



**VIRGINIA
IS FOR
LEARNERS**

Office of the Superintendent of Public Instruction
Rosa S. Atkins, Ed.D.

January 14, 2022

Members of the General Assembly of Virginia
General Assembly Building
Richmond, Virginia 23219

Dear Members of the General Assembly:

I am pleased to submit the report on the Review of Family Life Education in the Commonwealth Report pursuant to the 2021 Virginia General Assembly amendment to the state budget, Budget Bill - HB1800, that required the Department of Education to conduct a review of Family Life Education in the Commonwealth.

If you have questions or require additional information relative to this transmittal, please do not hesitate to contact Michael F. Bolling, Assistant Superintendent for Learning and Innovation, at Michael.Bolling@doe.virginia.gov or (804) 225-2034.

Sincerely,

Rosa S. Atkins, Ed.D.

Acting Superintendent of Public Instruction

RSA/MFB/oml

Enclosure

A Review of Family Life Education in the Commonwealth Report

PRESENTED TO
THE GENERAL ASSEMBLY
NOVEMBER 2021



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VIRGINIA DEPARTMENT OF EDUCATION

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A Review of Family Life Education in the Commonwealth

Authority

This report is submitted pursuant to [Item 137.P of the 2021 Appropriation Act](#), which requires the Virginia Department of Education (VDOE) to conduct a review of Family Life Education in the Commonwealth. The Appropriation Act language reads:

P. The Department of Education shall conduct a review of Family Life Education in the Commonwealth. Each school division shall report to the Department on whether the division offers Family Life Education; how medical accuracy of the curriculum is determined; whether the curriculum includes instruction on a range of contraceptive options; whether instruction is provided on sexual orientation and gender identity; whether the curriculum is provided by school division staff or external organizations; and how often Family Life Education is provided. The Department shall also use the Youth Risk Behavior Survey to examine and report on any correlation that may exist between student behavior and the type of Family Life Education offered in the division. The Department shall submit a report by November 1, 2021, to the Governor and Chairmen of the House Appropriations and Senate Finance and Appropriations Committees. The report shall also include best practices for teacher training and parent and community involvement.

Executive Summary

In the Commonwealth, local school divisions have the discretion to decide whether to provide family life education (FLE) to students, the grade levels at which it is offered, and the curriculum they use. For those divisions that do provide FLE, the *Code of Virginia* requires certain topics be covered regardless of the curriculum (§ [22.1-207.1:1](#)) and local school boards offering FLE to review their curriculum once every seven years and adjust if necessary (§ [22.1-207.1](#)). The *Code* also sets expectations of the Virginia Board of Education (Board), requiring it to develop comprehensive K-12 FLE standards and curriculum guidelines for divisions to access.

The Board has adopted standards and curriculum guidelines for FLE, which were most recently updated in 2020. [Virginia's FLE Standards of Learning](#) include age-appropriate instruction in family living and community relationships, abstinence education, the value of postponing sexual activity, the benefits of adoption as a positive choice in the event of an unwanted pregnancy, human sexuality, and human reproduction, among other topics. Additionally, instruction is designed to promote parental involvement, foster positive self concepts, as well as provide mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental stages and abilities.

Responding to the flexibility in local implementation of FLE throughout the Commonwealth, the 2021 Appropriation Act required VDOE to conduct a statewide survey on FLE offerings by school divisions. In fulfillment of the mandate, VDOE deployed a survey in the summer of 2021 to better understand the availability of FLE instruction and content covered. VDOE issued [Superintendent's Memo #153-21](#) to school divisions in June, which provided information about the survey to be completed by all divisions and access to an online survey application. Survey questions were designed to elicit responses addressing the legislative requirement and are provided in [Appendix A](#).

This report provides a summary of the responses received from that survey tool, and includes additional information about the Virginia Youth Survey results, as well as best practices for professional development for FLE teachers and for community engagement, in accordance with the Appropriation Act language. The survey results give a more nuanced and current snapshot of FLE education practices in Virginia's school divisions than has been previously available. Findings reflect the diversity in FLE offerings, curriculum, and practices throughout Virginia.

