources to assist in meeting those goals.
10. Analyze and demonstrate strategies for planning, prioritizing, and managing time.

Safety [8.5.SAF]

1. Demonstrate proficiency in cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs).
2. Demonstrate ways to promote personal safety and reduce the risk of injuries in a variety of situations (e.g., during physical activity, around motor vehicles, around firearms, around loud noise or music, around water, fire prevention, during a fire, as a pedestrian).

Balanced Eating and Physical Activity [8.5.BEPA]

1. Describe how self-expression and enjoyment influence individual engagement in physical activity.
2. Recognize and implement safe and appropriate behaviors during physical activity (e.g., knowing where you are, being aware of your surroundings, staying off cell phones).
3. Explain the connections between being physically active and overall physical, emotional, and mental health.
4. Apply knowledge of personal comforts and preferences to select physical activities of interest.

Practice 6: Advocacy and Health Promotion

Promote personal, family, and community health and well-being.

Mental and Emotional Health [8.6.MEH]

1. Analyze how stereotyping, bias, prejudice, and discrimination can affect mental and emotional health.
2. Analyze influences on body image and the relationship between body image, disordered eating, and mental health.
3. Analyze the effects of social media on mental and emotional health.
4. Demonstrate strategies for supporting healthy body image in youth and adolescents.
5. Demonstrate strategies for reducing stigma related to mental health.
6. Use adolescent data regarding peer norms to formulate a health-promoting position to challenge negative norms, discrimination, and injustice.
7. Evaluate strategies for countering, reducing, or eliminating prejudice, stereotyping, discrimination, and injustice.

8. Encourage others to refrain from teasing or bullying others based on personal characteristics (e.g., race, national origin, disability, body shape, or weight), or personal values and beliefs.

Safety [8.6.SAF]

1. State a position, supported by accurate information, that encourages peers to adopt or continue practices that maintain or enhance personal safety.
2. Demonstrate how to influence and support others to make choices that maintain or enhance personal safety.
3. Work cooperatively to support the safety of individuals, families, and communities.
4. Identify reasons that harassment is harmful and illegal, along with warning signs for when to report it and seek help from a safe/trusted adult or health professional.

Balanced Eating and Physical Activity [8.6.BEPA]

1. Demonstrate the importance of food and how it is used in cultural traditions, celebrations, and connecting with others.
2. Analyze a variety of influences (e.g., media, peers, family, culture, stigmas, school, economics, food access, food production, and cultivation) on nutrition-related beliefs and behaviors in today's society.
3. Discuss a variety of perspectives on health-promoting eating practices (e.g., food guidelines from other countries and cultures, cultural food practices, buying locally grown or produced foods) and describe the health benefits of and strategies for implementing these practices.
4. Articulate a health-promoting position on a nutrition-related topic and support the claim with accurate information.
5. Identify personal dietary needs (e.g., food allergies, food preferences) and goals, and advocate to address the identified needs and goals.
6. Collaborate effectively to support nutrition-related practices or behaviors that maintain or enhance health.

Grade Span: 9-12 (by the end of Grade 12)

Practice 1: Self-Awareness and Analyzing Influences

Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors and articulate how these influences affect health behavior and outcomes.

Safety [12.1.SAF]

1. Discuss the role of personal, community, and societal beliefs, values, and actions in creating a culture free of bullying, harassment, and abuse.

Healthy Relationships [12.1.HR]

(Note: This section should not include anything that falls under sexual relationships or sex education. Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.)

1. Demonstrate how to access valid and reliable information and resources to help maintain positive relationships and get help if in harmful or unhealthy relationships.

Balanced Eating and Physical Activity [12.1.BEPA]

1. Analyze the role of technology and social media tools in supporting healthy eating and active lifestyles.
2. Analyze the impact of a variety of factors (e.g., culture, life choices, economics, motivation, and accessibility) on people's participation in physical activity.

Community and Environmental Health [12.1.CEH]

1. Explore the impact of social drivers of health (e.g., education, social environment, socioeconomic conditions, public safety) on individuals at different levels (e.g., interpersonal, intrapersonal, community, policy).
2. Evaluate the influence of social context/environment, not solely personal choices, on an individual's health.
3. Discuss various factors that can influence public, community, and/or environmental health and analyze strategies for mitigating harm and improving health outcomes.
4. Analyze the behavioral (e.g., sedentary lifestyle, smoking, dietary habits) and environmental factors (e.g., policies, access and availability, built environment) that contribute to major chronic diseases (e.g., diabetes, heart disease, lung cancer).
5. Identify and evaluate global influences (e.g., pollution, global policies) on personal and community health.
6. Analyze behaviors, policies, and practices in the school community

that promote dignity and respect and reduce stigma for all individuals.

