

# Summary of Information Concerning Health Education

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Education Articles §4-111.2, §7-401, and §7-411.1

Division of Instructional Programs

December 2025



**MARYLAND STATE DEPARTMENT OF EDUCATION**

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Office of Teaching and Learning

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## Student Health Concerns

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The Division of Instructional Programs at the Maryland State Department of Education (MSDE) has taken multiple steps to support the development and implementation of age-appropriate, scientifically based, medically accurate, and data-driven comprehensive health education curricula for all students in prekindergarten through twelfth grade in each local education agency (LEA). As such, the statutory requirements identified in this report have been addressed in Code of Maryland Regulations (COMAR) [13A.04.18.01](#), and the [Comprehensive Health Education Framework \(June 2021\)](#).

### INSTRUCTION IN HEALTH EDUCATION

#### Education Article §7–401 Annotated Code of Maryland

Each local education agency shall provide comprehensive health education instruction, including the importance of maintaining good health.

### DATING VIOLENCE AND DIABETES TREATMENT AND PREVENTION

#### Education Article §7–411.1 Annotated Code of Maryland

The State Board of Education shall encourage Maryland’s LEAs to incorporate age-appropriate lessons on dating violence, diabetes, and its treatment and prevention in their comprehensive health education curriculum.

### ORAL HEALTH EDUCATION

#### Education Article §4–111.2 Annotated Code of Maryland

MSDE shall support, facilitate, and monitor the implementation of oral health education, including disease prevention and dental health promotion.

### CODE OF MARYLAND REGULATIONS (COMAR) 13A.04.18.01 CERTIFICATIONS

As required by COMAR 13A.04.18.02, *Programs in Comprehensive Health Education Certification Procedures*, each local superintendent must certify to the State Superintendent of Schools every five years that their comprehensive health education instructional programming meets, at a minimum, the requirements outlined in COMAR 13A.04.18.01. Accordingly, local superintendents submitted their instructional program certifications to MSDE in June of 2025, and these certifications can be found in the [appendix](#)<sup>1</sup>.

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<sup>1</sup> The LEA certifications included in this report may not be fully compliant with the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA. MSDE assumes no responsibility for the accessibility of these documents as submitted by individual LEAs. Individuals requiring an accessible version should submit a request directly to the respective [local health education coordinator](#).

## SUMMARY

Twenty-one of Maryland's twenty-four LEAs attested to full compliance with all forty-four requirements outlined in COMAR 13A.04.18.01.

- Anne Arundel County Public Schools reported non-compliance with sections A.(1) and D.2(d) and submitted an action plan outlining steps to achieve compliance by the 2027-2028 school year.
- Baltimore County Public Schools reported non-compliance with sections:
  - A.(1) during the 2020-2021 school year as a result of disruptions caused by the COVID-19 pandemic; however, the district has since achieved compliance with all frequency and duration requirements;
  - A.(3) noting that they are in the initial phases of conducting research and a needs assessment. The school system has expressed its intent to develop future collaborations with Career and Technical Education (CTE) programs to identify opportunities for offering industry-recognized credentials through health education elective courses; and
  - D.(1)(c) and D.(3)(b), noting that during the 2020-2021 school year, training modules were not yet available; however, the district has since taken steps to improve compliance through curriculum revisions and a partnership with MSDE and MPT to develop and implement the necessary asynchronous professional learning modules.
- Caroline County Public Schools reported non-compliance with section A.(2), indicating health education electives are available through dual enrollment.

MSDE will continue to support Maryland's Comprehensive Health Education Programs through office hours, collaboratives, learning labs, symposiums, and in-person and virtual professional learning sessions.

# Appendix

## ALLEGANY COUNTY PUBLIC SCHOOLS



### Instructional Program Certification Office of Instructional Programs and Services

### Comprehensive Health Education for Grades PreK—12

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
-----------	-----------	-----------	-----------	-----------
2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan****LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Tracey Leonard Date: 6/16/25

Chief Academic Officer: Kim Green Kalbaugh Date: 6/16/25

Superintendent: [Signature] Date: 6/17/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)

[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS



### Comprehensive Health Education for Grades PreK—12

As required by the Code of Maryland Regulations (COMAR) **13A.04.18.02, Programs in Comprehensive Health Education Certification Procedures**, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in **COMAR 13A.04.18.01**.