All 132 school divisions in the Commonwealth participated in the survey. Notable results include the following findings:

- 113 divisions, serving 96.2% of Virginia's student population, report offering FLE instruction.

- Of the 113 school divisions indicating that they offer FLE, divisions report:
 - providing FLE lessons at elementary (67%), middle (73%), and/or high school (68%) levels.
 - using a variety of resources to determine if the FLE curriculum provided is medically accurate, including health professionals (65%), health organizations (38%), evidenced-based curriculum from providers (16%), and/or other (4%);
 - including a range of contraception options in FLE instruction (71%);
 - including sexual orientation in FLE instruction (42%);
 - including gender identity in FLE instruction (36%);
 - using school board employees (e.g., teachers, counselors, school nurses) to instruct FLE at all levels (87%); and
 - using data from the Youth Risk Behavior Survey/Virginia Youth Survey to determine if there is any correlation between student behavior and the FLE curriculum offered by the school division (24%).

Survey Results

Of Virginia’s 132 school divisions, FLE lessons are provided by most divisions (113 or 86%). Two school divisions reporting that they do not offer FLE added a notation that they will begin implementing a FLE program during the school year 2021-2022. Nineteen school divisions reported not offering FLE, including 17 rural counties and two cities and are spread somewhat consistently among Health and Superintendent’s Regions, with the exception of the Northern Health Region where all school divisions offer FLE. All school divisions that do not offer FLE are small divisions serving fewer than 5,600 students. The greatest concentration of school divisions not offering FLE are in Superintendent’s Region 7, which falls in southwest Virginia. ([VDH Health Regions Map](#), [VDOE Superintendent’s Regions Map and Listing](#))

Table 1: Regional Comparison of School Divisions offering FLE (n=132)

Health Region	Superintendent's Region	Number of School Divisions	Number of Students	Count of School Divisions Offering FLE	Count of School Divisions Not Offering FLE
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Central	1	15	189,353	12	3
	8	11	24,406	9	2
Eastern	2	15	247,889	14	1
	3	13	21,913	10	3
Northern	4	8	407,257	8	0
Northwest	3	4	60,273	4	0
	4	11	59,567	9	2
	5	16	68,926	15	1
Southwest	5	4	28,968	4	0
	6	15	82,642	13	2
	7	19	59,290	14	5
	8	1	2,272	1	0

Family Life Education Data at Each Grade Level

School divisions have the option to provide FLE to students from kindergarten through twelfth grade. Tables 2, 3, and 4 reflect the number of FLE lessons provided in elementary, middle, and high school settings. Of the 113 school divisions offering FLE, at least 111 report providing FLE lessons in at least one grade level during the middle grades. At least 107 school divisions provide FLE lessons in grade nine or ten, and at least 60 provide lessons in all elementary, middle, and at least one high school year.

Table 2: Elementary Family Life Education Lessons (n=113)

Reported as the number and percentage of Virginia's 113 school divisions that offer Family Life Education reporting the indicated range of lessons.

Number of FLE Lessons	Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
No lessons	48 / 42%	48 / 42%	47 / 42%	40 / 35%	24 / 21%	15 / 13%
1-5 Lessons	33 / 29%	34 / 30%	33 / 29%	43 / 38%	61 / 54%	67 / 59%
6-10 lessons	7 / 6%	6 / 5%	15 / 13%	9 / 8%	14 / 12%	14 / 12%

11-15 lessons	6 / 5%	7 / 6%	0 / 0%	6 / 5%	2 / 2%	7 / 6%
16+ lessons	1 / 1%	0 / 0%	0 / 0%	0 / 0%	1 / 1%	1 / 1%
Not Specified	18 / 16%	18 / 16%	18 / 16%	15 / 13%	11 / 10%	9 / 8%

Table 3: Middle School Family Life Education Lessons (n=113)

Reported as a number and percentage of Virginia's 113 school divisions that offer Family Life Education reporting the indicated range of lessons.

