


HISTORY: Adopted: Sept. 22, 1998 Revised: June 11, 2007		POLICY TITLE: HEALTH & CAREER EDUCATION K-9 & PLANNING 10	POLICY NO. 411 Page 1 of 4
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POLICY:

The Board of School Trustees, School District #8 (Kootenay Lake) recognizes that the Personal Development components of Health and Career Education K-9 and Planning 10 addresses topics which may be a source of sensitivity for some students and their parents (e.g. self image, human sexuality). In these cases, students, with their parents' consent and in consultation with their school, may choose not to participate in classes when these topics are discussed and, instead, address the topics in an agreed upon alternative manner.

Regulations:

1. This option is only available for topics which are part of the Personal Development component. This option is not intended for the Personal Planning, Career Development or Work Experience components.
2. There are several options that a school may provide for students who request the opportunity to complete sensitive topics outside of regular classroom instruction. Examples include:
 - 2.1 home instruction using a school-determined package of materials or other agreed upon materials
 - 2.2 self-directed studies
3. Through an application to the teacher, the student will provide a written explanation of how he/she will complete the learning outcomes and demonstrate the knowledge of the Personal Development topic(s) that he/she has chosen to learn in an alternate manner.
4. The student will adhere to the following in pursuing the alternative delivery option in the Personal Development Section of the Health and Career Education K-9 and Planning 10.
 - 4.1 Intention to opt for alternative delivery of the Personal Development section of Health and Career Education K-9 and Planning 10 should be declared at the commencement of the course. Teachers engaged in delivering the Health and Career Education K-9 and Planning 10 must ensure that parents receive a course outline and have an opportunity to indicate their interest in opting out.
 - 4.2 The student and/or parent/guardian identifies the specific sensitive areas of the Health and Career Education K-9 and Planning 10 Program.
 - 4.3 The student and/or parent/guardian consults with the teacher in choosing not to participate in specific classes when these sensitive areas are discussed.
 - 4.4 Parents/guardians give their consent to opt for alternative delivery of Learning Outcomes of Health and Career Education K-9 and Planning 10.

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4.5 The school, student and parent/guardian agree to the option chosen for alternative delivery and the method of demonstration to meet Learning Outcomes.

4.6 The alternative delivery plan is filed in the Student Learning Plan with timeline of expected completion.

4.7 Responsibility for demonstrating completion of these Learning Outcomes is that of the student. The teacher will determine whether the Learning Outcomes have been achieved. All Learning Outcomes must be completed for the Personal Development section of Health and Career Education K-9 and Planning 10.

ADDENDUM
ALTERNATIVE DELIVERY OPTION APPLICATION FORM

Please complete all relevant sections of this form and the attached checklist for Alternative Delivery Option.

Name: _____ Female _____ Male _____

(Please Print)

Date of Birth: _____ Personal Ed. Number: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Name of Parent or Legal Guardian (if applicable): _____

School last attended: _____

CHECKLIST

1. Meet with school personnel and parent/guardian to discuss concerns regarding the Personal Development section of the Health and Career Education K-9 and Planning 10 at the commencement of the course.

2. Identify the section of Health and Career Education K-9 and Planning 10, and specific Learning Outcomes of the Personal Development Strand for the Alternative Delivery Option.

3. List the details agreed upon for the alternative delivery option as per the discussion with parents and school personnel.

Method of program delivery:

Assessment Criteria for completed Learning Outcomes:

Timeline for completion of Alternative Delivery Option:

4. Signature of Agreement:

We support _____'s request to complete the related outcomes and demonstrate his/her knowledge of the Personal Development topic(s) identified above in the manner described here.

Signature of Parent/Guardian: _____

Signature of Student: _____

Signature of Teacher or School Counsellor: _____

Signature of Principal: _____

5. Attach this Alternative Plan to the Student Learning Plan.

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