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input type="radio"/>	<input checked="" type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system’s health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system’s health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system’s health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system’s health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system’s health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system’s health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system’s curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system’s curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No
C. (4)	The local school system’s curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system’s curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system’s curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system’s curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system’s curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

## Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input type="radio"/>	<input checked="" type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 - 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

Provision A. (1) – The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.

AACPS does not offer a standalone health education course in grade Prek-5. Specific objectives across the eight standards are incorporated into instructional blocks providing essential health lessons for all students. As AACPS works to revise the school system master schedule, we will determine where health education will further be integrated into curriculum to increase access to health standards.

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Christiana Walsh Date: 6/17/25

Chief Academic Officer: [Signature] Date: 6/30/25

Superintendent: Mad. T. Bell Date: 6/30/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**ANNE ARUNDEL COUNTY PUBLIC SCHOOLS****Action Plan to Address COMAR Provision D. 2(d) – Family Life and Human Sexuality  
(Begin in or prior to Grade 5)****Timeline & Actions:****(SY25\_26) Stakeholder Engagement and Curriculum Mapping**

Engage elementary educators and administrators to gather input on existing health education lessons and potential models for fidelity of implementation

Procure, develop and/or explore additional health education lessons or curricular materials to address the gap to include 4th and 5th grade family life and human sexuality indicators.

**(SY26\_27) Community/Parent Engagement and Professional Development**

Collaborate with MSDE and Community stakeholders to receive feedback on developed lessons plans.

Provide targeted professional learning for elementary teachers on delivering health content to increase teacher confidence and fidelity in delivering health education standards.

Pilot new lessons in selected schools.

**(SY27\_28) Implementation, Monitoring & Evaluation**

Implement curriculum in all elementary schools with yearly monitoring and evaluation.

**BALTIMORE CITY PUBLIC SCHOOLS**



**Instructional Program Certification**

Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form 2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 3

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan****LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

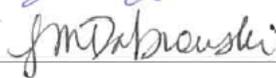
Coordinator of Health Education:



Date:

5/13/25

Chief Academic Officer:



Date:

5/15/25

Superintendent:



Date:

5/23/25**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)

[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**BALTIMORE COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

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1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
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Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
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Comprehensive Health Education Response Form

2024 – 2025

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Comprehensive Health Education Response Form

2024 – 2025

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Comprehensive Health Education Response Form

2024 – 2025

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G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

See Attached

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:



Date:

6/5/25

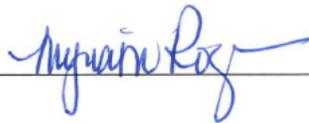
Chief Academic Officer:



Date:

6/5/25

Superintendent:



Date:

6/10/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

## COMAR “No” Responses

**A. (1). The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.**

## Response:

During the 2020–2021 school year, BCPS was unable to fully meet the requirement due to the COVID-19 pandemic and the systemwide shift to virtual learning. Instructional time for health education was significantly reduced, and the curriculum was consolidated to prioritize core content. As a result, certain grade-level components—such as the Grade 5 puberty lessons—were not implemented during that year.

## Actions:

During the 2021-2022 school year, we reviewed the lessons that we taught and created accelerated learning modules to fill in the gaps from the previous year. Our instructional health program has met **the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8 during school years 2021-2022, 2022-2023, 2023-2024, and 2024-2025.**

**A. (2) - The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.**

## Response:

While BCPS offers the required high school health education course aligned to MSDE standards, elective health education courses are not currently included as part of our comprehensive health education program in grades 9–12 during any of the COMAR reporting school years. Elective offerings in health-related topics are offered in select magnet programs and were available during school years 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025.