Number of FLE Lessons	Grade 6	Grade 7	Grade 8
No lessons	3 / 3%	1 / 1%	4 / 4%
1-5 lessons	50 / 44%	52 / 46%	47 / 42%
6-10 lessons	37 / 33%	37 / 33%	40 / 35%
11-15 lessons	12 / 10%	9 / 8%	11 / 10%
16-20 lessons	2 / 2%	4 / 4%	2 / 2%
45 lessons	1 / 1%	1 / 1%	1 / 1%
Not Specified	8 / 7%	9 / 8%	8 / 7%

Table 4: High School Family Life Education Lessons (n=113)

Reported as a number and percentage of Virginia's 113 school divisions that offer Family Life Education reporting the indicated range of lessons.

Number of FLE Lessons	Grade 9	Grade 10	Grade 11	Grade 12
No lessons	6 / 5%	17 / 15%	93 / 82%	92 / 81%
1-5 lessons	47 / 42%	50 / 44%	9 / 8%	10 / 9%
6-10 lessons	34 / 30%	24 / 21%	2 / 2%	2 / 2%
11-15 lessons	14 / 12%	4 / 4%	2 / 2%	2 / 2%
16-20 lessons	2 / 2%	8 / 7%	0 / 0%	0 / 0%
45 lessons	1 / 1%	0 / 0%	0 / 0%	0 / 0%
Not Specified	9 / 8%	10 / 9%	7 / 6%	7 / 6%

Medical Accuracy of Curriculum

School divisions were asked to report on the ways in which they determine if their local FLE curriculum is medically accurate. Of the 113 divisions that report offering FLE, 108 responded to the question with information confirming their process for analyzing their local curriculum for medical accuracy. Five divisions reported not having systems in place to verify medical accuracy. Of the 108 divisions, 12 reported relying solely on the SOL Standards for such. Survey results indicate that school divisions who do examine their curriculum and compare to outside resources for this purpose are most frequently utilizing health professionals, including school nurses (65%), health organizations (38%), or using evidenced-based curriculum from providers (16%). The most frequently cited sources are:

- Centers for Disease Control and Prevention
- Community Committee/School Health Advisory Committee (reporting included that medical and/or health professionals are committee members)
- School Nurse
- Textbooks, online curriculum, commercial curriculum
- Virginia Department of Health

Contraception Options

School divisions have the option to provide instruction on contraceptive methods, and discretion over which methods they include in their curriculum. The majority of school divisions that provide FLE (80 or 71%) include information on more than one type of contraception. A subset of those divisions (73) that include a variety of contraception options in their curriculum provided detailed information in their survey response about the types of contraceptive methods included in their curriculum, as demonstrated in Table 5. The most frequently included methods include condoms, the pill, IUDs and abstinence.

The remainder of school divisions (33 or 29%) reported that they do not include information about contraception methods in their FLE instruction.

Table 5: Types of Contraceptive Methods (n=73)

Type of Method	Number of School Divisions Reporting the Method
Non-specific Responses	
All Types	2

Barrier	10
Birth Control Devices	1
Contraception	1
Fertility Awareness	4
Hormonal	9
Intrauterine	2
Long-Acting Reversible Contraception	2
Medication	1
Non-hormonal	1
Short-Acting Contraception	1
Protection	1
Surgical	6
Abstinence	38
Barrier	
Cervical Cap	4
Condoms	51
Condoms – Female	6
Diaphragm	12
Sponge	8
Spermicide	12
Gel	3
Hormonal	
Implant	18
Injection or “shot”	17
Patch	13
Pill	49
Ring	9
Emergency Contraception	6
Intrauterine	
IUD	27
Fertility Awareness-Based Methods	
Calendar	3
Basal Body Temperature	1
Cervical Mucus	1
Permanent Methods	
Tubal Ligation	8
Vasectomy	8

Other	
Dental Dam – (listed, however, this is not a contraceptive method)	1

Sexual Orientation and Gender Identity

School divisions may include lessons which address sexual orientation and gender identity as a part of FLE instruction. The majority of school divisions (66 or 58%) that provide FLE do not include sexual orientation, while many other school divisions (46 or 41%) do include sexual orientation in their FLE instruction. Gender identity instruction is not included by the majority (73 or 64%) of school divisions that offer FLE, while a small number of school divisions (38 or 34%) include gender identity in FLE instruction.

