



Date: \_\_\_\_\_

Dear Parents/Guardians:

As part of the RRISD 4<sup>th</sup> and 5<sup>th</sup> grade health Texas Essential Knowledge and Skills requirements, classes on maturation and hygiene will be provided for 4<sup>th</sup> & 5<sup>th</sup> grade students. This curriculum was developed and written by district administrators, teachers, counselors, nurses, parents, and community resource people. Boys and girls will be separated for the instructional program. Students returning the **OPT OUT** form (below) will be sent to an alternate location in school during this instructional program.

**For 5<sup>th</sup> grade Girls & Boys and 4<sup>th</sup> grade Girls:** The focus of the maturation program is on the physical and emotional changes that take place in adolescents during puberty. The DVD/video, "Always Changing", is an age appropriate video for girls and boys that describe these changes in a sensitive manner. Boys and girls will be separated for the instructional program and will view the "GIRLS ONLY" or "BOYS ONLY" version of the DVD/Video. You can preview the DVD/video and course materials at: <http://www.pgschoolprograms.com/parents.php>

**For 4<sup>th</sup> grade Boys:** The focus of the 4th grade boys program is on the development of personal **grooming and hygiene** habits as they mature. The video "Whatsa Hygiene?" will be shown to the boys. You can preview a portion of the DVD/video at: [http://www.marshmedia.com/online/product\\_desc.cfm?ordernum=9221IN&cat=hhd](http://www.marshmedia.com/online/product_desc.cfm?ordernum=9221IN&cat=hhd)

The DVD/videos and discussions will take place at school on \_\_\_\_\_.

Students returning an **OPT OUT** form will be sent to an alternate location in school during this instructional program.

Please feel free to contact the school health clinic at: \_\_\_\_\_ with any questions.

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**OPT OUT Form**

**(Return this form only if you do NOT wish your child to participate in the Maturation/Hygiene program)**

Name of Student: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

My child, \_\_\_\_\_, does **NOT** have permission to participate in the above stated instructional program. I understand that he/she will be sent to an alternate location in school during this instructional program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date