

REVISED GUIDELINES FOR TEACHING FAMILY LIFE AND AIDS EDUCATION

Introduction

The Board of Education of the City of Chicago (Board) adopted a Family Life and AIDS Education and Comprehensive Sexual Health Education Policy (Policy) on August 27, 2008. These Revised Guidelines, which are adopted in accordance with that Policy, replace the guidelines issued by the Board on April 23, 2006.

The Board and the federal Centers for Disease Control and Prevention have entered into a Cooperative Agreement (CDC Agreement), *Improving the Health, Education and Well-Being of Young People through Coordinated School Health Programs*, U87/CCU522658-05, which provides funding for the Chicago Public Schools (CPS) Family Life and AIDS Education Program. This Program is designed to help prevent the spread of HIV and to decrease risk-taking behaviors by CPS students.

The Board has charged CPS' Office of Specialized Services with implementing the Policy and issuing these Revised Guidelines in an annual Family Life and AIDS Education (FLAE) Handbook. OSS is also responsible for ensuring compliance with the requirements of the CDC Agreement.

Legal Framework

Congress has prohibited the use of federal Title I funding “*to develop or distribute materials, or operate programs or courses of instruction directed at youth, that are designed to promote or encourage sexual activity*” and “*to provide sex education or HIV-prevention education in schools unless that instruction is age appropriate and includes the health benefits of abstinence.*” 20 U.S.C. 7906(a)(1), (3).

The Illinois General Assembly enacted the Critical Health Problems and Comprehensive Health Education Act (“Act”) which mandates:

The program established under this Act shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, the emotional, psychological, physiological, hygienic and social responsibilities of family life, including sexual abstinence until marriage, prevention and control of disease, including instruction in grades 6 through 12 on the prevention, transmission, and spread of AIDS, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use and abuse including the medical and legal ramifications of alcohol, drug, and tobacco use, abuse during pregnancy, sexual abstinence until marriage, tobacco, nutrition, and dental health. The program shall also provide course material and instruction to advise pupils of the Abandoned Newborn Infant Protection Act.

The Act stipulates:

No pupil shall be required to take or participate in any class or course on AIDS or family life instruction if his parent or guardian submits written objection thereto, and refusal to take or participate in the course or program shall not be reason for suspension or expulsion of the pupil.

105 ILCS 110/3.

The Illinois School Code provides:

All public elementary, junior high, and senior high school classes that teach sex education and discuss sexual intercourse shall emphasize that abstinence is the expected norm in that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually. . . .

An opportunity shall be afforded to parents or guardians to examine the instructional materials to be used in such class or course.

105 ILCS 5/27-9.1(b), (d).

The CPS Family Life and AIDS Education Program

Curriculum

The FLAE Program is one component of a comprehensive school health program that begins in kindergarten and extends through high school. The goal of the program is to provide students with instruction that helps them develop a sense of responsibility for themselves and others. At developmentally appropriate ages, students are introduced to the roles and responsibilities of family members; the formation of healthy social relationships; human growth and development from pregnancy through birth, puberty and adulthood; human sexuality; and the prevention of sexually transmitted infections (“STIs”), including HIV.

The FLAE Handbook includes an overview of the FLAE Program and a detailed summary of the curricular focus for each grade. Every FLAE and Comprehensive Sexual Health Education program or course in CPS should be based on the K-12 and special education resource units published by the Board. This includes abstinence-only education curricula.

The FLAE Program addresses the State of Illinois Learning Standards in the areas of Physical Development and Health and Science, goals 22, 23, and 24, and Social Emotional Learning. It gives students facts to dispel any inaccurate information they may have received from the media, their peers and/or other sources. While FLAE is one of the most important components of the Science and Health curriculum, it can also be integrated into other curricula areas.

Teacher Training

Since 1965, the Board has required in-service education for teachers to be qualified to teach the FLAE curriculum. Any teacher or staff member who wants to become a Family Life and Comprehensive Sexual Health Instructor may ask the principal for a recommendation to attend the basic FLAE teacher in-service workshop. Teachers are required to participate in the workshop prior to using the grade-level Resource Units.

The principal selects teachers and staff members to attend these qualification workshops. Principals should select teachers who can serve as good role models for students, relate well with students, and intend to teach FLAE in the current or coming school year. High school teachers of Health, Life Science, Biology, Parenting, and Special Education are encouraged to become qualified to teach FLAE.