Family Life Education Instructors

In Virginia, there is no specific endorsement nor designated group of teachers or staff who are responsible for providing FLE lessons to students. This allows for flexibility in implementation and delivery depending on local capacity, staff, and differentiation based on student age. This also allows school divisions to contract with locally-approved external professionals to provide instruction. However, § 22.1-207.1 of the *Code of Virginia* does require the Board of Education to establish requirements for appropriate training for teachers of family life education, including training in instructional elements to support the various curriculum components. This has traditionally been done by training provided by the Virginia Department of Education, occasionally in-person but often in the form of the dissemination of training materials provided directly to school divisions. As new standards are approved by the Virginia Board of Education in 2022, the Department of Education will provide training modules, made available virtual means on a state managed platform. School divisions that elect to use curriculum developed by outside sources use teacher training materials provided by their vendors.

In order to better understand how divisions are delivering FLE instruction, survey questions were included to parse out instructors at the elementary, middle and high school levels.

Elementary School Family Life Instruction Providers

- Ninety-eight school divisions reported using school board employees (e.g., teachers, counselors, school nurses). Of these,
 - five reported also using external medical professionals (e.g., physicians, nurses, licensed mental health professionals);
 - six reported also using external organizations; and
 - four listed others (2 – nurses, 1 – DARE Officer, 1 – Virginia Repertory Theater/Social Services).

- Eight school divisions reported exclusively using non-school board employees. Of these,
 - two reported using external medical personnel (e.g., physicians, nurses, licensed mental health professionals);
 - five reported using external organizations; and
 - one reported using others, identified as their Local Health Department.
- Nine school divisions did not respond to this question.

Middle/Junior High School Family Life Instruction Providers

- One hundred and three school divisions reported using school board employees (e.g., teachers, counselors, school nurses). Of these,
 - 11 reported also using external medical professionals (e.g., physicians, nurses, licensed mental health professionals);
 - 18 reported also using external organizations; and
 - three listed others (2 – school nurses, 1 – School Resource Officer).
- Fifteen school divisions reported exclusively using personnel other than school board employees. Of these:
 - three reported using external medical personnel (e.g., physicians, nurses, licensed mental health professionals);
 - eight reported using external organizations; and
 - four reported using others (1 – Virginia Department of Health, 2 – Local Health Department, 1 – Office on Youth).
- One school division did not respond to this question.

High School Family Life Instruction Providers

- One hundred and two school divisions reported using school board employees (e.g., teachers, counselors, school nurses). Of these,
 - 14 reported also using external medical professionals (e.g., physicians, nurses, licensed mental health professionals);
 - 23 reported also using external organizations; and
 - three listed others (2 – school nurses, 1 – School Resource Officer).
- Fourteen school divisions reported exclusively using personnel other than school board employees. Of these:

- four reported using external medical personnel (e.g., physicians, nurses, licensed mental health professionals);
 - seven reported using external organizations; and
 - three reported using others (2 – Health Department, 1 – Office on Youth).
- Three school divisions did not respond to this question.

Additional Survey Comments

School divisions were provided the opportunity to provide additional comments and feedback at the end of the survey. A few common themes and requests emerged from those responses.

A number of divisions (12) indicated that they are now preparing to review and update their FLE program based on the 2020 revisions to the FLE Standards.

Additionally, there were some consistent requests of the VDOE for:

- state curriculum as well as additional resources and professional development on teaching FLE; and
- examples of external curriculum resources utilized by other divisions.

Finally, two divisions noted that due to the COVID-19 pandemic they did not offer or provided limited FLE instruction in 2019-2020 and 2020-2021 due to COVID-19.

Virginia Youth Survey

The Appropriation Act language specifically requested the Department to examine the Youth Risk Behavior Survey. Beginning in 2017, Virginia moved away from administering a separate Youth Risk Behavior Survey (YRBS) tool and partnered with the Virginia Department of Health (VDH) to administer the state survey tool being the The Virginia Youth Survey (VYS). Much of the core survey content remains the same, but this undertaking has allowed Virginia to reduce duplication and survey fatigue, align with state and national trend data, and report on any correlations that may exist between student behavior and the type of FLE offered in the division. This section of the report provides context on the VYS, and highlights its limitations in providing reliable correlations at the division level.

