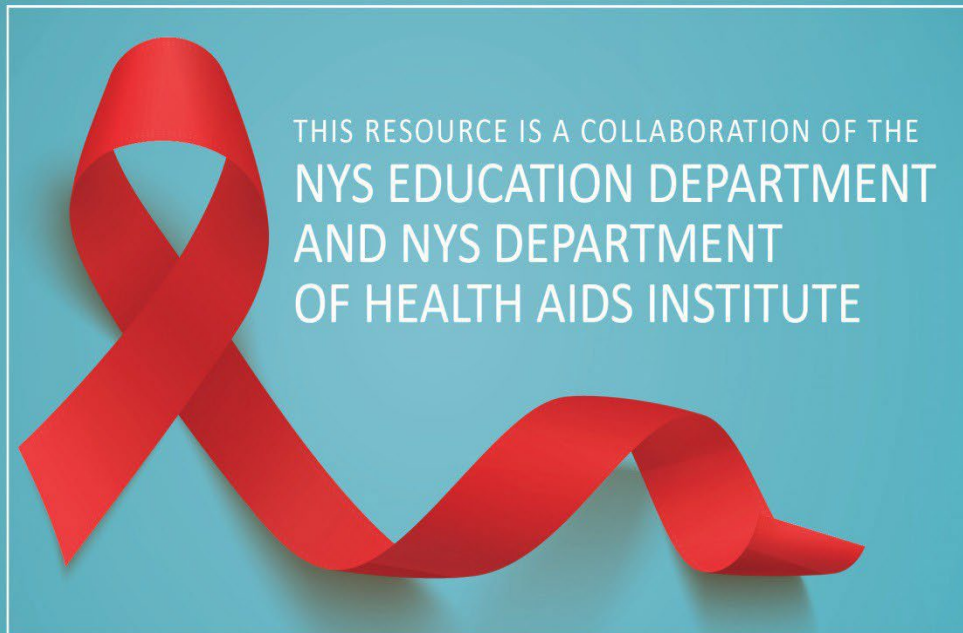


# **NYSED Guidance for HIV/AIDS Prevention Education**

**May 2025**



**New York State  
EDUCATION DEPARTMENT**  
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# Disclaimer

This guidance document provides local educational agencies with a framework for developing health curricula and implementing instructional and assessment strategies. This document is intended for administrators, school health educators and school health services personnel. Every attempt has been made to ensure that the information and resources contained in this document reflect best practice in health education.

This document is intended to be used for guidance purposes only. Any local curricula or instructional strategies developed based upon this document, in whole or in part, should be reviewed through normal district procedures and be consistent with local community values and needs. The New York State Education Department [Commissioner's regulation §135.3](#) (a), (b) and (c) require that appropriate instruction concerning acquired immune deficiency syndrome (AIDS) be taught as part of the sequential health education program in grades K-6, and as part of a required health education course in grades 7-8, and grades 9 -12. Please note that Commissioner's regulation §135.3 requires schools to provide appropriate instruction concerning AIDS and does not specifically refer to HIV. However, HIV is the virus that if not properly treated, is known to cause AIDS, therefore this guidance document will address the prevention of both HIV/AIDS, and the term HIV/AIDS will be used throughout. The New York State Education Department (NYSED) and the New York State Department of Health AIDS Institute do not endorse individual vendors, products, or services. Therefore, any reference herein to any vendor, product, or service by trade name, trademark, manufacturer or otherwise does not constitute or imply the endorsement, recommendation, or approval of either NYS Agency. Some resources may reference comprehensive sexuality education (i.e., National Sex Education Standards). Although the existing regulations only require HIV/AIDS prevention education, school districts may choose, to also include comprehensive sex education as part of the health education curriculum.

## Acronyms Used in This Document

**BOE** – Board of Education

**CDC** – Centers for Diseases Control and Prevention

**ESSA** – Every School Succeeds Act

**LEA** – Local Education Agency

**NYSDOH** – New York State Department of Health

**NYSDOH-AI** – New York State Department of Health - AIDS Institute

**NYSED** – New York State Education Department

**NYSCSH** – New York State Center for School Health

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# Foreword

The Centers for Disease Control and Prevention (CDC) [Data Summary and Trends Report 2013-2023](#) showed a decrease in sexual activity; specifically, the percentage of high school students who had ever had sex, had four or more lifetime sexual partners, and who were currently sexually active. The Data Summary and Trends report also indicated that in 2023 19% of new HIV diagnoses in the United States occurred in young people aged 13-24 years old, and that only 7% of U.S. high school students have ever been tested for HIV. The prevalence of some behaviors remains high putting young people at risk. Some young people, including lesbian, gay, and bisexual (LGB) youth, are vulnerable and often remain at greater risk for negative health outcomes. [Sexually Transmitted Infections: Adopting a Sexual Health Paradigm](#) states, LGBTQ+ youth are more likely than heterosexual youth to experience far-reaching health inequities that place them at a higher risk of STIs and HIV. Youth who engage in same-sex sexual activity are especially at an elevated risk of STIs.

It is critical to use tailored approaches to reach all youth in the right way, at the right time. Addressing HIV with all youth requires that young people be provided tools they need to reduce their risk, make healthy decisions, and get treatment and care if needed. NYSED is committed to assisting schools and school districts to provide appropriate, current, and culturally sensitive information to reduce youth health risk behaviors regarding HIV/AIDS. This guidance document and associated resources were created to help schools be part of the solution in providing current, research-based prevention education for New York State youth and their families.

## History of NYSED HIV/AIDS Prevention Education

The landscape of identification, treatment, and education regarding prevention has changed since HIV, the virus which has been medically identified as causing AIDS, was first recognized in 1983. Since 1987, NYSED has collaborated with the NYS Department of Health to support HIV/AIDS education. In 2005, NYSED released [\*A Guidance Document for Achieving the New York State Standards in Health Education\*](#). This critical resource for health educators focuses on best practices in health education instruction and assessment, and contains seven developmental, personal and social skills, comprised of multiple sequential sub-skills. The seven skills are self-management, relationship management, stress management, communication, planning and goal setting, decision-making, and advocacy. Mastery of each skill enables students to enhance their personal, family, and community health and safety. All seven skills are important when teaching positive youth development. This guidance document can be found on the [NYSED Health Education website](#) along with other resources dedicated to school health education.