To address this gap and explore future expansion in all high schools, BCPS will implement the following planned actions:

1. Conduct research and needs assessment
  - Survey students to assess interest in health education electives at the high school level.
  - Research how other Maryland LEAs are offering health electives and identify promising practices.
  - Use data to inform course development and scheduling feasibility.
2. Pursue health electives aligned with CTE

- Explore the development of a health sciences or public/community health elective that could fulfill both health education and CTE exploratory course objectives.
- Partner with the Office of CTE to identify alignment with existing pathways
- Investigate credentialing or certification opportunities that could be embedded in elective coursework (i.e CPR certification, Mental Health First Aid).

**D. (1)(c) Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.**

**D. (3)(b) Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault**

1.Principal Communication Required Trainings.docx (For background)

BCPS did not fully meet the requirements for these trainings during the **2020–2021** school year due to the disruptions caused by COVID-19, including the transition to virtual learning and reductions in instructional time. Additionally, the MSDE asynchronous training modules for substance use prevention and sexual abuse/assault awareness were not yet available this school year and therefore could not be implemented districtwide at that time.

Beginning in the **2021–2022** school year, and each subsequent school year, BCPS took steps to improve compliance and implementation:

- The BCPS Elementary Health Education curriculum was revised to include child abuse prevention lessons as part of the Safety and Injury Prevention Unit in Grades PreK–5.
- MSDE partnered with MPT to release a 1-hour, self-paced, asynchronous professional learning course on child sexual abuse prevention through the MSDE Canvas platform. Elementary principals were directed to provide all classroom teachers with one hour of release time to complete these trainings during pre-service week, professional study days (e.g., Sept. 7 and Sept. 16), or an assigned Monday duty period.
- Teachers were encouraged to complete the training as grade-level teams and include relevant support staff (e.g., school counselors, nurses, social workers). Teachers were instructed to retain a certificate of completion and submit it to their school principal.

At the secondary level, the health education curriculum already included lessons on substance use prevention and sexual abuse/assault awareness. Beginning in **2021–2022**, secondary health teachers were also granted access to MSDE–approved asynchronous training modules during systemwide professional learning days.

In all subsequent years, new teachers are provided time to complete the online modules at the elementary and secondary level.

For each year we used MSDE online training, teachers were instructed to save 2 copies of the certificate of completion provided at the end of the training – one for personal use and one to share with their principal. We have not centrally collected these certificates and therefore, cannot verify that all teachers met the COMAR requirement.

To improve consistency and quality, in-person specialized training sessions were offered during the 2024–2025 school year to any secondary health teachers who had not previously completed the required modules. Completion of these sessions was tracked through our district’s professional learning registration system, and all participants successfully fulfilled the requirement.

**Additional planned actions to further enhance compliance.:**

- Expand the grade 5 checklist to all grade levels and include a required item on the annual principal/DC compliance checklist to confirm that staff delivering health instruction have completed MSDE-approved training in both substance use prevention and sexual abuse/assault awareness, with certificates maintained on file.
- Create a digital reporting form for principals/DCs/SDTs/Teachers to submit staff training records, including names and dates of completion, to support district-level monitoring.
- Make both asynchronous and in-person training available in the registration system to ensure all teachers, including new hires, can complete the required professional learning and we can track their completion.
- Provide clear guidance in principal/DC/SDT updates and beginning-of-year communications to reinforce expectations and timelines.

**Principal Communication: Grade 5 Health Education Curricular Revisions**

The Grade 5 Health Education curriculum has been revised and uploaded to Schoology. As part of the revisions, changes to puberty health education lessons have incurred. These changes are in response to, and in alignment with, the revised Health Education COMAR (December 2019), State Educational Law, the revised MSDE Health Education Framework (May 2020), and the BCPS Equity Policy. The puberty education lessons are now a part of the Quarter Two, Unit Two – Changes in Me unit. Principals will need to complete the [Puberty Health Education: Principal Checklist](#) form prior to the implementation of the puberty health education lessons.