The VYS monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including:

- Behaviors that contribute to unintentional injuries and violence;

- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection;
- Alcohol and other drug use;
- Tobacco use;
- Unhealthy dietary behaviors; and
- Inadequate physical activity.

The survey is administered every odd year in approximately 160 randomly selected Virginia public schools. Middle school students are asked 71 questions while high school students are asked about 111 questions. The data collected are not available at the school or division level, unless a division requests and pays for an oversampling of their students in order to get a better understanding of the behaviors of their particular student population. Virginia Youth Survey questions that may inform FLE instruction are provided in [Appendix B. Questions from the 2021 survey instrument can be found here.](#)

Data are available statewide and for the five public health regions of the state: Central, Eastern, Northern, Northwestern, and Southwestern. Information from the survey is publicly available at the state and regional levels on the [VDH website](#). The most recent data for the [2019 Virginia Youth Survey results](#) are also available.

Below are 2019 survey results on a few relevant questions related to FLE, broken out by public health region.

Table 7: Regional Comparisons in select responses on VYS

Question from 2019 Virginia Youth High School Survey	Central Public Health Region	Eastern Public Health Region	Northern Public Health Region	Northwest Public Health Region	Southwest Public Health Region
Q20 Experienced sexual violence	10.1%	12.3%	8.4%	8.1%	7.3%
Q21 Experienced sexual dating violence	6.3%	8.9%	7.0%	6.6%	4.0%
Q58 Ever had sexual intercourse	35.1%	35.1%	24.6%	35.3%	41.0%
Q59 Had sexual intercourse for the first time before age 13 years	2.2%	3.8%	1.9%	3.6%	4.2%
Q61 Were currently sexual active	24.2%	24.5%	16.9%	26.0%	26.1%

Q63 Used a condom during last sexual intercourse	55.4%	57.3%	66.7%	51.8%	54.9%
Q64 Used birth control pills before last sexual intercourse	24.2%	14.9%	19.5%	26.4%	23.1%
Qnothpl: Used birth control pills, IUD or implant, shot, patch or birth control ring	36.1%	20.6%	26.2%	41.5%	23.6%
Qnbcnone: Did not use any method to prevent pregnancy	13.2%	19.8%	10.9%	13.9%	20.3%

Questions selected in the Table above represent some of the health behaviors related to Family Life Education available through the 2019 Virginia Youth Survey data. Regional data for all 2019 survey questions are available [online](#).

In the VDOE FLE survey, 27 school divisions reported that they use data from the Virginia Youth Survey to determine if there is any correlation between regional student behavior trends and the FLE curriculum offered by the school division.

However, an analysis of correlations between the VYS data and FLE offerings at the division level is not possible given that the division level responses for VYS survey questions are not available. Therefore, it is not possible to make any direct correlations between student behavior at the division level and FLE offerings at the division level. When examining the VYS Regional data (Table 7) and FLE offerings by division (Table 1) data are collected at two different times which may not provide for accurate correlations or trends. These comparisons may be made over a longer period of time to assess longitudinal trends.

Best Practices for Teacher Training

High-quality professional development for FLE teachers is defined by several interacting factors (VDOE, 2004), built on scientifically accurate FLE content that is specifically chosen to deepen and broaden the knowledge and skills of FLE instructors. Best practices for such teacher training should include the following components: meaningful parent engagement; well-defined FLE standard-driven objectives; efficient use of time; varied and effective styles of pedagogy; age-appropriate discourse; and the use of formative and summative assessment to promote understanding. Drawing on best practices for teacher training on any subject, professional

learning should be sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and teachers' performance in the classroom. Ultimately, high-quality FLE professional development ensures educators have a thorough and up-to-date understanding of the content themselves and can fully engage the participants in the desired learning.