# Introduction

[Commissioner's regulation §135.3](#) requires school districts to provide health education instruction in grades K-12 that includes developmentally appropriate instruction in HIV/AIDS. HIV/AIDS prevention education begins with a supportive learning environment that enhances social and emotional learning and uses a comprehensive, coordinated school health model. Consistent with the regulation, individual school district HIV/AIDS prevention efforts are locally determined and should be consistent with community values. NYSED supports partnerships with parents, schools, community organizations, and healthcare providers when addressing youth health risk behaviors. These partnerships help to reinforce consistent prevention and health promotion messages provided to children and youth. While we know that abstinence is the only 100% most effective prevention strategy regarding unintended pregnancies, STIs and HIV/AIDS, we know that many young people partake in sexual activity. It is imperative that young people hear a consistent message about the importance of making sexually healthy decisions and be provided with the education, and tools to do so. Furthermore, it is critical that schools provide scientific, research, and evidence based, accurate and up to date instruction to students, empowering them to make informed healthy sexual decisions, thereby decreasing risk and promoting health behaviors.

This document provides a curriculum framework to assist local school districts in developing quality instructional HIV/AIDS Prevention Education Programs. It includes recommendations and program development and implementation strategies for key stakeholders including, board of education members, HIV/AIDS Advisory Councils, administrators, health coordinators, health educators, teachers, school nurses, school counselors, school psychologists, school social workers, parents and guardians, students, and partnering community agencies and organizations.

Objectives of this guidance are to:

**Build** the capacity of school districts to provide inclusive and culturally competent HIV/AIDS prevention education within a supportive learning environment.

**Provide** teachers with a framework of best practice and evidence-based resources which provide age-appropriate, inclusive, comprehensive, up to date materials on HIV prevention as well as professional development resources.

**Enhance** participation, maintenance, and strengthening of ongoing partnerships and initiatives by bridging schools, families, parents, and guardians, and community organizations, while building capacity for sustainable infrastructure to promote inclusive, culturally competent HIV/AIDS prevention education.

**Support parents/guardians and community members** with information outlining inclusive HIV/AIDS prevention education within the school environment.

# Commissioner's Regulation Requirements

[Commissioner's regulation §135.3](#) outlines the required content of the health education program including instruction concerning HIV/AIDS. New York State has determined that elementary schools shall provide appropriate instruction concerning HIV/AIDS as part of the sequential health education program for all pupils. At the secondary level, all schools are to provide appropriate instruction concerning HIV/AIDS as part of required health education courses in grades 7-8 and in grades 9-12. Courses shall provide accurate information to pupils concerning the nature of the disease, methods of transmission, and prevention, and effective protection against HIV/AIDS. This will include the choice of abstinence as well as the benefits of delaying sexual activity. This instruction is to be age appropriate and consistent with community values.

The elementary and secondary portions of these regulations require the board of education to establish an HIV/AIDS Advisory Council to be responsible for making recommendations on the content, implementation, and evaluation of the HIV/AIDS instructional program. The HIV/AIDS Advisory Council is charged with providing advice to the board of education on all aspects of the HIV/AIDS Prevention Education Program. However, it remains the ultimate responsibility of the board of education to adopt health education curriculum and policies that are in accordance with sound public health practices, are evidence-based, provide quality instruction, and are consistent with community values.

Health education is taught at the primary level (K-6) by a NYS certified health educator or a regular classroom teacher. Health education in grades 7-12 must be taught by a NYS certified health educator.

## HIV/AIDS Advisory Council

Commissioner's regulation §135.3 prescribes the required members of the HIV/AIDS Advisory Council which "shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations."

### Required Members

- ❖ Parents
- ❖ School Board Members
- ❖ Appropriate School Personnel
- ❖ Community Members
- ❖ Religious Organizations

### Recommended Members

- ❖ Students
- ❖ Community - Based Organizations
- ❖ Medical and Public Health Professionals
- ❖ Policy creators

## HIV/AIDS Advisory Council Evaluation of Recommendations

Best practice requires that the board of education formally adopt a statement that outlines the HIV/AIDS Advisory Council's role in recommending health education curriculum and policies, and to approve the members of the HIV/AIDS Advisory Council and make the final decision related to health education curriculum, and policies. The recommendations of the HIV/AIDS Advisory Council must include how the outcomes of their recommendations will be evaluated. Evaluative results should include both the health education curricula implemented, and the HIV/AIDS policies the board adopts. The evaluation plan must include when, how, and to whom the results will be reported. It is recommended that the HIV/AIDS curriculum be reviewed regularly to assure alignment with school policy.

## Health Coordinator

[Commissioner's regulation §135.3](#) (c) requires that a health coordinator be appointed:

*A member of each faculty with approved preparation shall be designated as health coordinator, in order that the entire faculty may cooperate in realizing the potential health-teaching values of the school programs. The health coordinator shall insure that related school courses are conducted in a manner supportive of health education, and provide for cooperation with community agencies and use of community resources necessary for achieving a complete school-community health education program*

It is recommended that the individual designated as the health coordinator has knowledge of coordinated school health models, team building, data analysis, and interpretation, planning, implementation, and assessment.

Health Coordinator tasks may include:

- Staffing and convening the district's HIV/AIDS Advisory Council.
- Reviewing existing health education curriculum with attention paid to how the HIV/AIDS curriculum fits into the comprehensive health education program.
- Using a needs assessment tool to establish program strengths and weaknesses in reviewing:
  - HIV/AIDS school district policies, regulations, and practices.
  - Information available for distribution to students, parents, and faculty regarding the nature of the disease, methods of transmission and prevention.
  - Available resources (i.e., health services) for answering questions posed by students, parents, staff, and the community impacted by HIV/AIDS.
  - List of community programs providing services for those with HIV/AIDS.

The health coordinator can assist the HIV/AIDS Advisory Council with defining and adopting guidelines to support their work by providing:

- Well-defined responsibilities.
- A timeline for implementation, meetings, or project work.
- Consensus-based decision-making guidelines.
- Financial limitations.
- An outline of procedures and rules for governing controversy.
- Final adoption of any program or project developed by the HIV/AIDS Advisory Council is subject to district approval before implementation.

## Condom Availability Plan (CAP)

As stated in [Commissioner's regulation §135.3 \(c\) \(2-ii\)](#), boards of education or trustees may make condoms available to students as part of a district's HIV/AIDS instruction program. As part of this program, the Commissioner must approve a local education agencies (LEA's) plan for the training of school personnel and/or health service personnel as defined in Commissioner's Regulation § [136.1\(c\)](#) that will provide personal health guidance.