In order to prepare Grade 5 teachers to implement the revisions, a 1-hour, self-paced, asynchronous professional learning opportunity, has been created on Schoology. Principals are being requested to provide Grade 5 teachers with 1-hour of release time during their assigned duty day to complete the module. Ideally, the module would be completed as a grade level team, with optional support staff included (school nurse, school counselor, principal, assistant principal, etc.). Suggested release time may be provided during teacher pre-service week, the September 7, 2021 school-based professional study day, the September 16, 2021 content based professional study day, or an assigned Monday duty day.

Included in the module is a 25-minute voice-over PowerPoint that provides the rationale and overview of the changes and implications for teachers and student families. After the presentation, teachers will have time to review the lessons and discuss the revisions with their grade level team, support staff, and school-based leaders.

Information about the module will be shared on the August 24, 2021 Professional Study Day. Teachers and interested staff can access the professional learning module in the Grade 5 Schoology Group in the Health Education folder. The Grade 5 access code is SSJDG-88KGX.

Principals are highly encouraged to listen to the presentation in an effort to gain an understanding of the revisions, the updated requirements, and to be able to respond to questions from families.

Please contact Kirsten Roller, Health Education Supervisor at [kroller@bcps.org](mailto:kroller@bcps.org) with questions/concerns or to request additional information/support.

**Principal Communication: Sexual Abuse and Assault Prevention Education Required COMAR teacher training**

In 2016, the Maryland General Assembly enacted the Sexual Abuse and Assault Awareness Prevention Program; Development and Implementation (House Bill 72). Maryland Education Code § 7-439 states that the State Board of Education and certain nonpublic schools in the State are required to develop and implement a program of age-appropriate education on the awareness and prevention of sexual abuse and assault.

The program must **be taught by teachers who are trained** to provide instruction on the awareness and prevention of sexual abuse and assault and **incorporated into the health**

**curriculum** of local boards of education and nonpublic schools. The State board must adopt regulations to carry out the bill.

The 2021/2022 BCPS Elementary Health Education curriculum now includes child abuse prevention objectives and lessons as part of the Safety and Injury Prevention Unit in Grades K-5. The lessons help students develop the knowledge, skills, and behaviors that promote safe living in the home, school, and community. The child abuse prevention objectives address both abduction prevention (people safety) and sexual abuse prevention (body safety) education. The health education lessons complement and expand upon the 30-minute body safety lesson implemented by School Counseling Staff. Maryland law requires teachers to complete a training in background information and best practices prior to teaching body safety, consent, and sexual abuse prevention. While basic information about child abuse is covered in the mandatory yearly Safe Schools training for all educators, teaching children to recognize and report abuse requires a different level of understanding.

The MSDE has partnered with MPT to develop a 1-hour, self-paced, asynchronous professional learning opportunity on the MSDE Canvas platform. Principals are being requested to grant all classroom teachers with 1-hour of release time during their assigned duty day to complete the module. Ideally, the module would be completed as a grade level team, with optional support staff included (school nurse, school counselor, school social worker, etc.). Suggested release time may be provided during teacher pre-service week, the September 7, 2021 school-based professional study day, the September 16, 2021 content based professional study day, or an assigned Monday duty day. The professional learning must be completed prior to teaching the lessons. Review the [Personal Body Safety Lessons Scope and Sequence](#) to identify when each respective grade level will implement the lessons.

Information about the module will be shared on the August 24, 2021 Professional Study Day on Schoology in each grade level course. Teachers and interested staff will register for the course through a Google form provided by MSDE. This link will also be shared in each grade level Schoology group.

Please contact Kirsten Roller, Health Education Supervisor at [kroller@bcps.org](mailto:kroller@bcps.org) with questions/concerns or to request additional information/support.

CALVERT COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in [COMAR 13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:  Date: 5-12-25

Chief Academic Officer:  Date: 5-15-25

Superintendent: \_\_\_\_\_ Date: 5/19/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

CAROLINE COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

No  
2020-2021
No  
2021-2022
No  
2022-2023
No  
2023-2024
No  
2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input type="radio"/>	<input checked="" type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
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D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
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D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
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D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
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D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
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Comprehensive Health Education Response Form

2024 - 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
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E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
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G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

Currently at HS level we do not offer Health Electives just PE. Health electives can be taken via dual enrollment. We require 1 credit of PE, and 1 credit of Health.

