

Dear Parents and Guardians,

I am writing to let you know that [School Name] is soon going to be doing a health lesson on puberty in the fifth grade classes. We know that this is an important topic, so we wanted to let you know what to expect and give you an opportunity to ask questions.

Parents are the most important educators in any young person's life, and the purpose of this lesson in school is to supplement the efforts of the parents. We can provide some basic information in class, and we also want to be supportive of parents in furthering the conversation at home. I encourage you to ask your child about the class and to communicate your own values about sexual health to them.

A Family Tree Clinic Educator will teach the lesson. Family Tree Clinic has been partnering with schools to provide quality puberty education since 1971. Their educators are skilled at guiding a class of young people through an hour long presentation that helps calm nerves, increase self-esteem, and open lines of communication between young people and their caring adults. In this lesson, they will:

- Emphasize that "different is normal" when it comes to bodies and puberty
- Discuss physical and emotional changes of puberty
- Describe the importance of hygiene throughout puberty
- Speak in a respectful and matter of fact way about the human body
- Learn basic reproductive body parts and their function
- Answer student questions
- Identify who to go to for help or more information

*We are happy to support parents in any way we can. If you have any questions, please feel free to call the education department at Family Tree Clinic directly (651.645.0478) or contact your school's social worker.*

If you choose to have your child participate in this health presentation, please return the lower portion of this letter to your child's classroom teacher. If this letter is not returned, your child will participate in an alternative activity during this lesson.

Sincerely,  
[School Social Worker]

I give permission for my child to participate in the health presentation.

Child's name: \_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_