After NYSED confirms that the LEA's CAP is compliant with CR §135.3(c)(2)(ii) and upon receiving approval from NYSED of its plan for training, an LEA may implement its CAP. To assist schools with this the process, NYSED has developed and identified an assessment rubric for LEAs to use as guidance when preparing and writing their CAP, titled: [NYSED Assessment Process for Review of a Local Education Agencies Condom Availability Plan and Approval of the Plan for Training for School Personnel and/or Health Services Personnel Providing Personal Health Guidance to Students.](#)

A [CAP webinar](#), and CAP [Action Plan Tool](#) are available, to assist LEA 's in completing the CAP Rubric. They can be found on the [NYSCSH](#) website under C in the [A-Z Resources](#) . For technical assistance, LEAs may contact NYSED Office of Student Support Services (518) 486-6090 and Office of Standards and Instruction (518) 474-5922.

## HIV/AIDS Policy Considerations

School districts should strive to protect the confidentiality, health and safety of their students and employees when developing the HIV/AIDS instruction program, recognizing the:

- Rights of students and employees with HIV/AIDS ([HIV/AIDS Laws & Regulations](#)).
- Importance of maintaining confidentiality regarding the medical condition of any individual.
- Importance of an educational environment free of significant risks to health; and
- The necessity for HIV/AIDS education and training for the school and the local community.

The [Family Educational Rights and Privacy Act \(FERPA\)](#) is a federal law that protects the privacy of student records and applies to all schools receiving funds under an applicable program of the United States Department of Education.

The instruction program should be clear regarding the curriculum taught and who will be providing the instruction at each grade level. In accordance with the regulation, the policy should also have detailed procedures regarding how parents/guardians can opt out their students from the prevention methods portion of the HIV/AIDS curriculum and should also cover health protections and universal precautions.

School policies should include information regarding the confidentiality of students and staff infected with HIV/AIDS. The District HIV/AIDS Advisory Council should review the policy regularly. Changes, adaptations, and addendums to the policy should be voted on by the board of education.

Having the support of the board of education is necessary for an effective HIV/AIDS education program.

Listed below are suggestions to consider when creating a presentation for the board of education.

- Names and affiliation of individuals on the HIV/AIDS Advisory Council.
- District mission statement.
- HIV/AIDS data (local, regional, national, and international).
- NYSED HIV/AIDS Commissioner's Regulations.

- Research and best practices information.
- Research regarding community values.
- Parent/guardian rights for opting out of the prevention portion of the curriculum.
- Community agencies and partnerships available as resources.
- Goals of the HIV/AIDS curriculum and HIV/AIDS curriculum content.

## Communication

Communicating with parents/guardians regarding HIV/AIDS education is critical when introducing the HIV/AIDS prevention education program. Listed below are elements to consider including when meeting with groups of parents, Parent Teacher Associations/Organizations, and/or when writing a parent letter about the program. Information provided should reflect respect for the parent/guardian role in teaching children about sexuality and demonstrate sensitivity to cultural, and religious beliefs and values.

- HIV/AIDS prevention education program information (i.e., goals, rationale, description, purpose), and invitation to review the HIV/AIDS Curriculum.
- A copy or link to NYSED [Commissioner's Regulation §135.3](#).
- Parental rights, requirements, procedures to opt a student out of the “methods of prevention” portion of the HIV/AIDS curriculum. See [Sample Parent/Guardian Notification Opt-Out Letter](#).
- Parent/Guardian responsibility to educate a child at home if opting out of prevention as per Commissioner's Regulations.
- Encouragement of parent/guardian to discuss HIV transmission and prevention with their child.
- Evidence-based resources for parents provided by the HIV/AIDS Advisory Council, classroom teacher or health education teacher.

## Creating Collaborating Partnerships

Another critical and important topic is the importance of confidentiality in the creation of a safe/supportive learning environment. This becomes especially important when students may reveal the HIV status of themselves or a friend or family member. The [Family Educational Rights and Privacy Act](#) (FERPA) is a federal law that protects the privacy of student records and applies to all schools receiving funds under an applicable program of the United States Department of Education.

## Family-School-Community Partnerships

Family-school-community partnerships are a shared responsibility and reciprocal process whereby schools and other community agencies and organizations engage families in meaningful and culturally appropriate ways, encouraging families take the initiative to actively support their children's development and learning: [Family, School, and Community Partnerships: National Center on Safe and Supportive Learning Environments](#).

Partnerships can take many forms, sometimes with a school as the lead partner and sometimes with a Community Based Organization (CBO) as the lead partner. Some programs choose to incorporate multiple CBOs that work together to deliver services that have been identified as student needs. There are numerous benefits to collaborating with CBOs, including but not limited to up-to-date information and materials, resource building and sustainability, a joint understanding of services provided by schools, and

the potential for community referrals.

According to the [Institute for Educational Leadership, Coalition for Community Schools and the National Association of School Psychologists](#), there are Nine Key Components of High-Quality Partnerships (2019):

1. A leadership team comprised of school and community stakeholders.
2. Assets and needs assessment to address student health and wellness, and a framework for results.
3. A designated person located at the school to lead the coordination of school–community partnerships.
4. Clear expectations and shared accountability for the school and community partners.
5. High-quality health and wellness services that leverage school and community resources.
6. Ongoing comprehensive professional development for all school leaders, staff, and community partners.
7. A detailed plan for long-term sustainability.
8. Regular evaluation of effectiveness through various measures.
9. A communication plan to share progress and challenges.

## **Potential Collaborating Partnerships**

Listed below are potential collaborating partners that may help LEAs support the HIV/AIDS prevention education program. It is recommended that a review of the LEA's policies occur before engaging collaborative partners to assist, and to ensure maintaining alignment with approved school policies/procedures (i.e., parent/guardian notification, clearance protocol):

- Community-Based Organizations and Professionals in the community (e.g., counselors, therapists, workforce development officials, health educators).
- HIV/AIDS Service Organizations.
- [New York State Department of Health AIDS Institute.](#)
- [Local County Health Departments.](#)
- Parents/Parent Teacher Associations/Organizations (PTA/PTO).
- Professional National Organizations (e.g., Advocates for Youth, Allan Guttmacher Institute, Center for Family Life Education, Healthy Teen Network, NAMES Project, World AIDS Day, National Latinx AIDS Awareness Day).
- School Pupil Personnel Staff: school nurses, school social workers, school counselors, school psychologists, and school attendance staff.
- Staff from higher education and college student interns and graduates.
- Statewide organizations (i.e., Association of Nurses in AIDS Care).
- Teachers from other schools/school districts.
- Youth Groups (i.e., Peer Educators, Community Centers).



