



Resource Guide

for Independent School Districts
and Charter Districts



www.TexasReady.org

89th Legislative Session (2025-2026)

 **healthy futures** OF TEXAS
Advancing informed sexual health decisions



to support school districts and communities in

Implementing School-based Sex Ed

- ✓ We provide school districts with **personalized support to select and implement a sex education curriculum** that best fits their needs, using research-based tools and resources like iCHAMPSS.
- ✓ We provide the **resources and guidance that teachers and the community need to be part of the process**, and contribute to effective implementation.
- ✓ We offer **free virtual or in-person trainings** for schools and communities.

Why is it important to provide young people in Texas with HIGH-QUALITY sex education?

- By the end of high school, more than half of Texas students have been sexually active.
- Every **25** minutes, a baby is born to a teen in Texas.
- Texas has the **8th** highest teen birth rate and the highest repeat teen birth rate nationwide.

How is sexual health education curricula adopted in Texas?

- ⊕ **Recommendations:** School health advisory councils (SHACS) hold at least two public meetings on the proposed curriculum.
- ↻ **Community Input:** The SHAC presents the recommendation to the school board at a public meeting.
- ✓ **Adoption:** The board of trustees adopts the curriculum.



Young people in Texas deserve high-quality, medically accurate sex education.



Resource Guide

for Texas Independent School Districts

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What's New from the Texas Legislature?

89th Legislative Session Update

The 89th Texas Legislative Session (2025) brought significant changes to school-based health education through Senate Bill 12, which addresses DEI policies, parent rights, grievance procedures, and curriculum requirements. Charter districts and Districts of Innovation (DOIs) now must fully comply with Texas Education Code §28.004, including requirements for School Health Advisory Councils, curriculum adoption, and parent opt-in.

These provisions take effect in the 2025-2026 school year, leaving limited time for implementation. **Plan ahead:** work with your legal counsel and the Texas Education Agency for support.

SB 12 Requirements for 2025-2026:

- **Opt-in:** Opt-in requirements for sex education, which previously had expired, are now permanent.
- **Content restrictions:** Following passage of SB 12, instruction on sexual orientation and gender identity is now prohibited.
- **Charter schools and DOIs:** Sex education and abuse prevention instruction statute now applies to all charter districts and districts of innovation.

Looking ahead to 2026-2027:

HB 100, also passed in the 89th Legislative Session, prohibits school districts from using instructional materials that were reviewed and rejected by the State Board of Education (SBOE). This provision will go into effect in the 2026-27 school year, giving districts some time to select new curricula.

Charter District and DOI requirements

Following the adoption of SB 12, charter districts and DOIs now must follow all existing sex education and abuse prevention laws within TEC §28.004, including those addressing:

- **School Health Advisory Councils (SHACs):** Required for all districts to ensure that local community values are reflected in health education.
- **Curriculum approval process:** Districts must follow the process laid out in state law, including SHAC and school board engagement.
- **Opt in and parent rights:** Written parent consent (opt-in) is required before students receive instruction on human sexuality and abuse prevention. Parents must receive notifications about the class and have the right to review the curriculum.
- **Instructional Requirements:** Instruction on human sexuality must emphasize abstinence as the preferred and safest choice for preventing pregnancy and sexually transmitted infections (STIs); instruction on sexual orientation or gender identity is prohibited at all grade levels.

*SB 12 does **not** provide sufficient time for charter districts and DOIs to complete these lengthy processes in the 2025-26 school year. Districts should do their best to document good faith efforts to comply with statute while continuing to provide required instruction under the TEKS.*

Who sets the rules for sex ed in Texas schools?

In Texas, the framework for sex education involves multiple layers of oversight and decision-making. Additionally, Texas parents have extensive rights regarding their child's participation in sex education.

SHACs

School Health Advisory Councils, known as SHACs, are volunteer groups made up of parents, students, school staff, members of businesses, medical, and faith communities. Required under state law for both ISDs and charter districts, SHACs are charged with ensuring local community values are reflected in health education. They make recommendations to the school board on various topics, including sex ed and abuse prevention curricula.

Local School Districts

State law gives local school districts and charter districts a significant amount of control over sex education. A school district board of trustees adopts sex education curriculum, taking into account the recommendation of the SHAC and feedback from the community. The school district also determines whether or not they will offer electives such as high school health classes, and facilitates training of the teachers who will deliver sex education.

State Board of Education

The State Board of Education (SBOE) is a 15-member elected body that sets education policy in Texas. The SBOE is charged with setting minimum curriculum standards for each course, called the Texas Essential Knowledge and Skills, or TEKS. The Health Education TEKS adopted in 2020 include sex education. The SBOE also adopts lists of approved or rejected textbooks and instructional materials for each course.

Texas Legislature

The Texas Legislature is the top decision maker around sex education. The Legislature sets state law around sex education, including many changes made in the 2021 and 2025 Legislative Session. The Legislature also determines which courses are required for each grade level and for high school graduation.

Health Education

Texas Essential Knowledge and Skills

Curriculum Standards

The Texas Essential Knowledge and Skills (TEKS) are the state standards for what students should know and be able to do in each subject and grade level. These standards guide classroom instruction in all Texas public schools. In 2020, the State Board of Education updated Texas sex education standards for the first time in over 20 years. The TEKS for Health Education include enhanced guidelines on a broad range of topics, including sexual and reproductive health.

While Health Education is an elective in high school, it is mandatory in elementary and middle school. Elementary health education TEKS cover age-appropriate topics like puberty and safety, while middle schools TEKS introduce sex education topics such as abstinence, STIs, and birth control.

The TEKS Include:

- Age-appropriate, timely information on key topics like anatomy, puberty, menstruation and human reproduction.
- Information on contraception, condoms, and prevention, screening and treatment of sexually transmitted infections (STIs), now required at the middle and high school levels.
- The importance of abstinence.
- Standards on healthy relationships, such as prevention of sexual abuse, dating violence, sex trafficking, and in support of topics such as healthy communication and respect. While the standards teach the importance of respecting the boundaries of other people, they do not include consent.



To view the
TEKS, scan
this code

Minimum Standards

The Texas Essential Knowledge and Skills set the minimum curriculum standards that must be delivered to students, but they are the floor, not the ceiling.

School districts are free to "teach beyond the TEKS" and include additional topics not specified in the TEKS. For instance, even though consent is not explicitly covered in the TEKS, many districts choose to incorporate it into their instruction due to its importance.

State Laws

About Sex Ed and Abuse Prevention

Statutory Overview

Most of our laws about sex education and abuse prevention instruction are found in Section §28.004 of the Texas Education Code. These laws cover the following topics:

- **School Health Advisory Councils (SHACs):** Every public school district, including charter and Districts of Innovation (DOIs), must have a SHAC. These councils must reserve a majority of seats for parents, with the remainder held by school staff, community members, and students. SHACs ensure that health education reflects local values and they recommend curriculum, including content sex education and abuse prevention, to the school board or governing board.
- **Curriculum adoption:** State law mandates that school boards and governing bodies must adopt sex education and abuse prevention curricula with input from the SHAC. Before adoption, SHACs must hold at least two public meetings. More information on the curriculum adoption process see page page 5.
- **Sex Education Content:** Instruction on human sexuality should emphasize abstinence as the preferred and safest choice to prevent pregnancy and sexually transmitted infections. If contraception and condom use are taught, schools must provide information on their "human use reality rates" regarding efficacy.
- **New Content Restrictions (2025-26):** Starting in the 2025-2026 school year, schools may not teach or provide programming about sexual orientation or gender identity at any grade level. However, this provision may not be construed to limit a student's ability to engage in protected speech or expressive conduct, and this law does not limit access to physical or mental health services.
- **Parent rights:** Parents must give written permission for their child to take part in lessons on human sexuality, child abuse prevention, family or dating violence, and sex trafficking. Parents must receive notification about sex education and abuse prevention, and have the right to review curriculum.



To read the Texas Education Code §28.004, scan the QR code.

Requirements for Health Education in Texas Schools

Health Education is not a high school graduation requirement but remains mandatory for grades K-8 under the Texas Administrative Code (TAC). Specifically:

- Grades K-5: Health Education is part of the required curriculum (TAC §74.2(a)).
- Grades 6-8: TEKS must be taught as part of the required curriculum (TAC §74.3(a)(1)). Districts have flexibility in how to deliver these TEKS across grades 7 and 8.