VDOE has historically provided teacher training materials to divisions and offered live training sessions at the request of school divisions. The training materials currently available are based on best practices and standards at the time of development. As part of the comprehensive review of the FLE Standards of Learning staff will be evaluating its library of training resources and developing new professional development opportunities based on current best practice for the field and alignment with the updated standards. Given that the last full new adoption of FLE standards occurred in 2013 and that technology for resource provision and the capabilities of delivery of professional development means has evolved, the VDOE will work to develop accessible digital resources for FLE teachers. It is anticipated that this work will be completed following the standards review process, and complete by the summer of 2023, such that teachers will have access to resources and training by the 2023-2024 school year. VDOE staff recognizes the importance of this work and strives to be responsive to local school division feedback in the survey that professional development and training are a barrier to successful FLE implementation.

Best Practices for Parent and Community Involvement

Parent, family, school, and community involvement strategies, models, and frameworks were reviewed to identify common elements of best practices of each. Best practices for parent and community involvement identified in the literature include a focus on strong school-family connections and relationships, having a welcoming school environment, clear and consistent communication, providing support and opportunities for parents to engage with content with their children at home, and meaningful inclusion of parents and stakeholders in programmatic decision-making. Models and frameworks reviewed are provided in Appendix C.

Meaningful parent and community engagement starts with a welcoming school environment that values and includes families as active participants in the school and student learning, particularly with regard to family life education. School leaders and teachers should provide clear, timely and consistent communication to families about FLE programming for students, access to family life curricula, and activities to encourage conversation at home to help parents and caregivers understand and engage their children in this important content. .

FLE provides unique opportunities to involve families and communities in decisions about programmatic offerings for students. School divisions are required to have community engagement teams or may use school health advisory boards to make recommendations to the

division superintendent on the content of the curriculum and medical accuracy. These groups should include a diverse group of parents, school personnel, clergy, medical professionals, and others in the community. These teams can be designed to provide input on instructional materials and resources. Additional community involvement includes opportunities for medical professionals and mental health professionals to be involved in helping to teach the content of the FLE curriculum and to serve as a resource to students and to parents. Additionally local agencies/organizations may also be identified and used as resources for a division's FLE program.

Additionally, FLE educators are strongly encouraged to utilize FLE classroom lessons that include home connection activities. help to support parents and caregivers engage in the content with their children.in helping children at home. With access to family life curricula, parents/guardians are able to support student learning, help their child understand their growth and development, and promote student understanding of family culture and values.

School, family, and community engagement is essential for students to deepen their understanding of family life, culture, and development of personal values. FLE instruction provides students with important knowledge and skills for their physical, emotional, and social health and wellbeing. Virginia Board of Education Family Life Education Standards of Learning are designed to promote positive, safe, and healthy relationships with family and others, and to support students in applying knowledge and skills to advocate for their own health and the health of others for the present and into the future.

Conclusion

The Virginia Department of Education is proud to present to the Virginia General Assembly, a review of Family Life Education in the Commonwealth. Using a survey completed by school division personnel, this report summarizes how school divisions reported to the Department on whether the division offers Family Life Education; how medical accuracy of the curriculum is determined; whether the curriculum includes instruction on a range of contraceptive options; whether instruction is provided on sexual orientation and gender identity; whether the curriculum is provided by school division staff or external organizations; and how often Family Life Education is provided. The report concludes with best practices for teacher training and parent and community involvement.

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for increasing parent and family involvement in Virginia schools.

https://partnership.vcu.edu/media/partner/documents/Partnership_Tips_and_Strategies_for_Increasing_Parent_Involvement.pdf

Appendix A

A Review of Family Life Education in the Commonwealth

Survey Questions

The purpose of this survey is to gather information about your school division's Family Life Education program. The survey will take approximately 15-20 minutes to complete.

1. Name of School division

School division contact for Family Life Education:

2. Do you offer Family Life Education (FLE)? Yes or No

If no, the survey is over and should default to "Thank you for submitting a response" message

If yes, please respond to the following questions and provide additional information about your school division's FLE program.