# HIV/AIDS Curriculum Development

When developing a district's HIV/AIDS curriculum, schools should consider the health equity of all students. Social determinants of health are conditions in the environment where people are born, live, learn, work, play worship and age that affect a wide range of health functioning and quality of life outcomes and risks. The five domains include: economic stability, education access and quality, health care access and quality, neighborhood and built environment and social and community context. When creating curriculum that is inclusive and relevant to all students, schools convey the message that they care about everyone and want everyone to make informed health decisions, reducing their risk for illness and other adverse outcomes. [Healthy People 2030](#).

HIV/AIDS curriculum should identify content based on grade level, age appropriateness, acceptability, [NYS Health Education Learning Standards](#), [National Health Education Standards](#), [National Sexuality Education Standards](#) and current, medically accurate, evidence-based research. Content should be free of bias and culturally responsive to the community in which it is being taught. Learning goals and objectives for each grade level should flow in a sequential manner from elementary, to intermediate, to commencement level.

## NYS Learning Standards for Health Education

The New York State Education Department [Learning Standards for Health, Physical Education and Family Consumer Science](#) are listed below.

- **Standard 1: Personal Health and Fitness**
  - Students will understand human growth and development and recognize the relationship between behaviors and healthy development. They will understand ways to promote health, prevent disease, and practice positive health behaviors.
- **Standard 2: A Safe and Healthy Environment**
  - Students will demonstrate personally and socially responsible behaviors. They will care for and respect themselves and others. They will recognize threats to the environment and offer appropriate strategies to minimize them.
- **Standard 3: Resource Management**
  - Students will understand the influence of culture, media, and technology in making decisions about personal and community health issues. They will know about and use valid health information, products, and services. Students will advocate for healthy families and communities.

In addition to the NYS Learning Standards, it is important to identify safe adults who can provide emotional support and understanding to all youth. Schools can create safe and supportive environments that encourage students to be more engaged in their school life and feel connected to important adults at school and at home. Connecting students to their schools and families is an important protective factor that can reduce students' risk for HIV, and sexually transmitted infections. By educating youth about the basics of HIV, how to protect themselves, find testing, treatment and care services and confronting HIV stigma in their communities, we are empowering them to take an active role in their own health and in ending the HIV epidemic.

The Health Education HIV/AIDS curriculum should align with the [Guidance Document to Achieving New York State Learning Standards in Health Education](#) that focuses on health and education best practices, identified as the Navigational Stars, and includes these elements:

- ❖ **Skills-Driven:** Students learn, practice, and apply seven health education skills which include:
  - Self-Management (including substance use prevention strategies)
  - Planning and Goal Setting
  - Relationship Management
  - Stress Management
  - Communication
  - Decision Making
  - Advocacy

Additional elements in the guidance document focus on health and education best practices, identified as Navigational Stars:

- ❖ **Standards-Based:** Students achieve benchmarks and learning standards.
- ❖ **Scientifically Based:** Schools identify effective theory-based health education programs that integrate promising strategies likely to improve health behaviors; "use what works."
- ❖ **Learner-Centered:** Students apply relevant health information facilitated by the health educator.
- ❖ **Strength-Based:** Students build on their prior knowledge, skills, and strengths.
- ❖ **Authentic:** Students apply real-life learning experiences and skills.
- ❖ **Integrated into the Total Educational Program:** Schools provide a sound comprehensive health education program.
- ❖ **Taught by Qualified and Skilled Teachers:** Schools provide health educators with professional development and other effective professional mentoring.
- ❖ **Coordinated School Health:** Schools provide related health services, physical education, food service, counseling, and guidance.
- ❖ **Supported by the School and Community:** Schools provide parents, school staff, and the community with ways to support students through family and community-based initiatives.

[The Society of Health and Physical Educators \(SHAPE America\)](#) state according to the CDS's Characteristics of an Effective Health Education Curriculum, today's state of the art health education curricula reflect the growing body of research that emphasizes:

- Teaching functional health information (essential knowledge).
- Shaping personal values and beliefs that support healthy behaviors.
- Shaping group norms that value a healthy lifestyle.
- Developing the essential health skills necessary to adopt, practice, and maintain health-enhancing behaviors.

Health promotion in schools is a primary prevention strategy that can change the health outcomes for many communities, especially for those historically under-resourced and underserved. Part of maintaining optimal health for all individuals is regular screening and testing. Health educators provide practical strategies and resources to promote optimal health and prevent disease and infection; schools



should prepare for the implication that students may increase screening and testing behavior. Health educators will want to make the school health and mental health professionals in their school aware when sensitive topics in the curriculum are being taught and plan for how students should access support when needed. Schools will want to develop a plan for supporting and providing resources to students and their families regarding STI and/or HIV test(s). Schools with limited resources and staffing will want to partner with community organizations and healthcare centers that have more significant expertise and resources they can make available to schools.

Another consideration for health educators is students lived experiences. Topics such as HIV and other chronic illnesses may be associated with an adverse childhood experience for some students. Some students may have witnessed a loved one or a community struggle with or succumb to an illness. Health educators should explicitly encourage, teach, model, and support students in caring for their emotional and mental health during sensitive health curriculum topics. Additionally, schools will want to cultivate solid school-family-community partnerships to ensure students have access to primary health promotion and prevention in schools and the necessary support in school, at home, and in the community to meet their health needs.