While high school Health Education is not required statewide, districts may choose to require Health Education for graduation.

Curriculum

for Sex Ed and Abuse Prevention

Instruction Materials Adoption

HB 1525 and SB 9, passed in the 87th Legislative Session (2021), established new procedures for school districts to adopt sex education and abuse prevention materials. **In 2025, this process was expanded to include charter districts and all Districts of Innovation (DOIs).** This law outlines a specific process for adopting curricula related to sex education, child abuse, dating violence, and sex trafficking. This process typically takes several months, so districts should plan timelines accordingly.

The steps in TEC §28.004 (e-1) and (q-1) include the following:

- **School Board Resolution:** The school board passes a formal resolution detailing the process for adopting instructional materials related to sex education and the prevention of child abuse, dating violence, and sex trafficking.
- **SHAC Directive:** The school board issues a resolution directing the School Health Advisory Council (SHAC) to review the curriculum and make a recommendation.
- **SHAC Review:** The SHAC reviews the curriculum, holds at least two public meetings, and ensures the curriculum is available for parent review during this process.
- **SHAC Recommendation:** The SHAC presents its curriculum recommendation to the school board.
- **School Board Vote:** The school board votes on the curriculum in a public meeting, with the vote recorded. The school board is not required to concur with the SHAC recommendation.

What is the SHAC's role?

In Texas, every school district, including charter districts, must have a SHAC to ensure that health education reflects local values. SHACs are made up of at least five members appointed by the school board, with a majority being parents of enrolled students. District employees, and community members may also be included. Holding a SHAC seat for a high school student to support student input is a frequently overlooked best practice. The SHAC reviews and recommends curricula for sex education and the prevention of child abuse, dating violence, and sex trafficking. State law requires that notices, minutes, and recordings of SHAC meetings be posted on the district website. Meeting notices also must be posted on each campus.

To learn more, check out "[SHAC 101](#)" module on our HFTX classroom.



Curriculum

for Sex Ed and Abuse Prevention

Instructional Material Adoption

What Materials Can We Adopt?

Texas public schools may adopt instructional materials beyond those approved by the State Board of Education (SBOE), as long as they align with the TEKS. They can utilize their Technology and Instructional Materials Allotment for materials that have been approved by the SBOE, and also for materials that have not been through the approval process (TEC §31.004; TAC §66.1307(f) (3)). Schools may also develop their own instructional materials. However, beginning in the 2026-27 school year, materials rejected by the SBOE may no longer be used (HB 100, 2025). See the table below for a summary of what materials are permitted.

Instructional Materials Adoption			
Type of Material	Allowed Now (2025-26)	Allowed Starting 2026-27	Notes
SBOE-adopted materials	☑	☑	Districts may purchase using the Technology & Instructional Materials Allotment. Can be ordered through EMAT.
Non-SBOE-reviewed materials	☑	☑	Districts may purchase using the Technology & Instructional Materials Allotment. May be ordered through EMAT. Should go through internal review.
District-developed materials	☑	☑	Should align with the TEKS. Locally created content is permitted with internal review.
Materials rejected by the SBOE	☑	⊗	Prohibited per HB 100 (2025) starting in the 2026-27 school year.

SBOE-Adopted Materials: Benefits and Requirements

SBOE-adopted materials simplify ordering through EMAT and are available in accessible formats (e.g., braille, large print). Materials not reviewed by the SBOE also are allowable and can be purchased with the instructional materials allotment through EMAT. However, schools must ensure that these materials fully cover the TEKS, be appropriate for the subject and grade level, have been reviewed by academic experts, and emphasize abstinence as required by TEC §28.004

Should We Adopt a Health Textbook?

A health textbook can help cover all Health Education TEKS, including sex education, nutrition, and injury prevention. If SBOE-approved, it meets grade-level standards and is easy to order with TIMA funds. However, textbooks may not be evaluated for effectiveness and might offer limited detail on topics like contraception.

Should We Adopt an Evidence-based Program?

Evidence-based programs (EBPs) have been evaluated and shown to produce positive behavior change. They are often tailored to specific student populations to increase relevance and impact. These programs may not fully cover all Health TEKS, so schools might need additional materials to ensure complete coverage.



Opt-in Requirements

Sex Ed and Abuse Prevention

Texas law requires parents and guardians to provide written consent, or opt-in, in order for their children to participate in sex education and instruction on the prevention of child abuse, family violence, dating violence and sex trafficking. Texas is the only state with this requirement for abuse prevention instruction.

Legislative Background

In 2021, HB 1525 and SB9 enacted these consent requirements, emphasizing the need for written permission for both human sexuality and abuse prevention instruction. The opt-in requirements for sex education expired in 2024, but were reinstated by the 89th legislature for the 2025-26 school year.

Best Practices for Districts

To help ensure students receive essential instruction, districts and charter schools can take proactive steps to address challenges with the opt-in process:

- **Enhance Communication:** Host family nights to review health education curriculum and address any questions. Transparency is key to helping parents understand what their children will be learning.
- **Allow Ample Time:** While the law requires a 14-day notice for returning forms, consider extending this period to accommodate busy families.
- **Track Responses:** Include checkboxes on forms for "I give consent" and "I do not give consent" to identify students whose forms are not returned.
- **Support Busy Families:** Many parents and guardians may overlook consent forms; proactive communication can help ensure all students receive essential instruction. Classes with the highest rates of form returns typically take proactive steps to improve response rates, such as calling parents who haven't returned forms, offering extra credit for form returns, or sending forms out in multiple formats, such as both print and electronically.

Concerns About Opt-In

While Texas parents have historically had the right to opt out of human sexuality instruction without penalty, there are concerns that some children may miss out on vital education if their parents simply overlook or forget about the consent form. Additionally, children who face abuse may not receive permission from their guardians to learn about these critical topics.

Statutory Citations:

- **Human Sexuality Instruction:** TEC §28.004 (i-2), amended by 87-R HB 1525 and 89-R SB 12
- **Abuse Prevention Instruction:** TEC §28.004 (q-6), amended by 87-2 SB 9



An opt-in letter template is available for download on the [iCHAMPSS website](https://www.texasready.org/ichampss). Scan the QR Code to download.

Implementing

Sex Ed and Abuse Prevention Curriculum

Curriculum Access & Parent Rights

Adopting a sex education curriculum is a significant milestone for any school district or charter school, but its successful implementation requires careful planning. State law (TEC §28.004) requires districts and charter schools to provide human sexuality and child abuse prevention instruction while protecting parental rights and ensuring transparency. The law outlines specific steps schools must follow to make curriculum materials accessible to parents and meet these requirements.

➤➤ Make Curriculum Materials Accessible to Parents

Post all open-source materials on the district or charter school website.

Provide copyrighted materials for parents to:

- Review in person at student's campus during regular hours.
- Purchase at a cost no higher than what the district paid.
- Access online securely with restrictions on copying or downloading.
- Receive by mail or email upon request.

➤➤ Send Parent Notification Letter

The letter must go out prior to the start of the school year and can be electronic or hard copy. The letter must inform parents about:

- The content and schedule of the sex education and abuse prevention instruction.
- Their right to review or purchase the curriculum materials.
- Their right to opt-in, or give written consent, before their child receives instruction.
- The option to opt out of any part of the instruction without penalty.
- How to file grievances regarding state law violations.
- Opportunities to participate in curriculum development (e.g., through SHAC).

A template for the Parent Notification Letter is available for download on iCHAMPSS.

➤➤ Collect Written Parental Consent (Opt-In)

- Send forms out at least 14 calendar days prior to instruction.
- Obtain signed consent forms from parents before any student participates.
- Track and maintain records of all parental opt-in forms.
- It is a best practice to structure forms in a way that allows parents to either give or deny consent for individual lessons.
- It is a best practice, though not required in statute, to track the percent of students whose parents provide permission, deny permission, or fail to return forms, and take steps to improve response rates.

Providing curriculum access and securing parent consent are essential steps in meeting legal requirements, supporting families, and building community buy-in. Equally important is preparing educators to deliver instruction effectively. Refer to the next page for guidance on teacher preparation and training.