Practice 2: Social Awareness, Relationship, and Communication Skills

Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Safety [12.2 SAF]

1. Evaluate potential risks of digital interactions.
2. Discuss strategies to protect personal information online and on social media.
3. Apply safe behaviors to promote privacy, well-being, and respectful online communication.

Mental and Emotional Health [12.2.MEH]

1. Describe positive (e.g., developmental assets, protective factors, resilience, supportive adult relationships) and negative factors (e.g., trauma, adversity) that can affect mental and emotional health and well-being.
2. Demonstrate strategies for expressing understanding towards those who hold different beliefs.
3. Evaluate how society, cultural norms, and values affect personal interactions.
4. Evaluate the influence of peers, social media, online content, family, society, community, and culture on body image and the influence body image has on health.
5. Evaluate personal comfort with engagement in social situations and create a plan for personal growth in social engagement.
6. Analyze power imbalances in relationships and demonstrate strategies that communicate your values, your right to say no, and your ability to hold others accountable for their actions.
7. Demonstrate the ability to communicate about mental health in culturally responsive ways that reduce stigma.
8. Communicate when there is a concern about one's own or someone else's mental well-being or when someone is considering self-harm or suicide.

Healthy Relationships [12.2.HR]

(Note: This section should not include anything that falls under sexual relationships or sex education. Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.)

1. Demonstrate ways to express understanding of and acceptance of differing perspectives.

2. Use effective strategies (e.g., boundary setting, maintaining personal boundaries, respecting others' boundaries, I-statements, stating your needs, recognizing warning signs) to leave negative relationships and improve or maintain positive relationships.
3. Summarize the benefits of respecting individual differences.
4. Analyze how various factors and behaviors influence conflict and strategies to avoid escalation.
5. Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse, assault, discrimination, or exploitation.
6. Appropriately resolve interpersonal conflicts in various settings (e.g., school, family, work, community, and personal relationships).
7. Demonstrate empathy (e.g., active listening, withholding judgment, compassion) toward others.
8. Demonstrate communication skills that account for the perspective of others while allowing for active and effective social engagement.
9. Evaluate verbal, physical, and non-verbal social, cultural, and environmental cues to predict and respond to the emotions and communication style of others.
10. Use assertive communication techniques in various settings and with a variety of audiences to meet personal needs and maintain or enhance overall health.
11. Summarize the importance of talking with parents, guardians, or other trusted adults about issues related to relationships.

Balanced Eating and Physical Activity [12.2.BEPA]

1. Evaluate the opportunity for social interaction and social support in a variety of physical activities in and out of school.
2. Analyze the impact of extreme or fad diets and how social influences can encourage unhealthy eating behaviors.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Mental and Emotional Health [12.3.MEH]

1. Demonstrate how to access valid and reliable mental health information and resources to help or support someone who has experienced harassment, abuse, assault, discrimination, and/or exploitation.
2. Discuss the variety of supports available at home, school, and in the community for maintaining or enhancing mental and emotional health.
3. Evaluate the valid and reliable resources from home, school, and

- community that provide health information on enhancing mental and emotional well-being.
4. Use valid and reliable resources to find information and access support on mental health issues and conditions for self or others.
 5. Recognize the signs of problem behaviors and/or addictions (e.g., gambling, overuse of social media) and demonstrate strategies for seeking help for self or others.
 6. Use valid and reliable resources to find information on risk factors for, and signs and symptoms of, suicide ideation or non-suicidal self-injury.

Healthy Relationships [12.3.HR]

(Note: This section should not include anything that falls under sexual relationships or sex education. Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.)