## HIV/AIDS Health Education Curriculum Elements

An HIV/AIDS health education curriculum at the local level might include the following:

<ul style="list-style-type: none"><li>■ Name of the Curriculum and Year of Development</li><li>■ Date of Approval/Adoption by School Board</li><li>■ Names and Roles of the Developers</li><li>■ The Objective of the Curriculum</li><li>■ <a href="#">National Standards Alignment</a></li><li>■ State Standards – Inclusive of alignment with <a href="#">Learning Standards for Health, Physical Education and Family and Consumer Sciences at Three Levels</a></li><li>■ Diagnostic and Guiding Questions</li><li>■ Continuing and Sustainable Outcomes</li><li>■ Functional Knowledge and Skills link to <a href="#">NYSED Guidance Document to Achieving New York State Learning Standards in Health</a></li><li>■ Intended Audience</li><li>■ Grade Levels</li></ul>	<ul style="list-style-type: none"><li>■ The topic of the Curriculum</li><li>■ Background Knowledge</li><li>■ Units within the Curriculum</li><li>■ Names of Lessons within the Curriculum</li><li>■ Instructional Strategies</li><li>■ Student Assessments</li><li>■ Integrating Appropriate Content from Other Academic Subjects</li><li>■ Supplemental Materials Included in the Curriculum</li><li>■ Types of Technology in the Curriculum</li><li>■ Data Included in the Curriculum</li><li>■ Research/evaluation and theoretical foundation</li></ul>
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## HIV/AIDS Health Education Curriculum Resources

- [Health Education Curriculum Analysis Tool \(HECAT\) Overview](#)
- [2024 National Health Education Standards Shape America](#)
- [NYCDOE Growing Up and Staying Safe: New York City K-12 HIV Education Curriculum](#)
- [NYS Department of Health Youth Sexual Health Plan Promoting Sexual Health Through Prevention of HIV, STIs, unintended pregnancy, Hepatitis C, drug user health and trauma informed care](#)
- [NYS Education Department Guidance Document for Achieving the New York State Standards in Health Education \(2005\)](#)
- [NYSED Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels](#)
- [Universal Design for Learning Guidelines](#)

## Instructional Considerations

When teaching HIV/AIDS prevention education, three principal areas are stressed:

- Nature of the disease
- Methods of transmission
- Methods of prevention

It is important that discussions are inclusive, culturally competent, and affirming of all students . (adapted from the [Growing Up and Staying Safe: NYC K-12 HIV Education Curriculum](#)).

Teachers must be aware of Commissioner's regulation §135.3 opt-out provisions and should be respectful of a family's decision in opting their children out of the methods of prevention portions of the HIV/AIDS curriculum.

Health education lessons should deliver important health information in a culturally competent format which can help students develop positive health behaviors or change negative behaviors. Lessons should include activities that will increase:

- a student's understanding of risk factors for contracting HIV,
- activities that teach transmission of HIV and its consequences,
- assessments of student's perception of the severity of HIV,
- opportunities to model and practice risk reduction,
- refusal skills/increased self-efficacy, and
- opportunities for students to evaluate their efficacy.

Once the HIV/AIDS curriculum has been approved, it is recommended that each lesson is labeled under one of three areas: the nature of the disease; nature of transmission; or methods of prevention.

**Comprehensive HIV/AIDS instruction may include the components listed below:**

Instructional methods to develop students' skills	Use of the following teaching strategies	Teaching the following topics
<p>Storytelling</p> <p>Films and media</p> <p>Analysis of media messages</p> <p>Communication skills (reading, writing, speaking, and listening)</p> <p>Accessing valid health information, products, and services</p> <p>Advocating for personal, family and community health</p> <p>Decision-making</p> <p>Goal setting</p> <p>Conflict resolution</p> <p>Conforming to social norms, following social trends or influences</p> <p>Stress management</p>	<p>Group discussions</p> <p>Cooperative group activities</p> <p>Role-play, simulation, or practice</p> <p>Language, performing, or visual arts</p> <p>Guest speakers</p> <p>Peer educators</p> <p>Technology such as computer-assisted instruction</p>	<p>Identifying how to keep yourself safe and healthy</p> <p>Listening skills</p> <p>Demonstrating the difference between verbal and non-verbal skills</p> <p>Demonstrating healthy ways to express needs, wants and feelings</p> <p>Describing the characteristics of a responsible family member and friend</p> <p>Recognizing deterrents to achieving good health</p> <p>Recognizing abstinence as the most effective method to avoid HIV infection</p> <p>Learning how HIV is transmitted</p> <p>Learning how HIV affects the human body</p> <p>Recognizing the effectiveness and limitations of contraception</p> <p>Understanding the influence of alcohol and other drugs on HIV-related risk behaviors</p> <p>Recognizing social and cultural influences on HIV-related risk factors</p> <p>Knowing the number of young people infected by HIV</p> <p>Learning how to get valid information or services related to HIV or HIV testing</p> <p>Learning about partner notification</p> <p>Having compassion and empathy for persons living with HIV and/or AIDS</p>

## Instructing Students in Accessing Reliable Information

An essential component of all health education instruction includes helping students discover reliable sources of information. Instruction in these areas must include information about how to judge the appropriateness and reliability of the source based on standards of accessing reliable health information using resources such as the [National Institutes of Health Finding and Evaluating On-Line Resources](#). All HIV/AIDS curricula adopted by Boards of Education should be reliable, evidence-based, and include appropriate listings of local, state, national and international sources of information.

## HIV/AIDS and Sexual Risk Functional Knowledge

HIV/AIDS and sexual risk functional knowledge is scientifically research-based health knowledge deemed essential information for students to know and be able to use within the context of health education skills. Functional knowledge related to the NYS Learning Standards has been created at three developmental levels: elementary, intermediate and commencement. The functional knowledge areas are based on the priority health risk behaviors for youth as identified by the following sources:

- [About YRBSS | Youth Risk Behavior Surveillance System \(YRBSS\) | CDC](#)
- [NYS Commissioner's Regulation §135.3](#)
- [A Guidance Document for Achieving the New York State Standards in Health Education](#)

## Global, National and State Data

When preparing a plan for educating youth about HIV/AIDS, it is helpful to have global, national, state, and local data. Links are provided below.