Teacher Training

Sex Ed and Abuse Prevention

Preparing Educators for Sex Education

Teaching sex education comes with unique challenge due to its complex blend of biological, psychological, cultural, and ethical dimensions. To support successful implementation, it's important to equip school staff with the training, resources, and ongoing support they need to teach confidently and sensitively.

Teacher Selection for Sex Education

Choosing the right staff to teach sex education is a key part of implementation. In smaller districts, where staffing may be limited, it's important to select educators who are comfortable discussing topics covered in sex education. In some cases, schools may also consider bringing in trained guest speakers or community health educators to supplement instruction.

In larger districts, there may be more flexibility in staffing, allowing schools to select from a broader pool of staff who already specialize in health education or related fields, including:

- Health Educators
- Science teachers
- School nurses or counselors
- Coaches or advisory teachers
- Guest speakers, where appropriate

Providing Training and Ongoing Support

Once school staff are selected, they should receive proper training and support to ensure they are prepared to teach the material effectively.

Curriculum-Specific Training: Training should be provided by either the curriculum publisher or an approved trainer familiar with the specific sex education program being used or content. This will help ensure teachers are confident and able to deliver the curriculum with fidelity.

Ongoing Support: Regularly check in with teachers to gauge their confidence levels, identify any challenges they're facing, and provide additional training or resources as needed. Offering ongoing support ensures that educators can address issues as they arise and feel supported in their role.

School-Based Resources: In addition to training, school nurses, counselors, and administrators can be invaluable resources for sexual health educators. They can help clarify complex health topics, offer strategies on how to address student concerns and questions, and support teachers in addressing student needs.

Check out hftx.learnworlds.com to explore training modules.

Teacher Training

Sex Ed and Abuse Prevention

Structuring Effective Training

Effective training prepares school staff to confidently teach sex education. Whether your district uses a dedicated human sexuality curriculum or incorporates sex education into a broader health course, training should be comprehensive, adaptable, and focused on the key skills needed for success. To build an effective training program, consider the following:

- **Structuring the Training:** Training can be delivered in different formats depending on available time and the depth of content:
 - Full-day, single session: may be the best option for districts with limited time.
 - Multiple shorter sessions: Spreading the training over several shorter sessions allows for more thorough exploration of complex topics.
- **Key Training Focus Areas:** Training should cover key competencies that support confident, accurate instruction, such as:
 - Trauma-informed approaches: Teach staff strategies to recognize and address the impact of trauma on students and creating a supportive classroom environment.
 - Respect: Guide educators in honoring students' different backgrounds and experiences.
 - Responding to questions: Prepare staff to answer challenging questions in a professional and caring manner.
 - Curriculum fidelity and adaptations: Ensure staff understand how to implement the curriculum accurately, with clear guidance on approved adaptations that may be necessary for local needs.
- **Extended Professional Development:** Consider offering ongoing professional development in related areas, such as:
 - Mental health awareness: Help staff identify and respond to student mental health needs that may impact engagement with sexual health topics.
 - Sexual assault prevention and consent education: Provide tools for teaching consent, healthy relationships, and prevention of sexual violence in age-appropriate ways.
- **Engagement and Support:** Use active learning strategies and accessible support systems to reinforce training outcomes.
 - Interactive training methods: Use role-playing, case studies, and group discussions to make the training engaging and practical for adult learning.
 - Ongoing support systems: Offer ongoing access to resources, peer networks, and experts for continued support.

By focusing on these essential areas, districts can ensure their instructional staff are not only well-informed but also confident in delivering accurate sex education.

Engaging Parents & Guardians

Sex Ed and Abuse Prevention

Engaging parents and guardians is essential for the success of sex education programs in schools. Their involvement not only helps in reinforcing consistent messages about sexual health but also ensures that the curriculum reflects community values and meets the needs of students. This document explores practical strategies for engaging parents, the significance of their role, and how their collaboration can enhance the overall impact of sex education programs.



How Can We Engage Parents & Guardians?

To effectively engage parents in sex education, schools must prioritize building trust and fostering open communication. A crucial first step is to establish a robust School Health Advisory Council (SHAC) with substantial parent representation. This ensures that community values and concerns are adequately represented. Additionally, conducting parent surveys can offer valuable insights into what most parents value in a sex education curriculum, guiding its development to better align with their priorities.



Communicating relevant information, such as district and community rates of teen pregnancy and STIs (available on the Healthy Futures website or in this guide), helps underscore the importance of abstinence-plus education and highlights its relevance to parents. To further alleviate concerns and build confidence, schools should engage in extensive outreach about both proposed and adopted curricula, maintaining transparency throughout the process.

Hosting parent nights provides an opportunity for direct interaction, where parents can learn more about the curriculum and ask questions. This fosters a collaborative environment and strengthens the partnership between schools and families.

Additionally, offering supportive parent training sessions, such as Key Conversations, equips them with the tools to effectively discuss healthy relationships and sexual health with their children.

Engaging Parents & Guardians

Sex Ed and Abuse Prevention

Why Are Parents & Guardians Important?

Effective sex education relies on strong collaboration between schools, parents, and guardians. Parents and guardians are the primary and most influential teachers of their children, shaping their values and beliefs from an early age. Family values, which are influenced by cultural, religious, and political factors, play a significant role in how children develop their ideas, behaviors, and decision-making as they grow into adulthood.



For health education to be truly impactful, it is crucial that schools and families reinforce consistent messages both at home and in the classroom. Building robust community support for a sex education curriculum is essential for achieving this alignment.

Additionally, state law requires schools to obtain parent consent before providing sex education, giving families the option to address these topics at home if they choose. Engaging parents and guardians not only respects their role in shaping their child's learning but also helps align instruction with community values and strengthens the overall impact of sex education programs.



Public opinion consistently shows broad, bipartisan support for sex education, with many parents recognizing its importance for their children's safety and health.

What Rights Do Parents & Guardians Have?

The Texas Education Code outlines several key rights for parents regarding sex education.

These rights include:

- Having a say in the selection of the sex education curriculum.
- Receiving notification about the content and scope of the sex education provided.
- Deciding whether or not their child will participate in sex education.
- Reviewing all curriculum materials both during the adoption process and after they are implemented.
- Filing a grievance or appeal if any of these rights are not upheld.

These provisions ensure that parents and guardians are actively involved in and informed about the sex education their children receive, reinforcing their critical role in shaping and supporting effective health education.

Implementing

Sex Ed and Abuse Prevention Curriculum

Statutory Compliance and Best Practice Checklist

This checklist summarizes the key legal requirements under Texas Education Code TEC §28.004 as well as best practices that may not be explicitly required under state law, and is designed to help Texas public schools ensure a smooth rollout of sex education and abuse prevention instruction.

Use the steps below to ensure an effective rollout.

Items marked with a ★ are required under state statute. Other items are best practices.

Curriculum Planning and Approval

- ★ ☐ Curriculum meets TEKS and complies with state law.
- ★ ☐ School board has adopted curriculum approval policy and SHAC resolution.
- ★ ☐ Curriculum reviewed by SHAC, with two public meetings held for public input.
- ★ ☐ School board approval obtained after SHAC recommendations and public meeting.

Parent Notification and Outreach

- ★ ☐ Parent notification letter sent prior to start of school year.
 - ★ ☐ Letter includes: curriculum content and schedule overview, written opt-in requirement, access for instructions for materials, grievance procedure, and SHAC involvement opportunity.
- ★ ☐ FAQs or informational session provided for parent questions.

Parent Consent Process

- ★ ☐ Written opt-in forms distributed to parents at least 14 days prior to instruction.
- ★ ☐ Signed consent forms collected and recorded prior to instruction.
- ★ ☐ Alternate instructional plan made for students without consent.
- ★ ☐ District tracks opt-in, opt-out, and non-response rates and creates improvement plan.

Curriculum Access

- ★ ☐ Open-source curriculum materials posted online and made available by mail/email
- ★ ☐ Copyrighted materials available for review on each campus during regular hours.
- ★ ☐ Copies of copyrighted materials offered for purchase at district cost.
- ★ ☐ Secure, non-copyable online access to electronic curriculum materials provided.

Teacher Selection and Training

- ☐ Instructors selected
- ☐ Training completed covering curriculum content

FAQs

Sex Ed and Abuse Prevention

Administrators, teachers, and school staff may have many questions about health education. This FAQs is designed to provide answers to common questions about sex ed.