The basic workshop is 15 hours in length. It covers program guidelines and policies, familiarizes participants with the CPS Resource Units, and provides them classroom teaching strategies to help students acquire the knowledge, health-promoting attitudes, and skills they need to make healthy decisions and achieve academic success. An optional unit, *Reducing the Risk: Building Skills to Prevent Pregnancy, STD & HIV*, is highly recommended as a supplement to FLAE in grades 7 through 12. The basic workshop for teachers of grades 7-12 includes instruction on this optional unit. For further information please refer to the FLAE Handbook.

Parental Involvement and Opt-Out from Program

To encourage parental involvement, schools are required to send letters to parents/guardians advising them when FLAE will be taught. Schools are also strongly encouraged to hold a parent/guardian meeting so they may learn more about the curriculum, ask questions, and review the instructional materials. A suggested outline for the Parent/Guardian Meeting is included in the Handbook.

According to state law, parents who do not want their children to participate in the FLAE Program can opt out. Sample letters in English and Spanish, explaining their opt-out rights, are included in the Handbook. These opt-out letters must be sent to all parents to comply with state law. Schools can also order brochures in both English and Spanish explaining the FLAE Program to parents. Refer to the Handbook for Brochure Order Form.

Abstinence Message

It is important for educators to convey the message that they expect students to abstain from sexual activity, alcohol and illegal drug use. Abstinence means voluntarily refraining from an activity. Abstinence from sexual activity includes vaginal, anal, and oral sex. Educators should emphasize that abstinence from sexual activity is the safest and most effective method of preventing conception and most sexually transmitted infections (STIs). Abstaining from substance use, including alcohol, tobacco, and other drugs further helps reduce the risk of HIV infection and promotes a healthy immune system for those who have AIDS, HIV or other STIs.

To convey this message, educators can explain that people choose abstinence from sexual activity for a variety of reasons:

- They do not want to risk contracting a sexually transmitted infection (STI)
- They may have a sexually transmitted infection, they have not received proof from a doctor that they are free of infection and/or do not pose a threat, and they do not want to infect another person
- They want to be completely sure that they will not get pregnant or make a female pregnant
- They are waiting for the commitment and caring of a long-term relationship.
- They are waiting to get married because of religious beliefs, parental advice, and/or social values
- They have vowed to remain abstinent because they are members of a religious order or group
- They have previously engaged in sexual activity and now choose to abstain

Some advantages of practicing abstinence from sexual activity include:

- Freedom from sexually transmitted diseases
- Freedom from fear of pregnancy
- Freedom from worry about the possible risks of birth control methods
- Freedom from difficult pregnancy decisions with long-term consequences, such as a forced wedding, single parenting, abortion, or adoption
- Freedom from causing anguish to parents and family members over an unwanted pregnancy
- Freedom from guilt about being sexually active or using contraceptives
- Freedom from exposing oneself to sexual exploitation
- Freedom to enter into a loving relationship without worrying about keeping secrets about past relationships

Some emotional factors that may make it difficult to practice abstinence include:

- Fear of losing a boyfriend or girlfriend who insists that sexual activity is part of a relationship
- Fear of being ridiculed by peers who are sexually active
- Fear of being hassled by peers who equate sexual activity with manhood or womanhood
- Lack of the self-confidence and self-respect that is necessary to withstand the pressure to be sexually active

Some sociological factors that may make it difficult to practice abstinence include:

- Pressure on boys to be sexually active as proof of manhood
- Pressure on girls to be sexually active as proof of womanhood
- Young teens viewing older teens who are sexually active as role models

- Explicit treatment of sexual activity in the media
- Perception of sexual activity as a recreational activity
- Perception that sexual activity is expected in any relationship where there is sexual attraction and feelings of love or affection
- Lack of awareness that abstinence is a healthy, normal, rational choice
- Lack of societal support for youth who choose abstinence if they are not in a religious or other support group

The HIV Materials Review/Comprehensive Sexual Health Education Committee

In compliance with the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC), a CPS HIV Materials Review Committee exists. To comply with the Family Life and Comprehensive Sexual Health Education Policy adopted on August 27, 2008, a CPS Comprehensive Sexual Health Education Committee shall be established and shall include members of the HIV Materials Review Committee. These two committees will combine to form the HIV Materials Review/Comprehensive Sexual Health Education Committee. They will meet quarterly to review materials, speakers and/or programs that outside consultants submit for approval. Committee approval is based upon the following criteria; 1) the material, speaker or program has educational value, 2) it is medically accurate, 3) it is age-appropriate, and 4) it complies with the CPS Policy and Guidelines for teaching FLAE.