3. How many FLE lessons are taught at each grade level?

K

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

12th

4. Describe how your division determines if the FLE curriculum is medically accurate:

5. Does your FLE curriculum include a range of contraceptive options?

Yes or No

If yes, please provide examples of the types of contraceptive methods included in the curriculum _____

6. Does your FLE curriculum include sexual orientation? __Yes or __No

7. Does your FLE curriculum include gender identity? __Yes or __No

8. Who teaches FLE at your primary and elementary schools? Check all that apply

- School board employees (e.g., teachers, counselors, school nurses)
- External medical personnel (e.g., physicians, nurses, licensed mental health professionals)
- External organizations

9. Who teaches the FLE program at your middle/junior high schools? Check all that apply

- School board employees (e.g., teachers, counselors, school nurses)
- External medical personnel (e.g., physicians, nurses, licensed mental health professionals)
- External organizations

10. Who teaches FLE at your high schools? Check all that apply

- School board employees (e.g., teachers, counselors, school nurses)
- External medical personnel (e.g., physicians, nurses, licensed mental health professionals)
- External organizations

11. Do you use the data from the Youth Risk Behavior Survey to determine if there is any correlation between student behavior and the FLE curriculum offered by your school division? __Yes or __No

12. Additional comments

Thank you for your feedback!

Appendix B

Virginia Youth Survey Questions

Middle School Youth Survey

13. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
14. During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?
15. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
16. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
18. Have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
19. During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?
20. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
42. How do you describe your weight?
56. Do you agree or disagree that you feel good about yourself?
58. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)
61. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?
66. Have you ever lived with someone who was having a problem with alcohol or drug use?
Note: Additional questions on the survey address tobacco, alcohol, and drug use and misuse that may inform instruction on risky behaviors.

High School Youth Survey

17. Have you ever been physically forced to have sexual intercourse when you did not want to?
18. During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
19. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

20. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
21. Has an adult or person at least 5 years older than you ever made you do sexual things that you did not want to do? (Count such things as kissing, touching, or being made to have sexual intercourse.)
22. During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?
23. During your life, how often has a parent or other adult in your home hit, beat, kicked, or physically hurt you in any way?
24. During your life, how often have your parents or other adults in your home slapped, hit, kicked, punched, or beat each other up?
26. During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
27. During the past 12 months, have you ever electronically bullied someone? (Count bullying through texting, Instagram, Facebook, or other social media.)
28. During the past 12 months, have you ever been the victim of teasing or name calling because of your race or ethnic background?
29. During the past 12 months, how often did another student make unwelcome sexual comments, jokes, or gestures that made you feel uncomfortable on school property?
56. Have you ever had sexual intercourse?
57. How old were you when you had sexual intercourse for the first time?
58. During your life, with how many people have you had sexual intercourse?
59. During the past 3 months, with how many people did you have sexual intercourse?
60. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
61. The last time you had sexual intercourse, did you or your partner use a condom?
62. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?
63. During your life, with whom have you had sexual contact?
64. Which of the following best describes you?
- Heterosexual (straight)
 - Gay or lesbian
 - Bisexual
 - I describe my sexual identity some other way
 - I am not sure about my sexual identity (questioning)
 - I do not know what this question is asking
77. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
80. Do you agree or disagree that you feel good about yourself?

81. Do you agree or disagree that you are good at making decisions and following through on them?

83. Is there at least one teacher or other adult that you can talk to if you have a problem?

86. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

90. During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?

Note: Additional questions on the survey address tobacco, alcohol, and drug use and misuse that may inform instruction on risky behaviors.

Appendix C

Strategies, Models, and Frameworks for Family and School Engagement

Identifying barriers: Creating solutions to improve family engagement (Baker, et al., 2016), analyzed data related to barriers to family engagement and identified five themes common to both families and staff; a conceptualization of parent engagement.

- providing opportunities for involvement,
- improving communication,
- welcoming families into the building,
- time conflicts or making time, and
- moving from involvement to engagement.

The Framework of Six Types of Involvement by Epstein (1995, 2019) is one of the leading models for parent involvement. The full technical name of Epstein’s framework is the Framework of Six Types of Involvement for Comprehensive Programs of Partnership and Sample Practices. When discussing the framework, Epstein and her collaborators emphasize that each type of involvement is a two-way partnership—and ideally a partnership that is co-developed by educators and families working together—not a one-way opportunity that has been unilaterally determined by a school.