I heard Texas is an abstinence only state. Is that true?

No, Texas is not an abstinence-only state. State law requires sex education to emphasize and prioritize abstinence, but the TEKS also require schools to teach “abstinence-plus” content on topics like birth control and condoms.

If a topic isn’t in the TEKS, are we prohibited from covering it?

Districts can “teach beyond the TEKS.” For example, many districts include consent as part of sex education, though it is not part of the TEKS.

Can I distribute condoms in class? What about demonstrations?

Condoms are not allowed to be distributed during sex education instruction. However, condom demonstrations are allowed. Additionally, schools are not prohibited from distributing condoms in other settings.

Can I bundle permission slips?

Unfortunately not. State law requires that sex ed and abuse prevention permission slips not be sent out with other forms.

How should we handle situations where some students in a class have permission to take sex education and others don’t?

Teachers should have a plan for students who don’t have permission to take part in sex ed lessons, including alternative instruction and supervision if needed.

We had really low response rates! How can we do better next year?

Getting high response rates may take a significant amount of effort. Successful schools often call parents who haven’t returned forms, send the forms out in multiple formats, take steps to educate parents about the lesson content, and even innovating ideas like offering extra credit to students who return permission slips.

What is the best curriculum to adopt?

There’s no single best curriculum. Districts may want to consider adopting an evidence-based sex education program that shows evidence of producing positive behavior change, or a health textbook that covers all TEKS.

With new restrictions on instruction regarding sexual orientation and gender identity under SB 12, what can and can’t teachers say?

It’s important to ensure that all students feel safe and welcome in the classroom. SB 12 may not limit student’s first amendment rights. Additionally, while SB 12 prohibits active instruction on sexual orientation and gender identity, does not prevent schools from broader activities like teaching books that include gay characters, grading a student essay about personal experiences, or teaching about topics such as history or civil rights.

As a charter district or DOI, we don’t have time to comply with all the new regulations before school starts. What should we do?

SB 12 does not provide sufficient time for charter districts and DOIs to complete lengthy processes around SHAC formation, curriculum adoption, and parent notification in the 2025-26 school year. Districts should do their best to document good faith efforts to comply with statute while continuing to provide required instruction under the TEKS.

Myth vs. Fact

Sex Ed and Abuse Prevention

Polling shows that a large, bipartisan majority of Texans support abstinence-plus sex education. However, in discussions around sex education and adolescent health, many misperceptions arise. This document outlines some common sex education myths and what the research suggests.

Myth 1: Talking About Sex Makes Students More Likely to Have Sex

Fact: No. Research shows that medically accurate sex education does not increase sexual activity and can help delay it.

For example, a 2012 review of 62 studies found that “comprehensive risk-education interventions were associated with declines in various risk behaviors among adolescents” with only one study suggesting a negative impact. A 2016 UN review of 22 systematic reviews also confirmed that such programs delay sexual initiation, reduce sexual activity, and decrease the number of partners.¹

Myth 2: Teaching About Consent Encourages Students to Have Sex

Fact: Teaching consent focuses on understanding and respecting personal boundaries, not encouraging sexual activity.

It means recognizing that everyone is responsible for setting, communicating, and respecting personal boundaries in all types of relationships, not just sexual relationships.

For example, consent education teaches:

- It's ok to choose a high five instead of a hug or opt out of touch altogether
- It's ok to decide whether to hold hands or add someone on social media

This fundamental education from a young age fosters healthy relationships and helps prevent issues like harassment and abuse. Furthermore, recent data shows that 88% of Texas voters, including 86% of Republicans, believe it's crucial for students to learn about respecting others' boundaries.²

Myth 3: Abstinence-Plus Education Increases Risky Behavior

Fact: Studies show that abstinence-plus sex education, including information on contraception and STI prevention, helps reduce risky behaviors.

It supports students in making informed decisions and can lead to increased use of protection and lower rates of unintended pregnancies and STIs.

Sources:

1. <https://www.guttmacher.org/gpr/2019/06/promiscuity-propaganda-access-information-and-services-does-not-lead-increases-sexual#>
2. Texas Campaign to Prevent Teen Pregnancy public opinion polling data, March 2020
3. Texas Youth Risk Behavior Survey, accessed at <http://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>
4. Contraception for Adolescents. COMMITTEE ON ADOLESCENCE. Pediatrics Oct 2014, 134 (4) e1244-e1256; DOI: 10.1542/peds.2014-2299

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DATA, RESEARCH, & RESOURCES



healthy futures OF TEXAS

Advancing informed
sexual health decisions

A baby is born to a
teen mom in Texas
once every

» 25 minutes

Teen Birth Counts & Rates

Year	TX Teen Birth Count	TX Teen Birth Rate	US Teen Birth Rate	TX, % above US
2007	54,281	61.8	41.5	49%
2008	54,284	60.7	40.2	51%
2009	52,656	57.9	37.9	53%
2010	47,751	52.2	34.3	52%
2011	42,748	46.9	31.3	50%
2012	40,451	44.4	29.4	51%
2013	37,525	41.0	26.5	55%
2014	35,063	37.8	24.2	56%
2015	32,687	34.6	22.3	55%
2016	29,765	31.0	20.3	52%
2017	26,971	27.6	18.8	47%
2018	25,089	25.3	17.4	45%
2019	24,109	24.0	16.7	44%
2020	22,641	22.4	15.4	45%
2021	21,041	20.3	13.9	46%
2022	21,337	20.4	13.6	50%
2023	20,856	19.4	13.1	49%

Texas Adolescent Health

TEXAS TEEN BIRTHS, 2023

With support, families led by teen parents can thrive. However, early and unintended childbearing can make it harder for young people to achieve personal, educational and professional goals and attain financial stability.

Between 2007, the teen birth rate in both Texas and the US has declined by two-thirds, an astounding public health shift. However, **Texas still has the 8th highest rate of teen birth in the nation**, and the 3rd highest rate of repeat teen birth. Of the 140,977 teens births in the US in 2023, 15% occurred in Texas.

In 2022, the Texas teen birth rate increased for the first time in 15 years, but 2023 saw the rate decline by 5%. In 2023, the Texas teen birth rate was 19.4 per 1,000 girls age 15-19. In other words, 1.94% of Texas teens gave birth, **a rate 49% higher than the national average**.

In 2023 there were 20,856 teen births, including 5,721 births to teens aged 15-17 and 15,135 births to teens aged 18-19. Additionally, there were 284 births to girls under the age of 15. In Texas, 89% of 18-19 year old teen mothers are unmarried, compared to about 25% of mothers in their 30s.