1. Explain the harm that can be caused by disrespecting others with differing views and beliefs, and demonstrate positive ways to express understanding of differing perspectives.
2. Use effective strategies (e.g., boundary setting, maintaining personal boundaries, respecting others' boundaries, I-statements stating your needs, recognizing warning signs) to leave negative relationships and improve or maintain positive relationships.
3. Summarize the benefits of respecting individual differences.
4. Reflect on the role individual behaviors and external factors have in a conflict and discuss how individual behaviors and external factors may inform the ability to resolve conflict in the future.
5. Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse, assault, discrimination, or exploitation.
6. Appropriately resolve interpersonal conflicts in various settings (e.g., school, family, work, community, and personal relationships).
7. Demonstrate empathy (e.g., active listening, withholding judgment, compassion) toward others.
8. Demonstrate communication skills that account for the perspective of others while allowing for active and effective social engagement.
9. Evaluate verbal, physical, and non-verbal social, cultural, and environmental cues to predict and respond to the emotions and communication style of others.
10. Use assertive communication techniques, including refusals, in a variety of settings and with a variety of audiences to meet personal needs and maintain or enhance overall health.
11. Summarize the importance of talking with parents, guardians, caregivers, and/or other trusted adults about issues related to relationships.

Balanced Eating and Physical Activity [12.3.BEPA]

1. Evaluate the validity of claims made by companies and social media influencers intended to promote or improve nutrition, fitness, and a healthy, active lifestyle.
2. Evaluate available resources, supports, and participation requirements of community-sponsored activities, physical activity, and fitness activities.
3. Evaluate the opportunity for social interaction and social support in a variety of physical activities in and out of school.

Substance Use and Misuse [12.3.SU]

1. Evaluate the validity of information, products, services, and resources intended to help a person make health-promoting choices when making decisions related to legal substance use.
2. Use valid and reliable information to analyze the relationship between the use of legal and illegal (regarding legal age of use and type) substances and the causes of death (including overdose) and disease (including addiction) in the United States.
3. Recognize the signs of substance misuse and addiction and demonstrate strategies for seeking help for self or others.
4. Identify resources and support systems available to help navigate challenging situations pertaining to substance use and misuse.
5. Identify laws that protect a person who calls for professional help during a substance use crisis (e.g., Good Samaritan laws).
6. Access valid and reliable resources to determine laws regarding the purchase, distribution, and selling of substances (e.g., dispensaries, on the street, stores, legal vs. illegal, travel across state lines).
7. Determine when professional services related to legal and illegal substances may be required.

Community and Environmental Health [12.3.CEH]

1. Identify cost-effective ways to minimize environmental pollutants (e.g., chemicals, trash, noise) in the home and in the community.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Healthy Relationships [12.4.HR]

(Note: This section should not include anything that falls under sexual relationships or sex education. Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.)

1. Examine aspects of various personal relationships, including

- characteristics of healthy and unhealthy relationships.
2. Analyze the benefits and risks of various ways people express love and/or caring within health-promoting relationships.
 3. Analyze the role of individual versus shared responsibility in building and maintaining healthy relationships.
 4. Describe patterns of power and control in relationships and discuss strategies for getting help and leaving an unhealthy, violent, or exploitative relationship.
 5. Discuss different forms of abuse in relationships and available supports and resources for getting help if in an abusive or exploitative relationship.
 6. Evaluate strategies (e.g., setting expectations and/or boundaries) for dealing with difficult relationships with family members, peers, and partners and demonstrate the ability to use these strategies to make health-promoting decisions.
 7. Examine the complexity of, and discuss considerations related to, the decision to leave an unhealthy relationship, develop a safety plan to recognize when, and get out of, any future unsafe or harmful relationships, and determine situations when adult and/or professional support is needed.
 8. Demonstrate the ability to apply a thoughtful decision-making process to maintain or enhance relationship health, including the decision to leave or seek help in an unhealthy relationship.

Balanced Eating and Physical Activity [12.4.BEPA]

1. Identify snacks, food, and beverage choices that support or interfere with performance, recovery, and enjoyment during physical activity.
2. Plan a weekly menu to meet age-appropriate recommendations within a specific budget.
3. Choose an appropriate level of challenge based on your current skill level to experience success in a self-selected physical activity.
4. Evaluate opportunities and barriers to physical activity in a variety of contexts.