After reviewing the requests, the Committee shall respond in writing stating its approval or disapproval. All materials, speakers, and/or programs receiving approval shall be listed in the FLAE Handbook.

The Office of Specialized Services will invite individuals and representatives from the following groups to become members of the HIV Materials Review/Comprehensive Sexual Health Committee:

- Members of the Family Life and AIDS Education Program
- Certified School Nurse
- Certified School Social Worker
- Certified School Psychologist
- Representative of the Office of Specialized Services
- Elementary School Principal or Assistant Principal
- High School Principal or Assistant Principal
- Elementary School Counselor
- High School Counselor
- Elementary Curriculum Specialist
- High School Curriculum Specialist
- Area Instruction Officer or designee
- Classroom teacher currently implementing the FLAE Program
- Chicago Teachers Union Representative
- Representative from the CPS Office of Schools and Communities
- Public Agency Representatives

- Chicago Department of Public Health
- Chicago Department of Health and Human Services
- Cook County Department of Health
- Medical Doctor who specializes in infectious diseases
- Illinois State Board of Education
- Illinois Department of Public Health
- Illinois Department of Health and Human Services
- Parent of a general education student – two (2)-year non-renewable term
- Parent of a student with an Individualized Education Plan (IEP)/504 Plan (Modifications) – two (2)-year non-renewable term
- Student(s) via the Office of High School Programs Student Development Network

Student Involvement

The Office of High School Programs, the Student Development Network, and the Citywide Youth Advisory Council shall work together to ensure that the Committee receives feedback on the FLAE Program from a variety of CPS students with diverse backgrounds and perspectives.

The Student Development Network coordinates the Youth Advisory Council, which was created to provide opportunities for youth to develop leadership skills and to impact school policies and practices. Any sophomore, junior or senior student may volunteer to become a member of the Council by contacting the Student Development director at their school or the Department of Postsecondary Education and Student Development at 773/553-5411. The Student Development Coordinator will convene Youth Focus Groups from students who have volunteered for the Youth Advisory Council.

Outside Consultants, Agency Providers, and Supplemental Instructional Materials

The Policy allows schools to retain the services of outside consultants and agencies to provide part or all of their FLAE Program or courses, subject to the requirements in these Guidelines. Approved consultants and agency providers are listed in the Handbook for Family Life and AIDS Education. This Handbook is published by the FLAE Unit and updated annually.

It is not the role of the Office of Specialized Services to promote any specific consultant or external organization; each school is responsible for deciding whether to use school staff or to hire an individual or agency to teach the Program. If the school is not on probation and operates with an elected LSC, then the principal should obtain the LSC's approval before using discretionary funds to hire a consultant/external agency or to purchase supplemental materials. In all other cases, the principal should follow the appropriate alternative procedures for expenditure of discretionary funds.

If a principal receives a solicitation from an agency or consultant who is not on the approved list, or would like to utilize a consultant or agency not listed in the Handbook, he or she should refer the agency or consultant to the Committee via the FLAE Unit at 773/553-4184, for the approval process. Once agencies and consultants are approved, they must also attend a FLAE meeting to

become familiar with the CPS policy and guidelines. This includes abstinence-only programs which cannot be substituted for a comprehensive program.

If an instructor or school desires to use outside instructional materials to supplement the CPS FLAE program, they should refer to the Appropriate Instructional Materials List contained in the Handbook. If an instructor or school desires to use materials not listed in the Handbook, they should contact the FLAE unit at 773/553-4184 to obtain instructions for submitting materials to the Committee for approval. Remember that abstinence-only curricula/materials, which have been approved by the Committee, can only be used to supplement the approved curriculum.