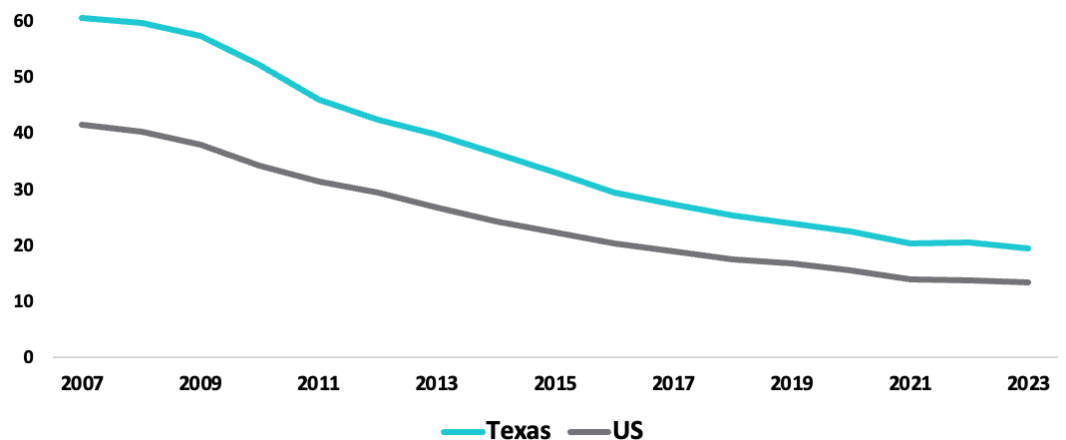
Teen Birth Rate

» Texas: 19.4
US: 13.1

20,856
Births to teens aged 15-19

284
Births to girls aged 10-14

Teen Birth Rate per 1,000 Teens Aged 15-19, 2007 - 2023

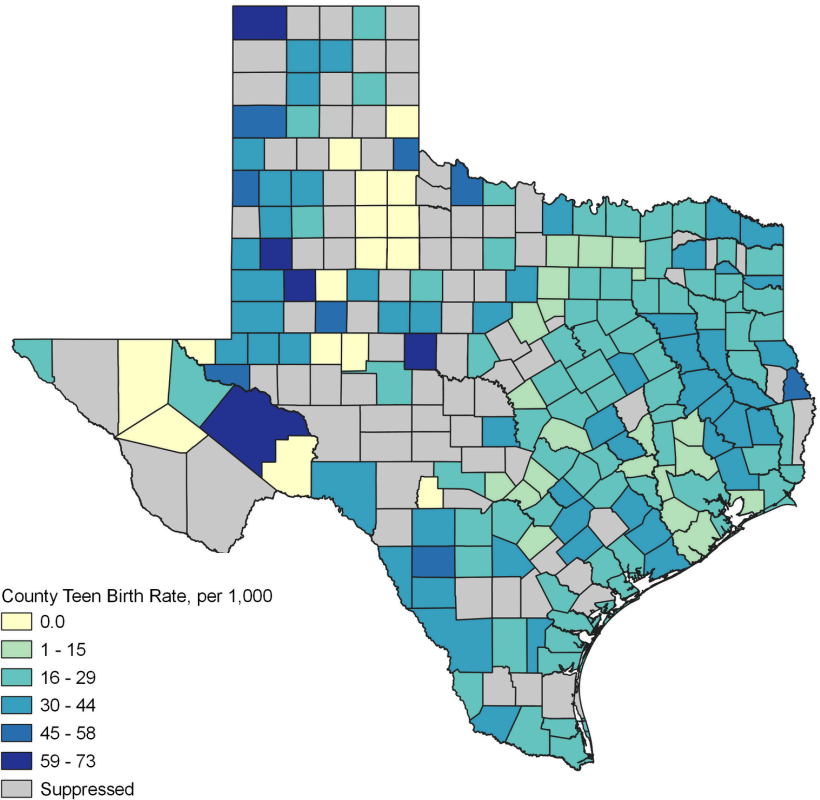


COUNTY RATES

2023 Teen Birth Rates for Large Counties

Area	Total Teen Births, 15 - 19	Teen Birth Rate 2023	Change, 22 - 23
Bell County	255	18.9	-12%
Bexar County	1,342	18.4	-9%
Brazoria County	176	12.9	-24%
Brazos County	155	11.4	4%
Cameron County	493	28.6	-6%
Collin County	275	6.5	12%
Comal County	61	10.4	-15%
Dallas County	2,132	23.8	-3%
Denton County	289	8.5	-1%
Ector County	219	35.1	-19%
El Paso County	707	22.1	-8%
Ellis County	129	15.8	-3%
Fort Bend County	222	6.7	-9%
Galveston County	180	15.3	-8%
Grayson County	101	21.0	-2%
Gregg County	100	22.4	-22%
Guadalupe County	101	15.8	20%
Harris County	3,284	19.5	-4%
Hays County	109	10.1	-11%
Hidalgo County	1,105	28.6	-7%
Jefferson County	231	28.8	-3%
Johnson County	117	16.6	-19%
Kaufman County	131	18.9	-4%
Lubbock County	250	18.6	-25%
McLennan County	218	19.8	26%
Midland County	186	31.7	-5%
Montgomery County	297	12.0	-17%
Nueces County	295	24.6	-7%
Parker County	75	13.4	4%
Potter County	143	35.5	-15%
Randall County	89	16.5	5%
Smith County	166	19.6	-2%
Tarrant County	1,414	17.8	0%
Taylor County	168	29.5	40%
Tom Green County	89	21.3	-10%
Travis County	707	18.0	7%
Webb County	397	34.2	-4%
Wichita County	96	20.9	1%
Williamson County	175	8.1	5%
Texas	20,856	19.4	-5%

Due to their large populations, more than half of Texas births occur in just 7 counties: Harris, Dallas, Tarrant, Bexar, Hidalgo, El Paso, and Travis. However, the highest rates of teen birth tend to occur in more rural counties, especially counties in west Texas or the border regions. Counties with a population below 100,000 have a teen birth rate that is 29% higher than the state average.



Note: If there are fewer than 10 teen births in a county, the data is suppressed to protect privacy. However, rates in these counties may still be high.

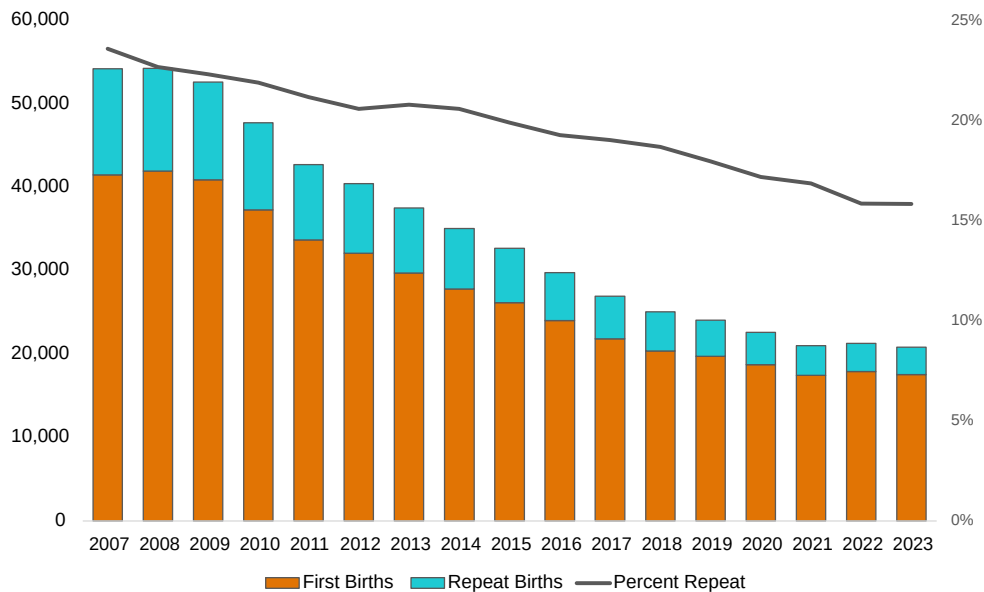
WHAT IS A TEEN BIRTH RATE?

A teen birth rate is a mathematical formula that shows how many girls between the ages of 15-19 out of a 1,000 had a baby in a given year. Teen birth rates can be calculated at the national, state, county, or even zip code level. Teen birth rates are shown per 1,000 girls aged 15-19. A teen birth rate of 30 per 1,000 means that 3% of teens in a given area had a baby that year.

$$\begin{array}{lcl}
 \text{Count of teen births in Travis County in 2023} & \rightarrow & 707 \\
 \text{Estimated number of girls aged 15-19 living in Travis County in 2023} & \rightarrow & 39,398 \\
 & & \times 1,000 = \\
 & & \text{Travis County 2023 teen birth rate of 18.0 per 1,000}
 \end{array}$$

To see rates for all Texas counties, visit <https://hftx.org/resources/teen-birth-in-texas/>

REPEAT TEEN BIRTHS



16% of teen births in Texas are repeat teen births.

Texas has the third highest rate of repeat teen birth in the nation. In 2023, there were 3,311 repeat teen births in Texas, down from 12,727 repeat births in 2007, when 24% of teen birth were repeat.