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

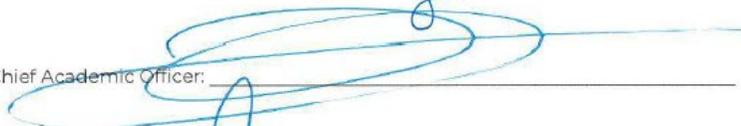
Coordinator of Health Education: \_\_\_\_\_



Date: \_\_\_\_\_

5/5/25

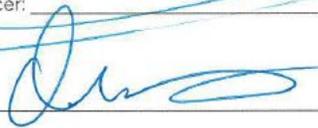
Chief Academic Officer: \_\_\_\_\_



Date: \_\_\_\_\_

8/5/20

Superintendent: \_\_\_\_\_



Date: \_\_\_\_\_

5/5/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education

Office of Instructional Programs and Services

410-767-0327 (Office)

[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**CARROLL COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
-----------	-----------	-----------	-----------	-----------
2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
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A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in 5C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

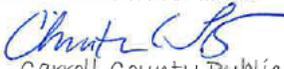
Comprehensive Health Education Response Form

2024 - 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:   
Carroll County Public Schools

Date: 5/9/25

Chief Academic Officer: 

Date: 5/9/2025

Superintendent: 

Date: 5/9/2025

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

CECIL COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
-----------	-----------	-----------	-----------	-----------
2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 2

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: *Amy L. Sater* Date: *6/11/25*

Chief Academic Officer: *Julie Hammer* Date: *6/11/25*

Superintendent: *L. Peyton Smith* Date: *6.11.25*

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**CHARLES COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3—5, 6—8, and 9—12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form 2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 4

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:		Date:	<u>5/19/25</u>
Chief Academic Officer:		Date:	<u>5/19/25</u>
Superintendent:		Date:	<u>5/20/25</u>

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**DORCHESTER COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**

Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3—5, 6—8, and 9—12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Dr. Paula Turner-Coleman Date: 5.1.25

Chief Academic Officer: Jodi E. Colina Date: 05/02/2025

Superintendent: Jymil Thompson Date: 05/05/2025  
Jymil Thompson (May 5, 2025 67:38 EDT)

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**FREDERICK COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) 13A.04.18.02, *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR 13A.04.18.01.

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

## Comprehensive Health Education Response Form

2024–2025

Provision	Requirement	Yes	No <sup>1</sup>
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

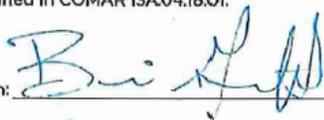
2024 – 2025

**\*Action Plan**

FCPS is in the process of revising its curricular resources to ensure alignment with the state standards. Updated instructional materials and professional development for educators are scheduled for implementation during the 2025–2026 school year. Full alignment with the revised curriculum and resources is expected by the 2026–2027 school year.

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten–12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:  Date: 6/4/2025

Chief Academic Officer:  Date: 6/13/25

Superintendent: Dr. Cheryl L. Dyson Digitally signed by Dr. Cheryl L. Dyson  
Date: 2025.06.16  
11:18:17 -04'00' Date: \_\_\_\_\_

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**GARRETT COUNTY PUBLIC SCHOOLS**

Garrett County Public Schools



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan****LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Paul C. Edwards Date: 5/2/25

Chief Academic Officer: Ducalynnie Date: 5/8/25

Superintendent: Brenda E. McCull Date: 5/8/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**HARFORD COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 - 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

A. (f) Implementation of the elementary health education curriculum may vary among schools in HCPS. A committee is being organized to analyze the implementation of the elementary health education curriculum across all HCPS elementary schools. The committee will provide suggestions for procedures to create consistency of implementation of the curriculum across all elementary schools in Harford County.