Substance Use and Misuse [12.4.SU]

1. Reflect on personal beliefs, values, and choices compared to cultural, community, and societal norms around substance use and misuse.
2. Evaluate situations and how various internal and external factors (e.g., peers, media, social norms, corporate practices) influence substance use and misuse.
3. Analyze the potential short- and long-term impacts of legal and illegal substances (e.g., opioids) on multiple dimensions of health

- (e.g., physical, mental, emotional, social, and/or intellectual) and on other health risk behaviors (e.g., sexual activity, impaired driving, use of other drugs).
4. Employ self-management skills to act on health-promoting decisions about legal substance use.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Mental and Emotional Health [12.5.MEH]

1. Apply strategies to respond appropriately based on different levels of emotions in interactions.
2. Apply coping and stress management techniques to manage a variety of stressors (e.g., school, personal life, relationships) and create a long-term plan for stress management.
3. Develop and apply strategies using protective factors and assets to support mental and emotional well-being.
4. Assess and implement health practices and overall health status across multiple dimensions of wellness (e.g., physical, emotional, intellectual, spiritual, social).
5. Set a goal, create a plan, monitor progress, and celebrate success for plans that minimize stress and promote wellness.
6. Apply strategies that support a willingness to reflect, learn, and grow from challenges through experience and feedback.

Safety [12.5.SAF]

1. Analyze recruitment tactics used in trafficking and exploitation to exploit vulnerabilities and recruit youth.
2. Demonstrate strategies, including risk reduction strategies, that can help avoid or address situations related to sexual exploitation in physical and digital settings.
3. Evaluate ways and demonstrate strategies to reduce risk and stay safe, follow laws, and act respectfully in physical and digital settings.
4. Demonstrate strategies for asking for assistance or providing support for self and peers when faced with unsafe situations.
5. Demonstrate proficiency in cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs).

Balanced Eating and Physical Activity [12.5.BEPA]

1. Compare and contrast various dietary guidelines and practices from valid and reliable sources, locations, and cultures.
2. Analyze the physical, mental, social, economic, and academic benefits and/or consequences of various dietary habits or

- behaviors.
3. Describe safe food storage and preparation practices.
 4. Demonstrate how to comparison shop, considering criteria such as pricing, nutrient density, processing, and environmental impact.
 5. Assess personal nutrition-related practices using dietary guidelines of their choice.
 6. Analyze various factors that influence nutrition-related beliefs and behaviors, and analyze the ways that these factors are affecting personal beliefs and behaviors.
 7. Develop and implement a plan with goals that build on strengths and address areas for improvement through monitoring progress and adjustments as needed.
 8. Analyze barriers (e.g., finances, food availability and access, social norms, media) to succeed with a personal nutrition-related goal and identify supports to help overcome those barriers.
 9. Determine a variety of physical activities that can be implemented independently or with minimal support for the purposes of personal enjoyment or challenge, or to maintain or improve fitness.
 10. Create a goal and plan for participating in physical activity to maintain or improve health and monitor progress.
 11. Select and participate in physical activities that meet a variety of personal needs (personal goals, strengths, interests, enjoyment, social interaction, and/or self-expression).

Personal Health and Wellness [12.5.PHW]

1. Develop a plan and implement strategies based on an identified need or want to attain a goal that improves physical health.
2. Create a plan that develops ownership of one's health and healthcare.
3. Demonstrate strategies to self-advocate in healthcare settings (e.g., getting questions answered, seeking clarity of medical instructions, seeking a prescription refill).
4. Identify strategies based on an identified need or want to attain a goal that improves physical health.
5. Demonstrate strategies to self-advocate in healthcare settings (e.g., getting questions answered, seeking clarity of medical instructions, seeking a prescription refill).
6. Discuss signs and symptoms of health concerns and strategies to manage discomfort and/or seek medical care as needed.
7. Analyze external factors (such as social drivers of health) that can affect health and one's agency in addressing health.

Practice 6: Advocacy and Health Promotion

Promote personal, family, and community health and well-being.

Community and Environmental Health [12.6.CEH]

1. Analyze programs, policies, and strategies to reduce and eliminate health inequities and disparities.
2. Examine data and evaluate policies or initiatives that address a public health concern within the community.
3. Develop and/or implement a plan for participating in projects to help make positive changes in a community (e.g., volunteering, linking with experts in the community, service-learning, service project).
4. Identify and support school and community policies and programs that promote respect for all people.



SECTION 3. LAWS AND STANDARDS GUIDELINES SPECIFIC TO SEX EDUCATION

Section 3 Introduction: Michigan Laws Specific to Sex Education Instruction

Listed below are laws that center around educator qualifications, districts' responsibilities regarding sex education instruction, parent rights regarding sex education instruction, and requirements of what needs to be taught if a district chooses to include sex education as part of its health education program.