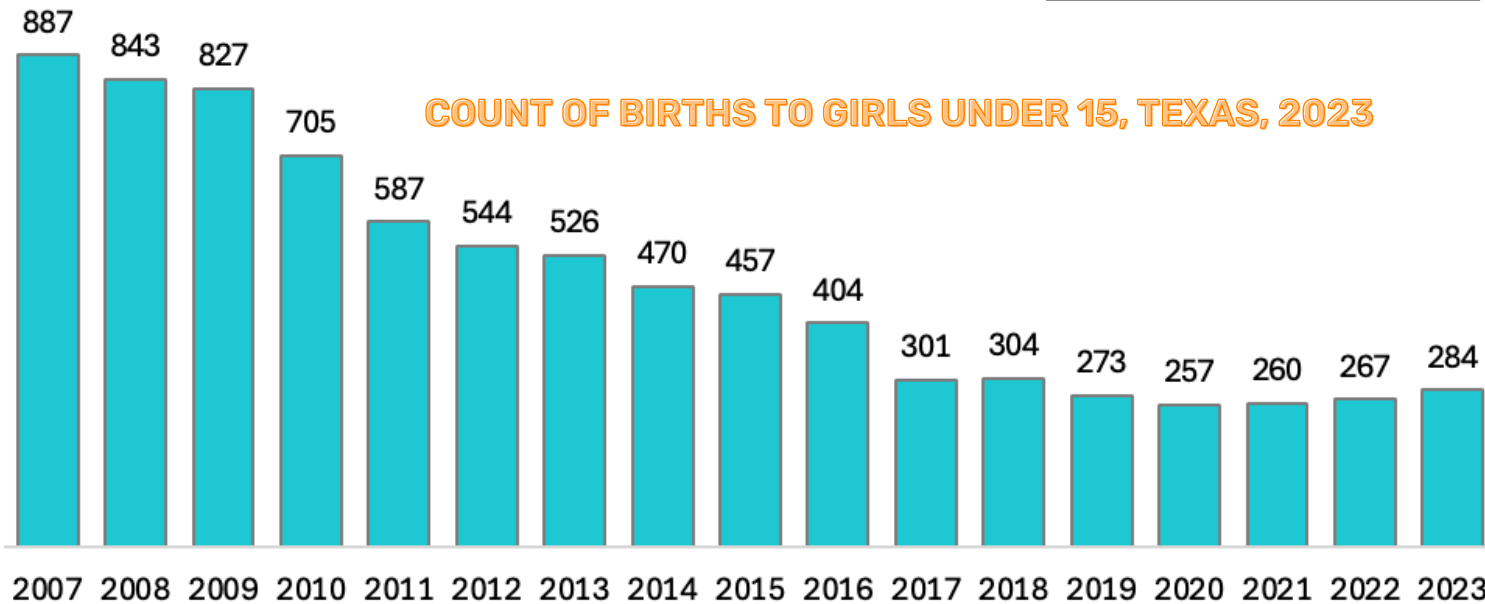
In Texas, a teen mother can consent to any medical care for her baby, but under state law, she cannot consent to her own health care, including birth control to prevent additional unintended pregnancies.

BIRTHS UNDER 15

Births to girls between the ages of 10-14 have declined by two-thirds since 2007. However, preteen births increased by 11% in Texas between 2020 and 2023, rising each year. Of the 1,766 births to preteens in the US, 16% occurred in Texas. These pregnancies are frequently the result of abuse or neglect, and may also create a serious health risks, as preteens are more than 50% more likely than mothers in their 20s to experience maternal morbidity or have a child who is transferred to the NICU.

Preteen Births by County, 2023	
Harris	50
Dallas	35
Bexar	25
Hidalgo	13
Tarrant	10
Other Counties	151
Total	284

COUNT OF BIRTHS TO GIRLS UNDER 15, TEXAS, 2023



DISPARITIES IN TEEN BIRTH RATES

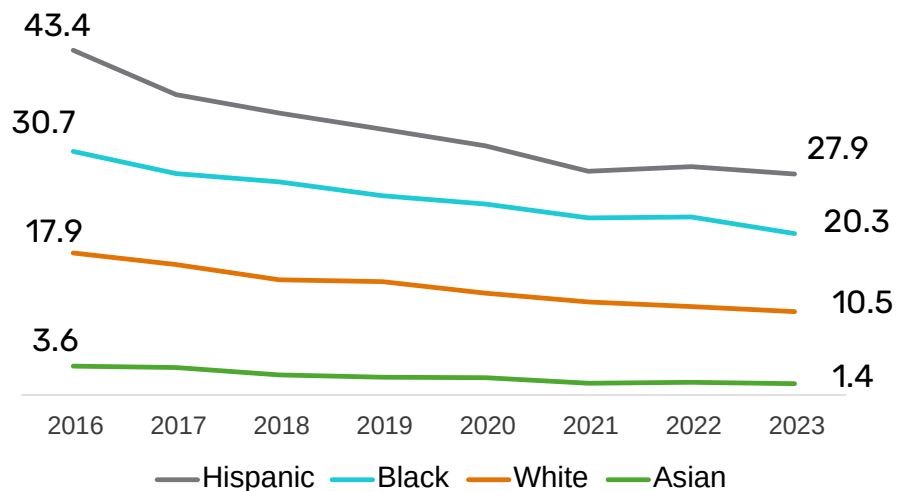
Factors such as access to health care, information, and economic opportunity can lead to disparities in teen birth rates. Though rates for all ethnicities have declined in the last decade, the rate of decline has been slower for black and Hispanic teens.

In 2022, the birth rate for Hispanic teens was 2.6 times higher than white teens. This gap increased to 2.7 times higher in 2023.

In 2023, 68% of teen births were to Hispanic teens, including 13,633 white Hispanic teens and 472 teens who identify as both Hispanic and black, Asian, American Indian or Hawaiian Pacific islander. In Texas, 96% of non-Hispanic teen mothers and 76% of Hispanic teen mothers were born within the US.

Teen Birth Count by Ethnicity, 2023

Hispanic:	13,633
Black:	2,767
White:	3,456
Asian :	68
American Indian:	21
Hawaiian/ Pacific Islander:	25
More than one race:	784



WHAT'S AHEAD FOR TEEN BIRTH RATES?

In 2022, the Texas teen birth rate increased for the first time in 15 years. While the increase was small -- just half a percent -- it was a concerning trend after a decade and a half of decline. In 2023, the Texas teen birth rate resumed its decrease. However, the 5% decrease was smaller than prior years, which averaged an 8% drop.

Preliminary data for 2024 show that the count of Texas teen births has decreased by 3% compared to 2023. While full data are not available to show teen birth rates, it is likely that 2024 will show a modest decline compared to 2023. Very preliminary data suggest this moderate decline will continue in 2025.

Count of Texas Teen Births

2023 - 20,856
2024 - 21,159

-3%

NON-MEDICAL DRIVERS OF HEALTH

Non-Medical Drivers of Health are conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes. These issues can contribute to adolescent health, including teen pregnancy and rates of sexually transmitted infections.

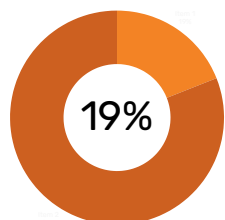
Young people in Texas are more likely than their peers nationwide to live in poverty, not have health insurance, or experience one or more Adverse Childhood Experiences, or ACES.

»» Health Care Access

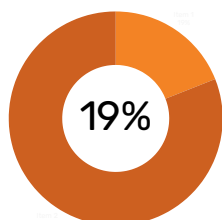
Texas is the largest state in the nation to not expand Medicaid. As a result, many young people in Texas are uninsured.

Programs such as Healthy Texas Women and the state's Family Planning Program provide access to care such as birth control, cancer screenings, STI screening and treatment, and other services.

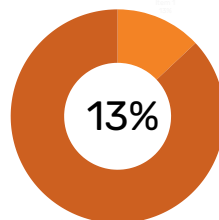
When teens do become pregnant, most are eligible for Pregnant Women's Medicaid, which covers more than 4 out of 5 teen births in Texas.



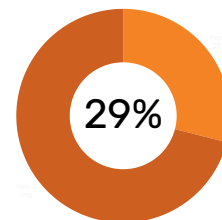
of Texas children live in poverty



of Texas children experience at least 2 ACES



of Texas children under the age of 18 don't have health insurance

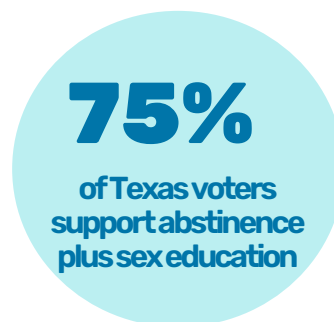


of young adults (age 19-26) in Texas don't have health insurance

SEXUAL HEALTH EDUCATION

Sexual health education can help young people stay safe and healthy by providing factual information on topics like healthy relationships, abstinence, birth control, and prevention of sexually transmitted infections. This type of school-based instruction is widely supported by Texas parents.