D.(f)(b): Lessons are available, however, time provided for implementation among schools varies.

\*Additional Note: Information relating to the Harford County Public Schools Pre-K - 12 Health Education programming is available on the HCPS website: <https://www.hcps.org/departments/curriculum/health.aspx>

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: *Brittany Pettus* Date: 5/22/25

Chief Academic Officer: *Heather Kutek* Date: 5/22/25

Superintendent: *J. B. Baker* Date: 5/23/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

HOWARD COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 4

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan****LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: \_\_\_\_\_

Date: \_\_\_\_\_

*5/9/2025*

Chief Academic Officer: \_\_\_\_\_

Date: \_\_\_\_\_

*5-12-25*

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

*05/12/2025***CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)

[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

KENT COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

- Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:  

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
-----------	-----------	-----------	-----------	-----------
- For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
- Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 2

Comprehensive Health Education Response Form

2024 - 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3—5, 6—8, and 9—12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
C.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

N/A

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:  Date: 6/11/2025

Chief Academic Officer:  Date: 6/11/2025

Superintendent:  Date: 6/11/2025

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767 0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**MONTGOMERY COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

Not applicable. No response required due to meeting MSDE guidelines.

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Cara Grant Date: 05/07/2025

Chief Academic Officer: Niki Hazel Date: 5/8/25

Superintendent: [Signature] Date: 5.13.2025

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

PRINCE GEORGE’S COUNTY PUBLIC SCHOOLS



### Comprehensive Health Education for Grades PreK—12

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 4

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

N/A

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:  Date: 06/02/2025

Chief Academic Officer:  Date: 6/03/25

Superintendent:  Date: 6/11/2025

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**QUEEN ANNE’S COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

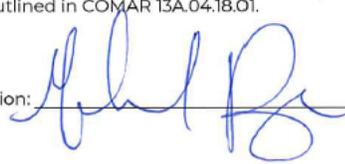
2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: \_\_\_\_\_



Date: \_\_\_\_\_

7/16/25

Chief Academic Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_



Date: \_\_\_\_\_

7/16/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)

[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

SOMERSET COUNTY PUBLIC SCHOOLS



## Instructional Program Certification

Office of Instructional Programs and Services

### Comprehensive Health Education for Grades PreK—12

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form		2024 – 2025	
Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

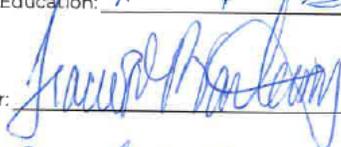
2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:  Date: 6-12-25

Chief Academic Officer:  Date: 6-12-25

Superintendent:  Date: 6-12-25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
Office of Instructional Programs and Services  
410-767-0327 (Office)

[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**ST. MARY'S COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:  
  

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
-----------	-----------	-----------	-----------	-----------
2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

## Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Ryan M. Hanley

Date: 6/9/2025

Chief Academic Officer: [Signature]

Date: 6/9/25

Superintendent: [Signature]

Date: 6/10/25

Ryan M. Hanley

6/11/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

TALBOT COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**

Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:

2020-2021                      2021-2022                      2022-2023                      2023-2024                      2024-2025

2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
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Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
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D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
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D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
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Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
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D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
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Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
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Comprehensive Health Education Response Form

2024 - 2025

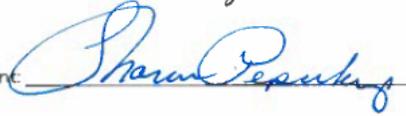
**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education:  Date: 6/6/25

Chief Academic Officer:  Date: 6/8/25

Superintendent:  Date: 6/9/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

WASHINGTON COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

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1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:  

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: 

Date: 5/21/25

Chief Academic Officer: 

Date: 5/27/25

Superintendent: 

Date: 5/27/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

WICOMICO COUNTY PUBLIC SCHOOLS



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in [COMAR 13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:  
  

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="radio"/>	<input type="radio"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="radio"/>	<input type="radio"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="radio"/>	<input type="radio"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1) (a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 - 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form 2024 – 2025