Educator Qualifications for Sex Education Instruction

A teacher with an elementary certificate (grades K-5) with an endorsement that includes "all subjects" is qualified to teach health education for the grades designated. A teacher with a secondary certificate (grades 6-12) is authorized to teach health education with any one of the following endorsements: MC (Health and Physical Education), *MA (health)*, *MC (K-12 Health and Physical Education)*, *MX (health, physical education, recreation, and dance)*, and KH (family and consumer science). Please note that the italicized endorsements are no longer issued and are in the process of being phased out. For more information regarding whether your certification allows you to teach health, please go to the Michigan Department of Education's [Quick Reference Guide: Courses That Can Be Taught page](#).

Although the law allows teachers to teach sex education if they have the endorsements listed above, it is highly recommended by the Michigan Department of Education that teachers receive professional development in sex education instruction, which includes training in curriculum implementation, best practice, and current state law related to sex education. Please contact your [Regional School Health Coordinator](#) to inquire about current training opportunities.

The Michigan Department of Education clarifies the qualifications of a person who may provide sex education instruction:

- Consistent with [MCL 380.1169](#) that mandates HIV/AIDS instruction, any certified teacher shall be qualified to provide such instruction upon the successful completion of an in-service program provided by designated [Regional School Health Coordinators](#) and approved by the Michigan Department of Education.
- Apart from certified teachers, [MCL 380.1169\(2\)](#) also allows licensed health care professionals who have training in HIV/AIDS to provide this instruction.

Local Control and Parent Choice in Sex Education Instruction

Local education agencies (LEAs), including intermediate school districts,

public school academies, and traditional public school districts, have local control in determining whether or not they include sex education in their health education course. If they choose to include sex education, LEAs then determine what content within sexual health instruction they will include in their health education program. LEAs are encouraged to use student and community data, parent input, and community values to determine what content will best support the health and well-being of students in their district.

Michigan law has some of the strongest requirements in the country for parental involvement and oversight in sex education. If a district chooses to include sex education as part of its comprehensive health education program, the district must establish a sex education advisory board (SEAB). This board must consist of at least 50% parent membership. The majority of the parents cannot be currently employed by the school district. The SEAB must also include at least one parent as a co-chair. SEABs review student data, review curricula, and make recommendations to the local district's board of education for review and approval. The SEAB is responsible for:

- Establishing program goals and objectives that are likely to reduce the rates of sex, pregnancy, and sexually transmitted infections.
- Reviewing materials and methods of instruction and making recommendations to the board of the school district.
- Evaluating, measuring, and reporting on the attainment of goals at least every two years. [[MCL 380.1507\(5\)](#)]

By law ([MCL 380.1507](#)), parents shall:

- Receive prior notification of sex education classes and curriculum.
- Have the right to review sex education curriculum prior to instruction.
- Be able to opt out their child from all or some of the sex education content without penalty or loss of academic credit.

The parent rights listed above also pertain to HIV instruction under [MCL 380.1169](#), which is covered in Section 1 of this document.

Required Sex Education Content Should Districts Instruct in Sex Education

If schools choose to include a sex education unit in their health education course, there are laws regarding guidelines for instruction:

- Sex education instruction shall emphasize that abstinence from sex is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted infections, and HIV ([MCL 380.1507b](#)).
- Material and instruction shall be age-appropriate and medically

accurate and shall do at least the following ([MCL 380.1507b](#)):

- Discuss benefits from abstaining from sex and the benefits of ceasing sex if a student is already sexually active
- Include a discussion of the possible emotional, economic, and legal consequences of sex
- Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence
- Advise pupils of the laws pertaining to their responsibility as parents
- Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity
- Teach pupils how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually
- Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior
- Teach that the pupil has the power to control personal behavior.
- Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment
- Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law
- Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that one of the other results of being convicted of this crime is to be listed on the sex offender registry
- Clinical abortion shall not be considered a method of family planning or be taught as a method of reproductive health ([MCL 380.1507](#)).
- A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device ([MCL 380.1507](#)).
- This section does not prohibit a public school from offering sex education with behavioral risk reduction strategies, as defined by law, that are not 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome ([MCL 380.1507b](#)).

Michigan Elliott-Larsen Civil Rights Act

Teaching students the definitions surrounding gender identity and diversity aligns with the Michigan [Elliott-Larsen Civil Rights Act](#) (Public Act 6 of

2023), which includes provisions that ensure equal opportunities for a quality education and promotes inclusivity, which includes sexual orientation and gender identity or expression as protected categories.

