

NAME:

DATE:

PERIOD:

WASHOE COUNTY SCHOOL DISTRICT
Reno, Nevada

S EXUALITY

H EALTH

A ND

R ESPONSIBILITY

E DUCATION

It's up to **ME** to make the right choices

www.washoe.k12.nv.us
(775) 850-8026

NAME: _____

TEEN WORKSHEET

DIRECTIONS: Please read and follow the directions for this teen worksheet.

1. Write about your favorite memory with your parent and why it is your favorite memory.

2. Name 5 things you appreciate about your parent.

3. List 2 ways you can “promote” communication with your parent.

NAME: _____

PARENT WORKSHEET

DIRECTIONS: Please read and follow the directions for this parent worksheet.

4. Write about your favorite memory with your teen and why it is your favorite memory.

5. Name 5 things you appreciate about your teen.

6. List 2 ways you can “promote” communication with your teen.

JOURNEY INTO LIFE

1. The egg is released from the ovary into the _____
This process is called _____
2. Men typically produce _____ million sperm a day.
This is roughly _____ sperm a second.
3. Sperm are stored and mature in a part of the testicle called the _____

4. Two things that help the sperm reach the egg are _____
and _____
5. The egg must be fertilized within _____ hours.
6. How many sperm reach the egg? _____ Typically how many sperm
enter the egg? _____
7. After the first cell division the fertilized egg is called a _____
8. Name two characteristics of the embryo at 28 days.
_____ and _____
9. Name three characteristics of the embryo at 5 ½ weeks.
_____, _____ and _____
10. Name two characteristics of the fetus at 16 weeks.
_____ and _____
11. Name one characteristic of the fetus at 24 weeks.

12. A full term pregnancy is about how many weeks?

ABSTINENCE: WHAT IS YOUR PERSONAL DEFINITION?

WHAT ARE SOME BENEFITS OF ABSTINENCE?

1. _____
 2. _____
 3. _____
-

WHAT BIRTH CONTROL METHOD AM I?

1. I am the only 100% effective method that is not messy and does not require a visit to a doctor. What method am I?

2. I am a latex cover for the penis. What method of birth control am I?

3. We come in the form of cream, foam, gel, suppositories, or film. We can be used alone or to increase the effectiveness of condoms. What are we?

4. I am a plastic pouch inserted in the vagina. What am I?

5. I am a latex cup that fits over the cervix. What method of birth control am I?

6. I am taken by mouth about the same time everyday. What method of birth control am I?

7. I am worn for a week at a time for three weeks. What method of birth control am I?

8. I am worn for three weeks straight. What birth control method am I?

9. I am a shot a girl receives periodically. What method of birth control am I?

10. I am a device inserted in the uterus which can be left in place up to 10 years. What method of birth control am I?

11. I am planned intercourse based on a woman's fertile periods. What method of birth control am I?

12. I involve severing the vas deferens in men. What am I?

13. I involve severing the fallopian tubes in women. What am I?

14. I am a back-up method of birth control used within 72 hours of unprotected sex.

S.T.I. OVERVIEW

1. Name STI's caused by bacteria.

2. Name the major consequences of a gonorrheal and/or chlamydial infection in men and women.

3. Name STI's caused by viruses.

4. Name the one serious complication caused by the Human Papilloma virus in women

_____, in men _____

5. Name 3 STI's that are transmitted by discharge.

6. Name two STI's that are transmitted by skin-to-skin contact.

7. Against which type of STI, discharge or skin-to-skin, is a condom more effective?

8. Name 3 ways to reduce your risk of getting or spreading STI.

(1) _____

(2) _____

(3) _____

**WASHOE COUNTY SCHOOL DISTRICT
HIGH SCHOOL S.H.A.R.E. PROGRAM
(Sexuality, Health and Responsibility Education)**

9th Grade STUDENT EVALUATION

School: _____

1. What subject(s) that we covered could you have used more information about?
What additional subjects would you like included?

2. What was the most valuable part of the program for you?

3. How will you use the information you have learned in the future?

**WASHOE COUNTY SCHOOL DISTRICT
SEXUALITY, HEALTH AND RESPONSIBILITY
EDUCATION (SHARE) PROGRAM**

**Parent Feedback Form
for Parents of 9th Grade Students
2008-2009**

Your feedback about the SHARE program is very important to us. The information you provide will make it possible for us to improve this program. Please answer all the questions below. Do not put your name on this form. This information is confidential and anonymous.

A. COMMUNICATION WITH YOUR CHILD ABOUT SHARE

1. Has your child communicated with you about the information he/she has learned in the SHARE program? (Choose ONE)

- Yes No (if NO, continue to question 2)



IF YES, which of the following have you talked with your child about since being in the SHARE program? (Check ALL that apply)

- Dating
- Relationship stages/qualities
- Male reproductive system
- Female reproductive system
- The menstrual cycle
- Sexual intercourse
- How pregnancy occurs
- Abstinence
- Sexual transmitted infections (STIs)
- HIV/AIDS
- Methods of birth control
- Peer pressure
- Refusal skills
- Decision-making/choices
- Consequences
- The goals he/she has set as a result of the SHARE program
- Other: _____

2. Based upon your discussions with your child, how much do you believe your child learned from this program? (Choose ONE)

- My child learned a great deal. My child did not learn very much.
- My child learned a few things. My child did not learn anything at all.
- I am not sure since I have not discussed this with my child.

3. Which topic covered through the SHARE program did your child express the most interest in?

4. Was there a topic that was covered through the SHARE program that your child seemed confused about? (Choose ONE)

- Yes No (continue to Section B) I am not sure (continue to Section B)



If yes, which topic? _____

5. Other Comments: _____

B. GENERAL INFORMATION ABOUT YOUR CHILD

1. Which school does your child attend? _____

For each of the following questions, choose ONE response.

2. Which of the following is correct?

- My child attended all lessons of the SHARE program.
 My child attended some of the lessons of the SHARE program.

3. Which grade is your child in?

- 9th Grade 10th Grade 11th Grade 12th Grade

4. How old is your child?

- 13 14 15 16 17 18

5. Which gender is your child?

- Male Female

6. Which best describes the race/ethnicity of your child?

- Asian/Pacific Islander Black, Not Hispanic
 Hispanic Native American/Alaskan Native
 White, Not Hispanic