The six types of involvement:

1. Parenting: Type 1 involvement occurs when family practices and home environments support “children as students” and when schools understand their children’s families.
2. Communicating: Type 2 involvement occurs when educators, students, and families “design effective forms of school-to-home and home-to-school communications.”
3. Volunteering: Type 3 involvement occurs when educators, students, and families “recruit and organize parent help and support” and count parents as an audience for student activities.
4. Learning at Home: Type 4 involvement occurs when information, ideas, or training are provided to educate families about how they can “help students at home with homework and other curriculum-related activities, decisions, and planning.”
5. Decision Making: Type 5 involvement occurs when schools “include parents in school decisions” and “develop parent leaders and representatives.”
6. Collaborating with the Community: Type 6 involvement occurs when community services, resources, and partners are integrated into the educational process to

“strengthen school programs, family practices, and student learning and development.”

Formed Families Forward, (2021, September 7), in collaboration with the Virginia Department of Education to support Virginia Tiered Systems of Support, has developed six key strategies to engage families.

- Positive relationships allow schools and families to work well together
- Empowering families so they can be and be seen as experts regarding their children
- Strong leadership makes family engagement a priority
- Multi-Dimensional, multi-tiered approaches meet the needs of individual students and families
- Collaborative problem-solving by families and schools working as a team supports learning for each student
- Data-based goals and outcomes guide schools and families as they collaborate

CRAF-E⁴, the Culturally Responsive, Anti-bias Framework of Expectation, Education, Exploration, and Empowerment (Iruka, Curenton, & Eke, 2014), is a model designed to help school personnel, working with children 0 to 8, work with racially and ethnically diverse families.

- “Expect” families and students to do their best
- “Educate” families on how to support their children’s optimal development
- “Explore” ways to partner with families and value their strengths
- “Empower” families to advocate on behalf of their child’s education and well-being

Mapp and Kuttner (2013), developed the Dual Capacity-Building Framework for Family-School Partnerships. It was formulated using the research on effective family engagement and home–school partnership strategies and practices, adult learning and motivation, and leadership development. The framework is designed to assist schools with developing engagement initiatives that build capacity among educators and families to partner with one another around student success. A major focus of the initiative is on building respectful and trusting relationships between home and school.

The Dual Capacity-Building Framework components include:

1. a description of the capacity challenges that must be addressed to support the cultivation of effective home-school partnerships;
2. an articulation of the conditions integral to the success of family-school partnership initiatives and interventions;

3. an identification of the desired intermediate capacity goals that should be the focus of family engagement policies and programs at the federal, state, and local levels; and
4. a description of the capacity-building outcomes for school and program staff as well as for families.

National PTA (2021, September 8). National standards for family-school partnerships.

Standard 1: Welcoming All Families into the School Community

Families are active participants in the life of the school, and feel welcomed, valued, and connected to each other, to school staff, and to what students are learning and doing in class.

Standard 2: Communicating Effectively

Families and school staff engage in regular, two-way, meaningful communication about student learning.

Standard 3: Supporting Student Success

Families and school staff continuously collaborate to support students' learning and healthy development both at home and at school, and have regular opportunities to strengthen their knowledge and skills to do so effectively.

Standard 4: Speaking Up for Every Child

Families are empowered to be advocates for their own and other children, to ensure that students are treated fairly and have access to learning opportunities that will support their success.

Standard 5: Sharing Power

Families and school staff are equal partners in decisions that affect children and families and together inform, influence, and create policies, practices, and programs.

Standard 6: Collaborating with Community

Families and school staff collaborate with community members to connect students, families, and staff to expanded learning opportunities, community services, and civic participation.

The Virginia Department of Education and the Center for Family Involvement at the Partnership for People with Disabilities at Virginia Commonwealth University (2010), provide strategies for parent and family involvement.

Improving student achievement and outcomes through parent and family involvement: Tips and strategies for increasing parent and family involvement in Virginia schools.

1. Host events and activities that bring parents and families into the school
2. Communicate with parents frequently, using a variety of methods
3. Create a warm, respectful, and welcoming school environment
4. Be flexible in accommodating parents and families
5. Provide a variety of resources for parents
6. Support parents in helping their children at home