New York State Data	National Data	Global Data
<a href="#">NYS Department of Health</a> <ul style="list-style-type: none"><li>• State testing</li><li>• New York State HIV/AIDS Statistics</li><li>• NYS HIV/AIDS Treatment and Intervention</li></ul> <a href="#">NYS Education Department</a> <ul style="list-style-type: none"><li>• <a href="#">CDC Youth Risk Behavior Surveillance System</a></li><li>• <a href="#">NYSED Health Guidance &amp; Resources</a></li><li>• <a href="#">NYSCSH NYS YRBS Results</a></li></ul>	<a href="#">US Department of Health and Human Services</a> <ul style="list-style-type: none"><li>• National Testing</li><li>• National HIV/AIDS Statistics</li><li>• National HIV/AIDS Treatment</li></ul> <a href="#">Centers for Disease Control and Prevention</a> <ul style="list-style-type: none"><li>• National HIV/AIDS Demographics</li><li>• HIV/AIDS Risk Behaviors</li></ul>	<b>US Department of Health and Human Services</b> <ul style="list-style-type: none"><li>• <a href="#">Global HIV/AIDS Statistics</a></li></ul> <b>World Health Organization</b> <ul style="list-style-type: none"><li>• <a href="#">Global Testing</a></li><li>• <a href="#">Global HIV/AIDS Treatment</a></li><li>• <a href="#">Global Health Observatory HIV/AIDS Demographics</a></li></ul>

## Instruction Options for Parents and Guardians

It is important for students to understand how their bodies work and to prepare for the physical, emotional, and social changes they will face as they enter various developmental stages, and into adulthood. HIV/AIDS prevention education includes providing students with accurate information, communication skills, relationship skills and self-confidence to avoid unhealthy behaviors and to develop health practices and healthy relationships. In addition to factual knowledge, health instruction also includes teaching students how to make healthy life choices through values exploration, goal setting, delaying sexual activity, and communication with family. Lessons in self-management, relationship building, stress management, communication, decision-making, and advocacy skills address critical components of health education.

It is essential that the HIV/AIDS curriculum be made available to parents/guardians. This information can be provided at the beginning of the school year, the beginning of each semester, and/or made available online. If parents request additional information, they can be shown all the lessons, with particular attention paid to the lessons labeled methods of prevention.

Parents/guardians should be given access to the list of reliable resources the school has compiled to answer student questions. Board of Education guidelines on HIV/AIDS education should designate the responsibility for answering questions raised by teachers, administrators, and parents to a specific staff member(s) or department within the district. The Health Coordinator is a logical choice as every district is required to have such a position. The Board of Education must ensure that the approved HIV/AIDS curriculum is taught throughout the district. Special attention must be given in districts with more than one building to ensure all parents/guardians are permitted to remove their child from the lessons of prevention and have the necessary information regarding the district's approved HIV/AIDS curriculum to make an informed choice.

This will enable them to make an informed decision about whether to opt-out their child, recognizing they will need to teach the prevention components at home. Commissioner's regulation §135.3 provides that, "No pupil shall be required to receive instruction concerning the methods of prevention of HIV/AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil does not participate in such instruction, with an assurance that the pupil will receive such instruction at home." Thus, students may only be removed from lessons in the HIV/AIDS curriculum that are focused on methods of prevention.

## **Parent/Guardian Opt-Out**

It is recommended best practice for Boards of Education to adopt a Parent/Guardian Opt-Out form developed with input from the HIV/AIDS Advisory Council. The form may be provided to the parent/guardian upon request to opt their child out of the methods of prevention portion of the HIV/AIDS curriculum. If there is no school form available, the parent/guardian may write a letter requesting that their child be opted out. Components in the form or letter from the parent/guardian should include:

- The name of the child/student
- The name of the parent/guardian
- The date the request was submitted
- A specific statement about the HIV/AIDS lessons of prevention from which parent/guardian requests their child be excluded from
- The time-period the method of prevention information will be covered
- A specific statement assuring that the parent/guardian agrees to teach the child the methods of prevention of HIV/AIDS at home
- The parent/guardian's signature
- A statement explaining where and when the form must be filed
- Copy of Commissioner's regulation §135

Prior to teaching the HIV/AIDS curriculum, parents/guardians should be informed in writing of the dates

that the HIV/AIDS curriculum will be taught. This allows ample time for parents/guardians to decide if they want to opt out their child from the methods of prevention of HIV/AIDS portion of the curriculum, and how they need to go about doing so.

While Commissioner regulation §135.3 states that the form requesting opting-out must be turned into the building principal, it is recommended that district guidelines include that the student's teacher is informed of this request promptly to ensure that the parent/guardian request is honored. The parent/guardian must be assured that when honoring a request for removal of a student from a lesson it will be managed discreetly, so it does not cause the student to be singled out and is not seen as punitive. Guidelines for how this is best accomplished should be clearly defined and explained beforehand to parents, students, and teachers who will be expected to implement these procedures.

**Note:** Sample Assessment Forms for Parent/Guardian Opt-Out of HIV/AIDS Prevention Education can be found on the NYSCSH's website under [Health Education Samples and Forms](#).

## Professional Development

The U.S. Centers for Disease Control and Prevention (CDC) has advocated for strong health education programs in public schools to help combat health issues facing young people today. Classroom teachers should receive adequate training on HIV/AIDS education before teaching the subject in the classroom. All teachers responsible for HIV/AIDS education should have a thorough understanding of the district's health education policies. Teachers should be aware of creating safe, respectful learning environments where students feel comfortable and safe when discussing sensitive topics. In addition, being aware of support and services related to sexual health, mental and social services.

Ensuring the most up-to-date, age-appropriate information, and data are available to all teachers responsible for delivering HIV/AIDS instruction is imperative. While all health educators should be provided up to date professional development on HIV/AIDS, special attention should be paid to the professional development of elementary classroom teachers, focusing on increasing their content knowledge and skill-related confidence. Districts should provide a variety of professional development opportunities that address the following topics adapted from the Health Education Curriculum Analysis Tool (HECAT):

- Current terminology, HIV effects, signs, and symptoms.
- Methods of transmission (window period).
- Treatment (early medical treatment results in better prognosis).
- Prevention techniques.
- Resources (i.e., HIV testing information inclusive of types of tests, and confidentiality).
- Outline of how the approved curriculum was deemed consistent with community values.
- HIV/AIDS curriculum, lesson, and assessment development.
- Use of the Comprehensive Evaluation Rubric for School District HIV/AIDS Prevention Education and Programming.
- Communication with parents about the HIV/AIDS curriculum.
- Emerging trends and current news/events on HIV/AIDS.