It is important for local districts to remember that if they include lessons that aim to cover the standards guidelines specific to gender diversity, those lessons and materials must be medically accurate and age-appropriate. The inclusion of the lessons also must follow all laws outlined here, including parent opt-out provisions.

The research is clear that when such topics as gender identity are presented in a way that is medically accurate and developmentally appropriate, children experience lower rates of bullying, harassment, and suicide. (American College of Obstetricians and Gynecologists; American Academy of Pediatrics) If we want children to excel in the basics of reading, writing, and math, we must provide environments where all students feel safe (American Academy of Pediatrics, U.S. Department of Education; Education Sciences)

Gender-diverse students often report feeling unsafe at school and experience greater rates of harassment. They indicate that they rarely report discriminatory incidents because when they do report them, they feel unprotected. Gender-diverse students experience greater gender-related stress at school and are more likely to be absent, have lower GPAs, report higher levels of depression, engage in more substance use and risky behaviors, and are at an elevated risk for suicide.

Michigan's gender diverse students are:

- 1.8 times more likely to have been threatened or injured with a weapon at school.
- 2.1 times more likely to skip school because they feel unsafe.
- 1.6 times more likely to have been bullied at school or online.

It's important to note that gender-diverse students are not inherently prone to mental and physical health risks because of their sexual orientation or gender identity. They are at higher risk due to experiences of discrimination, stigmatization, and victimization in society.

Section 3: Sex Education Standards Guidelines

Grade Span: K-2 (by the end of Grade 2)

Purposely Blank

There are NO standards guidelines in this grade span.

Grade Span: 3-5 (by the end of Grade 5)

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Sex Education [5.3.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Identify valid and reliable information, products (deodorant, period products, medicine for cramps, etc.), and resources related to growth and development, puberty, and personal hygiene.
2. Locate resources from home, school, and community that provide medically accurate sources of information about puberty, personal hygiene, and growth and development.
3. Use valid, reliable, and medically accurate resources to find information about the human reproductive systems, growth and development, and the effects of hormones.
4. Explain human reproduction and identify valid and reliable resources for additional information.
5. Identify parents, guardians, or other trusted adults (e.g., counselors and other health care professionals) whom students can ask questions about puberty, abstinence, and adolescent health issues (including abuse and neglect).
6. Define communicable diseases, including Human Immunodeficiency Virus (HIV), and identify how they are and are not transmitted.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Sex Education [5.5.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Describe the range of physical, social, and emotional changes during puberty and adolescence and the individual variations in puberty timelines and experiences.
2. Explain various health-promoting practices to manage the social, physical, and emotional changes associated with puberty and adolescence, as well as when help or support might be needed.
3. Describe health-promoting behaviors during menstruation, including ways to cope with emotional changes, manage pain, and identify when help or support is needed.

4. Practice healthy habits related to puberty and personal hygiene.

Grade Span: 6-8 (by the end of Grade 8)

Practice 2: Social Awareness, Relationship, and Communication Skills

Sex Education [8.2.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Define gender identity, gender expression, and sexual orientation, and explain that they are distinct components of every individual's identity.
2. Explain how biological sex, gender identity, and gender expression are distinct concepts and how they interact with each other.
3. Explain that romantic, emotional, and/or sexual attractions can be toward an individual of the same and/or different gender(s), and that attractions can change over time.
4. Discuss signs, symptoms, and potential effects of sexually transmitted infections, including HIV.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Sex Education [8.3.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Analyze the validity of claims for health information, products (e.g., period products, personal hygiene, over-the-counter pain medications), services, and resources about sexual and reproductive health.
2. Access credible sources of information about sexual and reproductive health.
3. Locate valid and reliable information on puberty, personal hygiene, menstruation, and personal health products from various resources in one's home, school, and community.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Sex Education [8.4.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Analyze personal and family values related to relationships, abstinence, sexual behaviors, and sexual health.
2. Identify valid and reliable sources of information and resources to inform and support sexual health decisions, including abstinence.
3. Analyze ways to prevent pregnancy and sexually transmitted infections (STIs), including strategies that can be used before becoming sexually active (e.g., abstinence, communicating with a partner, HPV vaccine, contraception).
4. Describe possible short- and long-term impacts of engaging in sexual activity and identify ways to avoid negative or potentially harmful consequences.
5. Explain the importance of, and ways to identify, setting personal limits to avoid unintended outcomes from risky or unwanted sexual behavior and to make sexual health decisions.
6. Articulate the benefits of abstinence, postponing sexual activity, and setting personal limits (e.g., aligning with personal or family values, understanding the changing nature of relationships, avoiding early or unintended pregnancy, reducing risk of STIs) based on individual beliefs and values.
7. Describe strategies that can be used to make decisions that adhere to personal and family values.
8. Apply an effective decision-making process in situations related to sexual health.