Provision	Requirement	Yes	No
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="radio"/>	<input type="radio"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="radio"/>	<input type="radio"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="radio"/>	<input type="radio"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="radio"/>	<input type="radio"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="radio"/>	<input type="radio"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="radio"/>	<input type="radio"/>

Maryland State Department of Education | 5

Comprehensive Health Education Response Form

2024 – 2025

**\*Action Plan**

**LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education: Nicholas Thompson Date: 6/2/2025

Chief Academic Officer:  Date: 6/3/25

Superintendent:  Date: 6/3/25

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**  
 Director, Comprehensive Health and Physical Education  
 Office of Instructional Programs and Services  
 410-767-0327 (Office)  
[jason.semanoff@maryland.gov](mailto:jason.semanoff@maryland.gov)

**WORCESTER COUNTY PUBLIC SCHOOLS**



**Instructional Program Certification**  
Office of Instructional Programs and Services

**Comprehensive Health Education for Grades PreK—12**

As required by the Code of Maryland Regulations (COMAR) [13A.04.18.02](#), *Programs in Comprehensive Health Education Certification Procedures*, local superintendents are required to certify every five years that their instructional programming meets, at a minimum, the requirements outlined in COMAR [13A.04.18.01](#).

To certify that the Comprehensive Health Education program within your Local Education Agency (LEA) meets the minimum requirements as outlined in COMAR 13A.04.18.01, please follow the steps below:

1. Indicate "Yes" if the health education program in your LEA met all required provisions and "No" if the program did not meet all required provisions during each of the following school years:
 

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
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2. For any "No" responses, provide a detailed explanation, including action steps that your LEA will take to ensure future compliance.
3. Where applicable, attach relevant artifacts (e.g., curricula documents or training records) to substantiate your responses.

Provision	Requirement	Yes	No*
A. (1)	The local school system provided an instructional program in comprehensive health education each year with sufficient frequency and duration to meet the requirements of the Comprehensive Health Education State Framework for all students in grades prekindergarten—8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to meet graduation requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. (2)	The local school system offered a comprehensive health education program in grades 9—12, which enabled students to select health education electives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. (3)	The local school system provided access to the curriculum for non-diploma-bound students.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. (1)	The comprehensive health education instructional program helped students adopt and maintain healthy behaviors and skills that contribute directly to a student's ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
B. (2)	The comprehensive health education instructional program provided for the diversity of student needs, abilities, and interests at the elementary, middle, and high school learning years, and included the Maryland Health Education Standards with related indicators and objectives.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(a)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including mental and emotional health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(b)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including substance abuse prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(c)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including family life and human sexuality.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(d)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including safety and violence prevention.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(e)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including healthy eating.	<input checked="" type="radio"/>	<input type="radio"/>
C. (1)(f)	The local school system's health education curriculum included a content standard in which students comprehended concepts related to health promotion and disease prevention to enhance health, including disease prevention and control.	<input checked="" type="radio"/>	<input type="radio"/>
C. (2)	The local school system's curriculum included a skill standard in which students analyzed the influence of family, peers, culture, media, technology, and other factors on health behaviors.	<input checked="" type="radio"/>	<input type="radio"/>
C. (3)	The local school system's curriculum included a skill standard in which students demonstrated the ability to access valid information, products, and services to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
C. (4)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (5)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use decision-making skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (6)	The local school system's curriculum included a skill standard in which students demonstrated the ability to use goal-setting skills to enhance health.	<input checked="" type="radio"/>	<input type="radio"/>
C. (7)	The local school system's curriculum included a skill standard in which students demonstrated the ability to practice health-enhancing behaviors and avoid or reduce health risks.	<input checked="" type="radio"/>	<input type="radio"/>
C. (8)	The local school system's curriculum included a skill standard in which students demonstrated the ability to advocate for personal, family, and community health.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(a)	Students completed instruction on drug addiction and prevention, which included content on heroin, opioid addiction, and the lethal effects of fentanyl.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(b)	Substance abuse prevention instruction was delivered at least once in each grade band: 3–5, 6–8, and 9–12, as a standalone program.	<input checked="" type="radio"/>	<input type="radio"/>
D. (1)(c)	Substance abuse prevention instruction was delivered by teachers trained in drug addiction and prevention education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(a)	Family life and human sexuality instruction represented all students regardless of ability, sexual orientation, gender identity, and gender expression.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	Beginning no later than grade 7, instruction emphasized that refraining from sexual activity is the best method to prevent sexually transmitted infections, including HIV, and unintended pregnancy.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(b)	To address the serious health risks of sexually transmitted infections and the consequences of unintended pregnancy, family life and human sexuality instruction included medically accurate information about contraception and condoms.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 - 2025