CURRICULAR FOCUS

Grades Kindergarten – High School

Family Life and AIDS Education and Comprehensive Sexual Health Education Program Guide

- I. The centrality of the family unit in American life should be emphasized in teaching Family Life and AIDS Education at each grade level. While it is traditional to portray the family as a nuclear unit of mother, father, and children, contemporary families have many different structures and teachers should recognize this diversity in their discussion.
- II. In order to foster open communications, it is important for teachers to establish ground rules with students for discussing FLAE, and to explain why these rules are important. Ground rules might include the following:
 - a. The right to remain silent about anything one wants to keep private
 - b. The value of every question or comment
 - c. Avoiding put downs
 - d. Creating a safe space for frank discussion by not disclosing other class members' comments or questions outside of class
 - e. Not taking what people say in role play as an expression of their actual feelings or beliefs

Note: Teachers should take care to avoid discussing their own personal lives and the lives of their students. Students may ask the teacher, for example, when he/she first had sex. In order to maintain the focus on encouraging students to make informed decisions, teachers might explain that he/she is there to talk about prevention, not about the personal decisions he/she made.

- III. Class discussion shall include the following information: It is a felony for a person to sexually penetrate or abuse another person, under age 17, who is five years younger than he or she is. For example, it is a felony for an 18 year old to sexually penetrate a 13 year old. It is a misdemeanor for a person over the age of 17 to sexually penetrate or abuse another person who is under age 17, but it becomes a felony if the accused used force, a threat of force, or was in a position of trust, authority or supervision over the victim, such as a babysitter.

If teachers obtain information that students are being hurt or exploited, they have a legal obligation to report their suspicions to the Department of Children and Family Services hotline at 1-800-25-ABUSE. Mandated reporters who fail to report child abuse can be prosecuted, lose their professional licenses, and be disciplined by the Board. Please refer to Board Report #05-0126-PO3, *Reporting of Child Abuse and Child Neglect*, regarding procedures for reporting child abuse.

- IV. Teachers should be sensitive to the developmental differences between girls and boys, but also careful not to portray females and males in stereotypical ways.
- V. Teachers should be aware of how their backgrounds and experiences have influenced their own attitudes, beliefs, and values on controversial issues such as abortion, abstinence, adolescent sexuality, injection drug use, sexual orientation, masturbation, child sexual abuse, and death and dying. They should also acknowledge that students and their parents/guardians have varying attitudes, beliefs, and values related to these issues, based on the diversity of racial, ethnic, religious, cultural backgrounds, and life experiences. Taking these factors into consideration, teachers should respond to questions in a nonjudgmental way that focuses on relevant scientific facts and the developmental needs of their students. To ensure that religion is kept separate from government activities, teachers should not impose their own religious or moral values and beliefs upon their students.
- VI. When students ask about the advisability of early sexual activity, educators should emphasize the benefits of postponing all forms of sexual activity until the student is mature enough to commit to marriage or long-term monogamous relationship. Additional benefits include completing an education and preparing for a rewarding career, enjoying an active social life without the burdens of parenthood, freedom from the fear of contracting a sexually transmitted infection, including HIV, and waiting to gain the emotional maturity to establish an intimate relationship with a special person.
- VII. Teachers must include in their instruction that both parents, whether they are married or not, are responsible for supporting their children who are under the age of 18. If a child is attending high school, both parents are responsible for supporting the child until the child graduates or turns 19. If a parent fails to support a child, the other parent, anyone having legal custody of the child, or the Illinois Department of Public Aid may ask the State's Attorney to file suit to obtain support for the child.

- VIII. When answering questions about abortion, teachers must discuss alternatives to abortion, including giving birth, and methods of pregnancy prevention such as, abstinence from penile-vaginal sex and the use of contraception. Discussions of giving birth should include the need to provide the newborn with adequate care and the option of adoption. Additional discussions should include information regarding the Abandoned Newborn Infant Protection Act (325 ILCS 2/1 *et seq.*).

Grades Kindergarten – Fourth Instruction

Classroom instruction on HIV/AIDS should focus on allaying excessive fears of the pandemic and of becoming infected, and should include at least the following:

- a. Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). Many people have died worldwide as a result of having AIDS.
- b. A small number of babies have been born with HIV in the U.S. since the epidemic began to be reported in 1981. New medications greatly reduce the chances that a mother who has HIV will pass the infection on to her baby during pregnancy and/or delivery.
- c. A person cannot get HIV by sitting close to or touching someone who has this virus.
- d. Although HIV cannot be spread through casual contact, it is not safe to touch anyone's blood or other body fluids without proper protection. Schools should refer to the CPS Exposure Control Plan at: <http://www.cpshumanresources.org/Employee/exposure.htm> for instruction on proper handling of blood and other body fluids. If an employee blood exposure occurs, employees must call the CPS Injury Hotline/Worker's Compensation line at 312/850-2263 to file an electronic report and to receive additional instructions. For procedures on handling student blood exposures, please refer to the CPS Management of Communicable Disease Policy (03-1022-P001).
- e. There is no known medical cure for HIV and AIDS; however, researchers are working very hard to find a cure and a vaccine to help prevent the transmission of the virus.
- f. Scientists have developed many new medications that help people with HIV and AIDS live longer.