In 2020, the Texas State Board of Education updated the minimum curriculum standards for Health Education, including appropriate sexual health information in the middle school level, when all students are required to be offered this instruction. In Texas, parents maintain the right to opt their children out of any instruction on sexual health or abuse prevention without penalty.



Young people in Texas report that they want to receive information on sexual health from trusted sources such as schools, parents and doctors, rather than relying on the internet or peers. However, despite recent improvements to state standards, many Texas students still do not receive adequate school-based instruction.

SEXUALLY TRANSMITTED INFECTIONS, 2023

Though teen birth rates have declined in recent years, STIs are increasing among Texas youth. Some of this increase may be due to declining condom usage, changes in access to health care, or other factors. Minors in Texas can consent to screening and treatment for most STIs.

A word of caution about STI data: the reported data only show the cases that have been diagnosed. However, in a country where many young people lack access to health care, a “low” rate may simply reflect the fact that many cases are undiagnosed. Conversely, a high rate or increasing rates could indicate improved access to screening and treatment.

Health Education in Texas public schools now includes information on the types of STIs and the importance of prevention, screening, and treatment.

In Texas in 2023

57% of chlamydia cases,
43% of gonorrhea cases,
19% of syphilis cases, and
21% of HIV cases

occurred in youth under
the age of 25

To find low-cost HIV and STI testing locations, visit dshs.texas.gov/hivstd/testing

Sexually Transmitted Infections and HIV in Texas, 2023

	Count, 2023, Ages 15-24*	Count, 2023, All Ages	Change from 2019, Youth
Chlamydia	85,974	150,056	6%
Gonorrhea	23,070	53,793	8%
Syphilis	5,080	26,155	76%
HIV new diagnoses	1,071	5,076	3%

*New HIV diagnoses in youth show data for ages 13-24

CONGENITAL SYPHILIS

Congenital syphilis, once nearly eradicated, has shown an alarming increase in recent years, both in Texas and the US. Congenital syphilis occurs when a pregnant woman who has syphilis passes the infection on to her baby, often resulting in death or lifelong disability. While early treatment can often prevent infection, many pregnant women with syphilis do not receive timely or adequate care. When a woman is diagnosed with syphilis during pregnancy, the infant is nearly three times as likely to be admitted to the NICU.

Teen mothers have the highest incidence of syphilis during pregnancy of any age group in Texas.

Year	Rate, TX	Rate, US	Cases, TX	Cases, US	TX % of total
2019	140.4	50.3	530	1,884	28%
2020	153.5	59.9	565	2,163	26%
2021	183.1	78.6	684	2,881	24%
2022	236.6	102.8	922	3,769	24%
2023	238.6	105.8	930	3,882	24%

24%

of reported congenital syphilis cases in 2023 occurred in Texas

Between 2019 and 2023 Texas congenital syphilis cases increased by

70%

Youth STI Data by Texas County, 2023

Area	Chlamydia		Gonorrhea		Syphilis		HIV	
	Count, 2023, Ages 15-24	Change from 2019	Count, 2023, Ages 15-24	Change from 2019	Count, 2023, Ages 15-24	Change from 2019	Count of New Diagnoses, 2023, Ages 13-24	Change from 2019
Bell County	1,606	10%	459	42%	42	-9%	13	-57%
Bexar County	4,562	-12%	1,270	50%	464	53%	85	25%
Brazoria County	1,009	10%	220	96%	44	132%	9	-31%
Brazos County	1,030	25%	331	165%	30	30%	7	--
Cameron County	1,830	24%	200	120%	111	178%	23	130%
Collin County	1,723	7%	399	86%	90	80%	30	58%
Comal County	208	-19%	42	5%	18	80%	**	--
Dallas County	10,230	-11%	3,398	56%	580	16%	162	15%
Denton County	1,772	25%	496	74%	96	92%	19	-14%
Ector County	561	5%	102	9%	30	0%	6	--
El Paso County	2,928	33%	520	112%	172	100%	32	7%
Ellis County	541	47%	156	95%	16	100%	5	--
Fort Bend County	1,817	24%	461	126%	92	254%	21	-13%
Galveston County	871	-7%	208	79%	38	111%	12	-14%
Grayson County	286	-2%	49	7%	12	200%	**	--
Gregg County	511	34%	100	56%	17	183%	6	--
Guadalupe County	291	-2%	80	78%	18	38%	**	--
Harris County	16,964	20%	5,220	104%	1,190	103%	273	-12%
Hays County	882	22%	226	109%	36	0%	14	27%
Hidalgo County	2,147	4%	372	85%	155	52%	25	47%
Jefferson County	968	10%	315	76%	79	103%	23	28%
Johnson County	334	-1%	67	16%	14	100%	**	--
Kaufman County	499	35%	144	172%	19	111%	6	0%
Lubbock County	1,539	-4%	406	26%	106	266%	18	100%
McLennan County	1,068	5%	279	51%	30	20%	5	0%
Midland County	677	12%	115	35%	25	92%	5	0%
Montgomery County	1,116	23%	216	88%	54	59%	18	0%
Nueces County	1,477	-24%	432	107%	72	29%	6	-25%
Parker County	191	12%	27	13%	5	-38%	**	--
Potter County	572	-22%	187	-18%	32	167%	9	-18%
Randall County	404	77%	104	167%	24	380%	0	--
Smith County	853	37%	210	71%	35	133%	11	-8%
Tarrant County	6,483	15%	2,123	106%	297	79%	67	-14%
Taylor County	348	2%	63	3%	23	667%	5	--
Tom Green County	445	-16%	88	31%	33	450%	**	--
Travis County	4,019	-3%	1,310	96%	236	55%	38	15%
Webb County	789	6%	156	333%	70	250%	**	--
Wichita County	298	-13%	94	92%	15	36%	**	--
Williamson County	1,240	37%	305	193%	30	30%	**	--
Texas	85,974	6%	23,070	8%	5,080	76%	1071	3%

ABOUT US

Healthy Futures of Texas is a statewide nonpartisan, non-profit organization committed to improving the wellbeing of young Texans through equitable access to sexual health education, contraception, and resources.

We address the increasing barriers that young people in Texas face to obtain quality sex education and access to contraception and preventative sexual healthcare, promoting a healthier future for all Texans.

 [Learn more at hftx.org.](https://hftx.org)

OUR PILLARS



ADVOCACY



AWARENESS

HEALTH
EDUCATION

RESEARCH

TRAINING AND
TECHNICAL
ASSISTANCE

DATA SOURCES

Page 1: All data are Healthy Futures of Texas analysis of Natality Data from CDC Wonder, accessed at <https://wonder.cdc.gov/natality.html>. Data shown are final 2023 rates.

Page 2: Large County data are from Natality Data from CDC Wonder, accessed at <https://wonder.cdc.gov/natality.html>. Teen birth counts of small counties shown in map were provided via email by Texas DSHS. Teen birth rates were calculated using Vintage 2023 postcensal single-race estimates of the resident population, accessed at <https://www2.census.gov/programs-surveys/popest/datasets/2020-2023/counties/asrh/>

Page 3: Healthy Futures of Texas analysis of Natality Data from CDC Wonder, accessed at <https://wonder.cdc.gov/natality.html>. Maternal morbidity includes Maternal Transfusion, Third or Fourth Degree Perineal Laceration, Ruptured Uterus, Unplanned Hysterectomy, or Admission to Intensive Care Unit.

