

HARPRER'S CHOICE MIDDLE SCHOOL

5450 Beaverkill Road, Columbia, Maryland 21044 (410) 313 -6929

November 4, 2005:

Dear Parent/ Guardian:

The Maryland State Board of Education requires that each school system provide instruction about Acquired Immune Deficiency Syndrome (AIDS). The Howard County Public School System will provide instruction in grades 4-12. In middle schools, curricular topics related to HIV/AIDS are as follows:

Grades 6-8 Subject Areas:

Health Education - (6 and 8)
Science (7 optional topic)

Major content areas:

- Definition of AIDS and HIV infection
- Transmission, symptoms, and treatment of HIV infection
- Prevention of infection by stressing abstinence and avoiding the sharing of needles
- Description of how HIV affects the immune system
- Roles and responsibilities of service and community agencies

Education about HIV/AIDS may also be included in special school programs such as the DisAbility Awareness Day and Wellness Days. HIV/AIDS Prevention Education will stress the importance of good health habits such as abstinence from sexual intercourse and refraining from the use of IV drugs and sharing needles. You as a parent/guardian may request that your child be excluded from the instruction. Please carefully consider your decision before requesting exclusion. HIV/AIDS education is critical in preventing the spread of HIV/AIDS. Classroom teachers have received training on how to provide accurate and age appropriate information on HIV/AIDS.

If you elect to **request exclusion**, simply sign the statement below and return it to your child's school immediately.

Materials on HIV/AIDS that can be used in educating your child at home are available, by contacting the Office of Health, Physical Education, and Dance at (410) 313-7015. The materials will be mailed to your home.

Should you have questions, please contact your child's teacher or the Office of Health Physical Education, and Dance.

EXCLUSION FROM HIV/AIDS INSTRUCTION

(Return only if you DO NOT want your child to receive HIV/AIDS instruction)

I **DO NOT** want to have my child participate in the HIV/AIDS prevention instruction.

Child's Name _____

Parent/Guardian Signature _____ Date _____