Grades Fifth – Eighth Instruction

In grades sixth through eighth, instruction on HIV and AIDS should include the following:

- a. Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). HIV weakens a person's ability to fight infections or diseases.
- b. People with AIDS often develop rare infections and cancers that people with healthy immune systems normally do not develop. Normally, the body's immune system fights infections and diseases. HIV weakens a person's immune system and can cause them to die.
- c. According to the World Health Organization, since 1982 when the epidemic was recognized, over 25 million people have died worldwide from opportunistic diseases, as a result of having HIV or AIDS.
- d. According to the Centers for Disease Control and Prevention, approximately 850,000 to 950,000 people living in the U.S. are infected with HIV or have AIDS. Many people are unaware of their HIV status, especially young people between the ages of 13-24 years. As of 2004, about 42,514 young people had been diagnosed with AIDS. In 2004, a total of 4,883 young people received a diagnosis of HIV infection or AIDS, representing about 13% of the persons who received that diagnosis that year (*CDC, HIV/AIDS Surveillance Report, 2004*. Vol. 16.). For current HIV/AIDS surveillance reports please refer to the following website: <http://www.cdc.gov/hiv/topics/surveillance/index.htm>.
- e. In the United States, approximately 56,300 people are newly diagnosed with HIV each year (*CDC, MMWR, 2008*).
- f. Adolescents have the fastest growing rate of infection because many tend to engage in risky behaviors such as unprotected oral, anal, and vaginal sex; sharing needles for tattooing and piercing; and substance use.
- g. People infected with HIV or who have AIDS live in every part of the U.S. -- in cities, suburbs, small towns, and rural areas. HIV does not discriminate.
- h. HIV is likely to progress to AIDS over a period of time. The rate of progression is different for each person. It may take as long as 10 to 15 years following the initial infection with HIV for a person to become symptomatic and/or for AIDS to develop. Some people have been infected with HIV for more than 20 years and have not yet developed AIDS. However, an infected person can transmit the virus to another person even if he or she does not look or feel sick.
- i. HIV can be transmitted in the following ways:
 - By having unprotected oral, anal, and vaginal sex with an infected person
 - By sharing needles for injection drug use, tattooing, and piercing
 - An infected mother can pass the virus to her baby during pregnancy, delivery, and breast-feeding.
- j. The most common body fluids that transmit HIV are:

- Blood
 - Semen
 - Vaginal Secretions
 - Breast-milk
- k. Although the body fluids listed above most commonly transmit HIV, standard precautions should be used when handling all other body fluids, and all blood and body fluids should be treated as potentially infectious.
- l. Although HIV cannot be spread through casual contact, it is not safe to touch anyone's blood or other body fluids without proper protection. Schools should refer to the CPS Exposure Control Plan at: <http://www.cpshumanresources.org/Employee/exposure.htm> for instruction on proper handling of blood and other body fluids. If an employee blood exposure occurs, employees must call the CPS Injury Hotline/Worker's Compensation line at 312/850-2263 to file an electronic report and to receive additional instructions. For procedures on handling student blood exposures, please refer to the CPS Management of Communicable Disease Policy (03-1022-P001).
- m. The risk of becoming infected with HIV, the virus that causes AIDS, can be virtually eliminated by abstaining from oral, anal, and vaginal sex, and by not sharing needles for such purposes as injection drug use, piercing, and tattooing.
- n. The transmission of HIV through oral, anal, and vaginal sex can be greatly reduced if a latex condom or barrier is used correctly each and every time a person has sex. **At the 7th and 8th grade levels condom demonstrations can only be done with local administrative (principal or principal's designee) approval.**
- o. Questions about contraception should be answered briefly and be based on scientific facts. If teachers do not know the answer to a question, it is recommended they tell students that further research is needed to provide an accurate answer. Teachers should not hesitate to refer students to their parents/guardians, and/or the school nurse, social worker, or guidance counselor for additional information.
- p. Methods used to prevent the spread of HIV may also be effective in preventing unintended pregnancies and other sexually transmitted infections such as chlamydia, gonorrhea, syphilis, genital herpes, and genital warts which are caused by the human papillomavirus (HPV).