Page 4: Healthy Futures of Texas analysis of Natality Data from CDC Wonder, accessed at <https://wonder.cdc.gov/natality.html>; Healthy Futures analysis of CDC Wonder Provisional Natality, 2023 through Last Month, accessed at <https://wonder.cdc.gov/natality-expanded-provisional.html>

Page 5: Non Medical drivers of Health definition from Texas HHS. Percent of children with ACES from <https://sph.uth.edu/research/centers/dell/legislative-initiatives/docs/2022/ACES-Report-102622.pdf>. Percent of children in poverty from US Census Bureau Small Area Income and Poverty Estimates (SAIPE) Program. Percent of children and youth uninsured from American Community Survey, S2701 Selected Characteristics of Health Insurance Coverage in the United States, 5 year estimates. Sex Education public opinion polling from <https://hftx.org/wp-content/uploads/2023/05/Updated-Branding-Public-Opinion-Poll-Results.pdf>

Page 6 - 7: All STI data from NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/about/atlasplus.html>



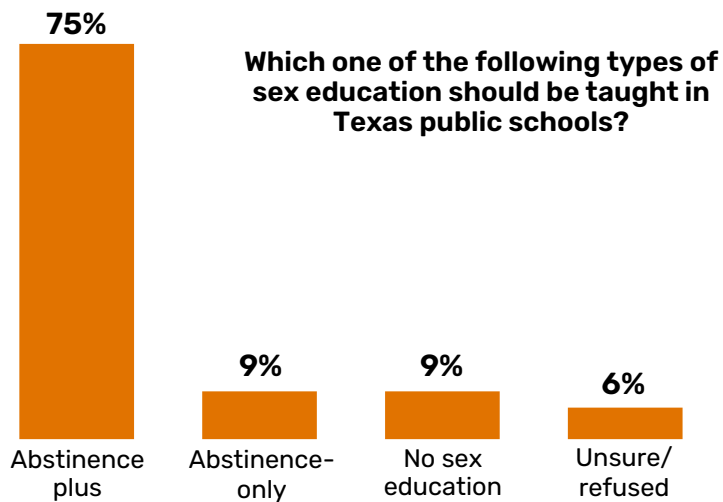
healthy
futures
OF TEXAS

Advancing informed
sexual health decisions

Public Opinion Poll Results

Texas voters support abstinence-plus sex ed

Texas voters agree that our youth deserve access to medically accurate, age-appropriate sexual health education. The dialogue around sex education can be divisive, but polling consistently shows that sex education is not a highly partisan issue for most people - it's just common sense.

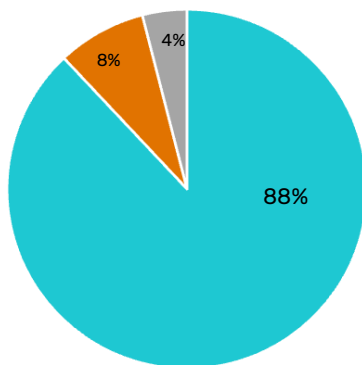


When asked what should be taught in public schools, 75% of poll respondents, including 68% of Republicans, support teaching abstinence-plus sex education, defined as curricula that "teaches students abstinence is the safest choice, but also provides medically accurate information about topics such as contraception, prevention of sexually transmitted infections, and healthy relationships." More than 2/3 of voters across all political affiliations, geographic regions, genders, and ethnicities support abstinence-plus sex ed in schools.

TEXAS VOTERS AGREE

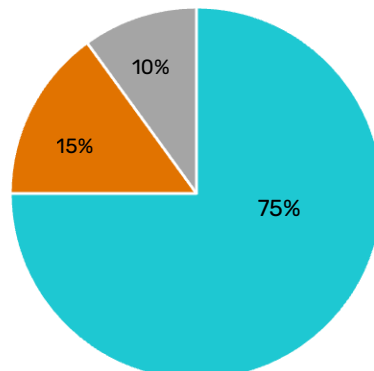
Consent & Boundaries **88%**

of respondents, including 86% of Republicans, agree that "It's important for students to learn about consent, including respecting the boundaries set by other people about their bodies."



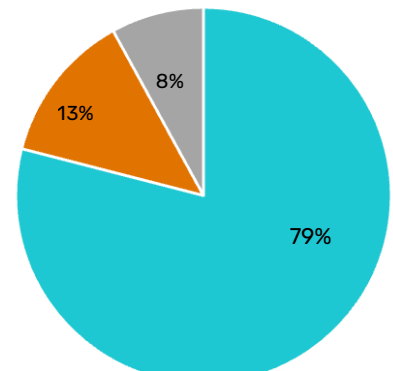
Inclusivity **75%**

of respondents, including 65% of Republicans, agree that "To help prevent bullying of LGBTQ youth, Texas public schools should include standards around cultivating respect for all people, regardless of their sexual orientation or identity."



Contraception & Condoms **79%**

of respondents, including 72% of Republicans, agree that, "Along with abstinence, sex education in public schools should teach students about condoms and contraception."



● Agree ● Disagree ● Unsure/Depends

SCHOOL STAKEHOLDERS:

We Need Your Help!

Researchers at UTHealth Houston are conducting a study to help assess how effective iCHAMPSS is in helping schools adopt, implement, and maintain effective sexual health programs.

You are invited to participate in a randomized controlled trial of *iCHAMPSS 2.0*.



IF INTERESTED, PLEASE CONTACT:

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Research Coordinator
Chelsey.L.Kanipe@uth.tmc.edu

Belinda Hernandez, PhD
Principal Investigator
210-276-9021
Belinda.Hernandez@uth.tmc.edu



**UTHealth
Houston**
School of
Public Health

Belinda Hernandez, PhD, MPH
Principal Investigator

Who is eligible?

A school stakeholder that holds one of the following positions in a Texas school district participating in the *iCHAMPSS 2.0* study:

1. District or school administrator (e.g., health coordinators, instructional specialists, and curriculum coordinators),
2. Health and physical education teachers, and
3. Social and health service staff (e.g., nurses and counselors)

Time Commitment & Location

- Your school district will be randomly assigned to receive iCHAMPSS either in the Fall or Spring semester during the first two years of the study. All school districts will receive iCHAMPSS by the end of the second year of the study.
- Regardless of whether your district is using iCHAMPSS, you will be asked to complete a series of confidential surveys: one at the beginning of year one and a follow-up survey at the end of each semester.
- The survey will take approximately 15-20 minutes to complete and can be taken at a time that works best for you on any device that has internet capabilities.
- You will be asked to take part in quarterly monitoring calls once you begin using iCHAMPSS.
- *You will be compensated for completing each survey.*







IRB NUMBER: HSC-SPH-24-0672
IRB APPROVAL DATE: 04/29/2025

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Your Space for Trusted Health Education Training

HFTX Classroom is your go-to online learning space for high-quality, research-based training in sexual and reproductive health. Designed for educators, counselors, and youth-serving professionals.

What You'll Find:

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-  **Free and low-cost courses**
-  **Tools to support youth and families –
with select content available in Spanish**
-  **CEUs available**

Healthy Futures of Texas is a leader in providing high quality, medically accurate training, technical assistance, and curriculum to youth serving professionals across Texas and the United States.



Start learning today at hftx.learnworlds.com



Services for Districts, Schools, Parents and Guardians, and Students

The effective implementation of health curriculum standards can ensure that nearly every student in Texas receives accurate, evidence-based information on contraception, STI prevention, and healthy relationships.

School-based sex education is vital for supporting adolescent health. While families play a crucial role in guiding their children's education, collaboration between schools and families enhances students' knowledge and skills. For many, school-based sex education is their primary source of essential information.

The **Texas is Ready** program supports by providing technical assistance to navigate complex state laws, access quality curricula, and strengthen School Health Advisory Councils. However, many districts still face challenge, including insufficient teacher training and difficulties with parent notification and consent, which strain limited resources.

HOW TEXAS IS READY CAN HELP



Districts

We support school districts by connecting them with reputable curriculum publishers and offering essential training on TEKS updates and statutory compliance. We provide guidance on the roles and responsibilities of School Health Advisory Councils (SHACs) and school boards, as well as assistance in selecting evidence-based curricula tailored to the unique needs of their students and communities.



Schools and Charters

We help schools and charters by linking them to valuable curriculum resources and providing education on TEKS updates and compliance requirements. Our support includes guidance on effective SHAC operations and the selection of evidence-based curricula that address the specific needs of their student populations.



Parents and Communities

We connect parents and caregivers to educational programs that empower them to engage effectively in their children's health education. We provide resources that help families support their children's health and collaborate with schools on sexual health education initiatives.



Students

We assist in selecting and implementing inclusive sexual health education curricula that meet the diverse needs of all students, including those with disabilities and youth in care systems. Our aim is to ensure that every Texas youth receives high-quality sexual health education, raising awareness of disparities and providing targeted training in collaboration with experts.

Resource Guide for Texas Independent School Districts and Charter Schools



Is your district ready to **launch?**



Visit TaxisReady.org
to request services.

Texas

Ready

For inquiries email us at
azelaya@healthyfutures-tx.org

www.TaxisReady.org