Provision	Requirement	Yes	No*
D. 2(c)	The local school system established a joint committee of educators and representatives of the community for the purpose of reviewing and commenting on family life and human sexuality instructional materials.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(d)	Direct teaching of the family life and human sexuality indicators and objectives began in or prior to grade 5.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(i)	The local school system established policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(ii)	For students opting out of family life and human sexuality instruction, the local school system established procedures to provide opt-out students with appropriate alternative learning activities and/or assessments in health education.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(e)(iv)	The local school system provided an opportunity for parents/guardians to view instructional materials used to teach the family life and human sexuality objectives.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(f)	The local school system provided age-appropriate instruction on the meaning of "consent" and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. 2(g)	When teaching concepts and skills related to family life and human sexuality, in addition to general teacher preparation, teachers had additional preparation in the content and teaching methods of such depth and duration as to be appropriate for the material taught.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(a)	High school students completed instruction in cardiopulmonary resuscitation that included hands-only cardiopulmonary resuscitation and the use of an automated external defibrillator.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Students participated in age-appropriate instruction on the awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction was delivered by teachers who were trained to teach awareness and prevention of sexual abuse and assault.	<input checked="" type="radio"/>	<input type="radio"/>
D. (3)(b)	Instruction included age-appropriate content on the meaning of "consent" and respect for personal boundaries.	<input checked="" type="radio"/>	<input type="radio"/>

Comprehensive Health Education Response Form

2024 – 2025

Provision	Requirement	Yes	No*
D. (4)(a)	Students applied prevention and treatment knowledge, skills, and strategies to reduce susceptibility and manage diseases, such as infections that are sexually transmitted, including HIV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. (4)(b)	Students completed instruction in oral health that included oral disease prevention and dental health promotion.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. (4)(c)	The local school system included age-appropriate lessons on diabetes and its treatment and prevention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. (1)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that included the standards set for in §C of this regulation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. (2)	The local school system provided comprehensive health education curriculum documents for the elementary and secondary schools under its jurisdiction that were aligned with the Comprehensive Health Education State Framework.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. (1)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including health education certification, as set forth in COMAR 13A.12.02.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. (2)	The local school system established guidelines and procedures for the selection of qualified health education teachers, including specialized training in skills-based health education, drug addiction and prevention education, family life and human sexuality, and awareness and prevention of sexual abuse and assault.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G.	The local school system developed guidelines and procedures to support qualified teachers, establishing planned and continuous programs, as required, to adequately train personnel (teachers, administrators, and supervisors) to update their knowledge, instructional materials, and methodology in health education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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**\*Action Plan****LEA SIGNATURES**

We certify that the provisions of 13A.04.18.01, *Comprehensive Health Education Instructional Programs for Grades Prekindergarten—12*, have been met during school years 2020-2021 through 2024-2025 in each area marked "Yes." For each provision marked "No," because compliance has not been achieved, we have included a detailed explanation and identified the necessary action steps that will be taken in the future to meet the minimum requirements as outlined in COMAR 13A.04.18.01.

Coordinator of Health Education



Date:



Chief Academic Officer:



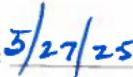
Date:



Superintendent:



Date:

**CONTACT INFORMATION**

For questions regarding Maryland's Comprehensive Health and Physical Education programs, please contact:

**Jason Semanoff**

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