## Resources for Professional Development

Multiple avenues exist to provide professional development which assists classroom teachers who are responsible for health education in attaining and maintaining currency in both content and delivery methods of HIV/AIDS health education curriculum. It is critical that accurate, current, evidence-based training and resources be used that align with both NYS and National Health Education Standards. Some of these include state and national professional organizations for health education such as:

- [Advancing School-Connected Strategies for Children's Health and School Success](#)
- [American School Health Association \(ASHA\)](#)
- [CDC Training and Education Programs](#)
- [NYS Association of Health, Recreation, Physical Education and Dance \(NYSAHPERD\)](#)
- [NYS Education Department](#)
- [NYS Center for School Health \(NYSCSH\)](#)
- [NYS Department of Health AIDS Institute](#)
- [National LGBTQAI+ Health Education Center](#)
- [National Sex Education Standards SIECUS](#)
- [2024 National Health Education Standards \(NHES\)](#)

## Professional Development for Health Educators

- [CDC About HIV](#)  
Provides an overview of HIV/AIDS transmission, prevention, testing and statistics and links to additional CDC resources related to risk reduction for youth.
- [NYS Center for School Health \(NYSCSH\)](#)  
The NYS Center for School Health is a contracted resource office of the NYS Education Department. The Center's website contains links to both NYSED and NYSDOH resources provided in this document and has dedicated pages for, Health Education, Sexual Health and Safety and HIV. They also provide an online learning management system to educate school staff about HIV/AIDS and STIs at <https://www.schoolhealthnylearn.com/>
- [New York State Department of Health \(NYSDOH\)](#)
  - [NYSDOH HIV/STI/HCV Prevention and Related Services](#)
  - [NYSDOH AIDS Institute](#)
  - [NYSDOH AIDS Institute](#)
  - [NYSDOH Resources on HIV and STIs](#)
  - [NYSDOH Youth Sexual Health Plan: Promoting Sexual Health through Prevention of HIV, STIs, Unintended Pregnancy, Hepatitis C, Drug User Health & Trauma Informed Care \(2018\)](#)
- [New York State Education Department \(NYSED\)](#)



- [Commissioner's Regulation §135.1 and §135.4 Definitions and Physical Education](#)
  - [NYSED Standards and Instruction Health Education](#)
  - [NYSED Condom Availability Plan](#)
- **[Search Institute Developmental Assets Framework](#)**  
The Search Institute identified 40 positive supports and strengths that young people need to succeed.
  - **[Sexual Information and Education Council of the United States \(SIECUS\)](#)**  
National, nonprofit organization which develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

## HIV/AIDS Prevention Education Assessment

The sample form for [HIV/AIDS Prevention Education Implementation](#) was created to provide a comprehensive evaluation tool for School District HIV/AIDS Prevention Education. It was designed to provide school communities with an opportunity to thoroughly assess the extent to which their HIV/AIDS prevention education efforts are aligned with state and federal regulations, HIV/AIDS prevention education research, and best practices. The tool provides an opportunity to evaluate how research-based strategies and best practices are embedded throughout all HIV/AIDS prevention education efforts. Additionally, this tool helps clarify and validate expectations for HIV/AIDS prevention education, as well as for allowing stakeholders to access the criteria for quality prevention education.

Implementing an effective HIV/AIDS Prevention Education Program is a process that requires thoughtful, purposeful planning and continuous evaluation. Districts can use this information to answer the following questions:

- What are our strengths in supporting district-wide implementation?
- What areas need improvement? In other words, in what ways can the district improve on current practices to better support district-wide implementation
- Are we where we need to be to increase the likelihood of effective implementation?
- How can we increase our capacity to support district-wide implementation?

This tool is most effective if used collaboratively by members of the school community (such as a Coordinated School Health Committee or an HIV/AIDS Advisory Council) who represent key stakeholder groups (i.e., youth, parents, community members, school administrators, board of education members, teachers, and school district staff). The tool is divided into four sections related to HIV/AIDS prevention education, and school communities may wish to focus on assessing one aspect or section at a time:

**Section 1:** HIV/AIDS Prevention Education Policy

**Section 2:** HIV/AIDS Prevention Education Curriculum, Instruction, and Assessment

**Section 3:** HIV/AIDS Prevention Education Professional Development

**Section 4:** HIV/AIDS Prevention Education Communication and Collaboration

Based on the results of this assessment, stakeholders will be able to determine existing strengths from which to build upon, as well as areas that are most in need of improvement. The information obtained

from this assessment can be used to create an action plan and timeline for addressing the HIV/AIDS prevention education criteria that are deemed most critical by the school community.

## HIV/AIDS Prevention Resources

- [\*\*Glossary of HIV/AIDS-Related Terms\*\*](#)  
Provides definitions based on information from government sources, including the National Institutes of Health (NIH), the National Library of Medicine (NLM), and the Centers for Disease Control and Prevention (CDC), (2021, 9<sup>th</sup> Edition).
- [\*\*AIDS Healthcare Foundation \(AHF\)\*\*](#)  
Is a global nonprofit organization providing high-quality HIV care and services to those in need. They provide assistance with healthcare and wellness, pharmacy, food, thrift stores, and housing.
- [\*\*amfAR, The Foundation for AIDS Research\*\*](#)  
Not for profit organization dedicated to the support of AIDS research, HIV prevention, treatment education and advocacy.
- [\*\*Health Education Curriculum Analysis Tool \(HECAT\) Overview\*\*](#)  
An assessment tool to help school districts, schools, and others conduct a clear, complete, and consistent analysis of health education curricula.
- [\*\*Greater than HIV\*\*](#)  
Provides information on testing, PrEP, and HIV care services.
- [\*\*HIV in Children and Teens - Healthy Children\*\*](#)  
Provides information on teens and HIV, how HIV is spread, signs and symptoms of HIV, how HIV is diagnosed, screening, and treatment.
- [\*\*HIV \(Human Immunodeficiency Virus\) Infection | Kaiser Permanente\*\*](#)  
Provides education on what HIV is and what AIDS is.
- [\*\*National Health Education Standards\*\*](#)  
The standards provide a framework for curriculum development and selection, instruction, and student assessment in health education.
- [\*\*National Institutes of Health Finding and Evaluating Online Resources\*\*](#)  
Provides an overview of evaluating the accuracy of online health information.
- [\*\*National Sexuality Education Standards Core Content and Skills\*\*](#)  
The updated NSES reflect advancements in research regarding sexual orientation, gender identity, social, racial, and reproductive justice, and the long-term consequences of stigma and discrimination.
- [\*\*New York City Department of Education \(NYCDOE\) Growing Up and Staying Safe: NYC K-12 HIV Education Curriculum\*\*](#)  
Complete HIV/AIDS Curriculum: K-12 instructional guide designed to meet the NYS Education Department and NYC Department of Education mandates for instruction. This edition provides teachers with up-to-date information about HIV and AIDS in NYC.
- [\*\*NYSDOH Guiding Principles for Sexual Health Education for Young People\*\*](#)  
Provides guiding principles, backgrounds, and strategies for the development of youth centered, strength based, comprehensive, evidence based, skills driven, developmentally appropriate, culturally appropriate, supported by parents, families, and communities' sexual health education.