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Sex Education [8.5.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Examine various considerations (e.g., personal and/or family values, cultural and societal norms, and beliefs) for determining emotional readiness for sexual behaviors.
2. Assess personal health practices and develop short- and long-term goals that support healthy sexual behaviors (e.g., abstinence, delay, use of contraception, use of barriers, giving and obtaining consent).
3. Determine strategies, including abstinence, that will reduce the risk of HIV and other sexually transmitted infections and pregnancy.
4. Describe how sexual health values and priorities may change with age, maturity, knowledge, and responsibilities.

Practice 6: Advocacy and Health Promotion

Promote personal, family, and community health and well-being.

Sex Education [8.6.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Demonstrate ways to show courtesy and respect for others when aspects of their sexuality or gender are different from one's own.
2. Practice skills to intervene if teasing or bullying based on sexuality is occurring, and how to support those affected.
3. Encourage others to refrain from teasing or bullying others based on their sexuality (e.g., sexual activity [including abstinence], sexual orientation) or gender (e.g., gender expression, gender identity).
4. Identify behaviors, policies, and practices in the school community that promote or hinder dignity and respect for all individuals.

Grade Span: 9-12 (by the end of Grade 12)

Practice 1: Self-Awareness and Analyzing Influences

Examine how emotions, thoughts, needs, values, beliefs, and other factors (both internal and external) influence behaviors and articulate how these influences affect health behavior and outcomes.

Sex Education [12.1.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Analyze a variety of internal and external influences (e.g., family, peers, media, society, community, culture) on a person's attitudes, beliefs, and expectations about abstinence and sexual behavior.

Practice 2: Social Awareness, Relationship, and Communication Skills

Enhance relationships, personal health, and the health of others through social awareness and effective communication.

Sex Education [12.2.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Summarize the importance of talking with parents, guardians, or other trusted adults about issues related to growth and development, abstinence, and sexual health.

Practice 3: Information and Resource Seeking

Access, evaluate, and use valid and reliable health information, products, services, and related resources.

Sex Education [12.3.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Summarize the benefits of respecting individual differences in aspects of growth and development
2. Summarize the importance of talking with parents, guardians, or other trusted adults about issues related to growth and development and sexual health.

Practice 4: Decision Making and Problem Solving

Make health-promoting, informed, responsible decisions and solve problems in a variety of health-related situations.

Sex Education [12.4.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Discuss reasons why it is harmful and illegal to trick, threaten, or coerce another person into sexual activity.
2. Analyze factors that contribute to behaviors that increase the risk of pregnancy, HIV, and other STIs.
3. Explain the importance of STI (including HIV) testing and treatment, where to get tested, and why it is essential to communicate with a partner about STI status.
4. Identify situations, signs, and symptoms that might indicate a need to seek medical consultation.
5. Evaluate readiness, options, and their respective outcomes regarding decisions about whether to engage in sexual activity, including abstaining, postponing sexual intercourse, engaging in risk reduction practices (e.g., using condoms and other barriers, using birth control).
6. Demonstrate the ability to apply a thoughtful decision-making process in situations related to sexual activity and sexual health.
7. Explain age of consent laws and examine the various components of consent (e.g., consent must be asked for and verbally given, consent cannot be given if under the influence, consent can be taken away at any time).

Practice 5: Self-Management and Goal Setting

Set goals, engage in health-promoting behaviors, and avoid risky behaviors.

Sex Education [12.5.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Evaluate personal responsibility and the consequences related to pressuring someone for sexually explicit pictures, sending, or posting sexually explicit pictures or messages.

Practice 6: Advocacy and Health Promotion

Promote personal, family, and community health and well-being.

Sex Education [12.6.SE]

Sexual relationship topics fall under sex education in these standards guidelines and must follow state laws on sex education instruction.