Note: Although new studies indicate that latex condoms have greater effectiveness against the transmission of HPV than first thought, because transmission may also occur by skin-to-skin contact, areas not protected by a condom are at risk for exposure. Medical information about the effectiveness

of latex condoms in preventing HIV and other sexually transmitted infections can be found at the following website:

- <http://www.cdc.gov/nchstp/od/latex.htm>

Note: The Federal Drug Administration has now licensed a new vaccine for the prevention of cervical cancer and genital warts caused by HPV.

HPV Information

There are approximately 40 types of genital HPV. Some types can cause cervical cancer in women and can also cause colorectal cancer in both men and women. Other types can cause genital warts in both men and women. The HPV vaccine works by preventing the most common types of HPV that cause cervical cancer (HPV 16 and 18) and genital warts (HPV 6 and 11). It is given as a 3-dose vaccine.

The Centers for Disease Control and Prevention (CDC) recommends the HPV vaccine be given to all 11 and 12 year old girls. The recommendation allows for vaccination to begin as early as age nine. Vaccination is also recommended for females aged 13 through 26 years who have not been previously vaccinated or who have not completed the full series of shots.

This vaccine is highly effective in preventing the four types of HPV mentioned above in young women who have not been previously exposed to HPV. This vaccine targets HPV types that cause up to 70% of all cervical cancers and about 90% of genital warts. The vaccine will not treat existing HPV infections or their complications.

Source: <http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm>

- q. HIV cannot be transmitted by touching, sitting next to, or using the same telephone or toilet seat as someone who is infected. HIV is not transmitted by mosquitoes. HIV also is not transmitted by donating blood or having blood drawn for testing.
- r. The blood supply in the United States is now considered to be safe. Since 1985, all donations are tested and all donors are carefully screened.
- s. At the seventh (7th) and eighth (8th) grade levels *Reducing the Risk*, an optional teaching unit, is available to help students build skills to prevent sexual activity, pregnancy, STIs, and HIV.

High School Instruction

According to the 2005 Chicago Youth Risk Behavior Survey for high schools, 56.9% of high school students indicate they have had sexual intercourse.

In addition to the basic information on HIV transmission and risk behaviors included at the sixth through eighth grade levels, instruction at the high school level should include the following information:

- a. Classroom instruction shall include information about how natural, hormonal, barrier, and surgical means of contraception work; the efficacy of these methods; the approximate cost of each; whether they require a prescription; and the potential health side effects of each. Any student asking for advice about the use of contraceptives should be encouraged to consult with his or her parents and/or referred to the school nurse, social worker, guidance counselor, or school-based clinic, if available. These professionals may be able to provide additional information regarding access to internal or external healthcare agencies and resources.
- b. When discussing the prevention of HIV transmission, instruction on condom use as a method of reducing the risk of transmission should include a demonstration of the correct use of a male and female condom, and dental dam.
- c. Persons who believe they may be infected with HIV have the duty to ensure they do not infect others and the responsibility to seek counseling and testing to determine their HIV status. Legal actions may be taken against any person who intentionally infects another person with HIV.
- d. Although there have been astounding medical and research advances in treatment that allow people with HIV and AIDS to live much longer, there still is no known medical cure or vaccine. Scientists are working very hard to try to develop a vaccine to prevent HIV transmission and a cure for HIV and AIDS.

The optional teaching unit, *Reducing the Risk*, is highly recommended for use at these grade levels.

Additional information about HIV and AIDS, counseling, testing, and referral may be obtained by calling the following numbers or accessing the following websites:

- The Centers for Disease Control and Prevention (CDC) Info
Toll-free line, 1-800-342-2437 or 1-800-232-6348 or www.cdc.gov
- The American Social Health Association Hotline
1-800-227-8922 or www.ashastd.org
- The Illinois Department of Public Health STD Clinics
<http://www.idph.state.il.us/health/std/ClinicsCounty.htm>

If you have questions, please contact the Chicago Public Schools' Office of Specialized Services,
Family Life and AIDS Education Unit at 773/553-4184.