- [\*\*NYSDOH Youth Sexual Health Plan: Promoting Sexual Health Through Prevention of HIV, STIs, Unintended Pregnancy, Hepatitis C, Drug User Health & Trauma Informed Care\*\*](#)  
Addresses HIV, STIs and pregnancy prevention issues facing adolescents and young adults and promotes positive, healthy, and informed choices regarding sexual information and quality health services to all NYS youth.
- [\*\*NYSDOH Sexual Health\*\*](#)  
Addresses healthy sex and provides links to the Office of Sexual Health and Epidemiology.
- [\*\*NYSDOH Provider Directory\*\*](#)  
A resource directory where individuals can search across NYS to find HIV testing locations and treatment providers.
- [\*\*NYSDOH Testing Sites\*\*](#)  
Provides English and Spanish reasons to test, and where to find confidential HIV/STD testing.
- [\*\*NYSED Commissioner's Regulation §135.3 Health Education\*\*](#)  
New York State Department of Education regulation about Health Education and Condom Availability Programs in NYS Schools.
- [\*\*NYSED Guidance Document for Achieving the New York State Standards in Health Education\*\*](#)  
Provides local educational agencies with a framework for developing health curricula and implementing instructional and assessment strategies. Includes functional knowledge needed at each level of learning.
- [\*\*NYSED Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels\*\*](#)  
Reviews: Standard 1: Personal Health and Fitness, Standard 2: A Safe and Healthy Environment, and Standard 3: Resource Management.
- [\*\*NYSED Office of Standards and Instruction Middle Education Achievement Checklist\*\*](#)  
Middle Level Indicators of Achievement Checklists of knowledge and skills assess the strengths and limitations of programs to facilitate student achievement of the NYS learning standards.
- [\*\*NYSED Teacher and Principal Rubrics\*\*](#)  
As part of the provision of Education Law §3012-c regarding annual professional performance reviews (APPR) of classroom teachers and building principals, NYSED posts lists of Approved Teacher Practice Rubrics and Approved Principal Practice Rubrics that meet criteria established in our Request for Qualifications (RFQ).
- [\*\*Society of Health and Physical Educators \(SHAPE America\): Appropriate Practices in School-Based Health Education\*\*](#)  
Guides key stakeholders in school-based health education and articulates best practices to support the implementation of effective health education as a critical component of any school system.
- [\*\*Universal Design for Learning Guidelines \(UDL\)\*\*](#)  
Is an approach that describes a set of principles for curriculum development that provides all students with equal opportunities to learn, UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that can be customized for individual needs.
- [\*\*Youth Risk Behavior Surveillance System \(YRBSS\)\*\*](#)  
Monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults and provides national and NYS data related to unintended pregnancy and sexually transmitted diseases and infections.

- [\*\*U.S. Department of Health and Human Services Office of Population Affairs, Adolescent Health\*\*](#)  
Focuses on how adolescents develop and the issues they may face as they mature. The featured resources provide more information on specific topics, such as mental health, healthy relationships, and reproductive health.
- [\*\*Elementary, Secondary and Commencement Level Educator Toolkits\*\*](#)  
Provides focus on age-appropriate content for each grade level as well as introduce, develop, and provide opportunities to practice essential health and education skills.

# HIV/AIDS Testing, Reporting Disclosure and Confidentiality

The following resources provide information about testing, reporting, and confidentiality of HIV Related Information as well as disclosure of HIV/AIDS status.

- [\*\*New York State Department of Health AIDS Institute HIV Testing, Reporting and Confidentiality in New York State 2023 Update: Fact Sheet and Frequently Asked Questions\*\*](#)  
An easy-to-use, comprehensive guide to New York State's HIV testing, confidentiality, and discrimination laws.
- [\*\*HIV Center for Law and Policy Confidentiality and Disclosure Page\*\*](#)  
This HIV Policy Resource Bank category covers state and federal laws that protect the confidentiality of HIV related information, the rights, and obligations of people with HIV with respect to disclosure of their HIV status in various settings.
- [\*\*HIV Center for Law and Policy Education and Schools Page\*\*](#)  
This HIV Policy Resource Bank category includes statutes, agency guidelines, international documents, court decisions, and other materials related to the right of students and school staff with HIV to participate in school classes and activities without imposition of unnecessary restrictions or conditions.
- [\*\*Legal Action Center Website\*\*](#)  
Legal Action Center is the only non-profit law and policy organization in the United States whose sole mission is to fight discrimination against people with histories of addiction, HIV/AIDS, or criminal records, and to advocate for sound public policies in these areas. They offer webinars, resources, and other training materials.
- [\*\*NYSDOH: NYS Confidentiality Law and HIV: Public Health Law, Article 27-F Questions and Answers\*\*](#)  
Provides an overview of NYS Public Health Law Article 27-F that protects the confidentiality and privacy of anyone who has been tested for or exposed to HIV; HIV infection or HIV/AIDS-related illness; or been treated for HIV/AIDS related illness. (NYSDOH 4/2012).
- [\*\*NYSDOH: Caring for Children with Special Needs: New York State Department of Health AIDS Institute and the New York State Office of Children and Family Services\*\*](#)  
This manual is for parents, foster parents and other caregivers raising infants, children, and adolescents with HIV. It provides information and support for some of the day-to-day issues caregivers face including health and legal issues. (NYSDOH, 9/2003)
- [\*\*Questions and Answers: The Americans with Disabilities Act and Persons with HIV/AIDS\*\*](#)  
Provides an overview of rights of those with HIV/AIDS under ADA.
- [\*\*U.S. Department of Justice Civil Rights Division Disability Rights Section\*\*](#)  
Provides an overview of the rights of those with HIV/AIDS.

# Advocacy/Parent/Guardian Resources

- [Talking with Your Children about Your HIV Status or Your Children's Status](#)  
The Well Project provides talking points related to talking to your child about your HIV status or their HIV status.
- [The Well Project](#)  
Is a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls across the gender spectrum.
- [Questions Kids Ask about HIV \(Seattle Children's Hospital\)](#)  
Helps parents/guardians answer questions that their children with HIV may have. (Seattle Children's Hospital, 2022)