1. Discuss how to foster empathy, inclusivity, and respect around issues related to gender and sexuality.



APPENDICES. MICHIGAN LAWS GOVERNING HEALTH AND SEX EDUCATION

Appendix A

Michigan Laws Related to Health Education, Including Sex Education

[MCL 380.1169](#) Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.

[MCL 380.1137](#) Powers of parents and legal guardians; policies or guidelines.

[MCL 380.1170](#) Physiology and hygiene; instruction; development of comprehensive health education programs; conflict with religious beliefs.

[MCL 380.1170a](#) Model core academic curriculum content standards guidelines for health education; subject area content expectations and guidelines for health education; instruction in cardiopulmonary resuscitation and automated external defibrillators; individuals providing instruction; use of local resources; exemption; definitions.

[MCL 380.1170b](#) State model academic standards guidelines for health education; inclusion of instruction on prescription opioid drug abuse; availability.

[MCL 380.1502](#) Health and physical education; establishment; course in physical education required; extracurricular athletics as meeting requirement.

[MCL 380.1506](#) Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; "reproductive health" defined.

[MCL 380.1507](#) Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; "family planning," "class," and "course" defined.

[MCL 380.1507a](#) Notice of excuse from class; enrollment.

[MCL 380.1507b](#) Sex education and instruction; curriculum requirements.

[Act 453 of 1976](#) Elliott-Larsen Civil Rights Act

Appendix B

Michigan Laws that Provide Recommendations for Health Education Programming

[MCL 380.1502](#) Health and physical education; establishment; course in physical education required; extracurricular athletics as meeting requirement.

[MCL 380.1310b](#) Policy prohibiting bullying; adoption and implementation; public hearing; submission of policy to department; contents of policy; annual report of incidents of bullying; form and procedure; school employee, school volunteer, pupil, or parent or guardian reporting act of bullying to school official; modified policy; definitions; section to be known as "Matt Epling Safe School Law."

[MCL 380.1505](#) Sexual abuse of children; adoption and implementation of policy.

[MCL 380.1505a](#) Instruction to students on child sexual abuse

[MCL 380.1171](#) Suicide prevention and awareness; instruction and professional development; availability of model programs and materials to school districts and public school academies; notice to parents; cause of action or legal duty not created; section known as "Chase Edwards law."

[MCL 380.1170b](#) State model academic standards guidelines for health education; inclusion of instruction on prescription opioid drug abuse; availability.

[Insert Your Local District School Board] Resolution to Affirm Parental Rights Established by
Supreme Court Precedent in Mahmoud V. Taylor

Whereas, Mahmoud V. Taylor of June 2025 decided in favor of parents who challenged a Maryland school district's curriculum involving the introduction of LGBTQ+ storybooks into elementary school curriculum and set precedent that public schools must allow parents to opt their children out of any instructional content that conflict with their sincerely held religious beliefs;¹

Whereas, this same Supreme Court decision also went beyond curriculum and materials related to gender identity and sexuality, the court held that denying parents the ability to opt-out "substantially interferes with the religious development of their children" and defined the Free Exercise Clause of our Constitution as it intersects with public education present day;

Whereas, this court ruling provides the boundaries with which departments of education should adhere to in developing health education standards, any framework or any other communications or guidance to local districts in choosing curriculum for any instructional purpose in public education and to ensure there is no violation of the Constitution of the United States and the fundamental unalienable rights protected in that constitution;

Whereas, Michigan Compiled Law 380.1278a regarding requirements for a high school diploma, students must complete health education aligned with guidelines developed by the department and approved by the State Board of Education;²

Whereas, Michigan law requires a separation of sex education and health education to provide for the local control of and opting-out of such instruction;³

Therefore be it resolved, the [Insert Your Local District School Board] finds that the Health Education guidelines developed by the Michigan Department of Education are a violation of the United States Constitution and the fundamental rights protected in that constitution as recognized by the Supreme Court precedent set in Mahmoud V. Taylor, and will not be included in Health Education required for graduation with a high school diploma in [Insert Your Local School District]. Our District will continue to separate Health Education and Sex Education and will not be in violation of the Constitutional protection provided by the law of the land as determined by the highest court in our Nation.

¹ https://www.supremecourt.gov/opinions/24pdf/24-297_4f14.pdf

² <https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-380-1278a>

³ <https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-380-1507b>