Dear Parents:

Our class is about to study an important lesson on the early stages of puberty.

The *Always Changing Program* helps both boys and girls:

• Understand the physical and emotional changes they experience during puberty, and acknowledge these

changes as a normal part of growth and development.

• Learn the physiology of their bodies and correct terminology for parts of the reproductive system.

• Understand that personal hygiene is each individual’s responsibility.

In addition, the program helps girls:

• Understand the menstrual cycle.

• Understand what to expect during a period.

• Learn how to manage periods while continuing with normal activities.

The *Always Changing Program* is based on national research and consultation with school nurses, health educators, parents and medical professionals. It has been a trusted resource for over 25 years and has been taught to millions of students nationwide. It is provided as a free educational service to our school.

The boys and girls will experience the program separately. Each will be shown a gender specific video during their respective session. The Program will be organized by their teacher and the school nurse.

The program will be on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please sign and return this letter by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any questions about the *Always Changing Program*, or if you would like to review the program materials in advance, it can be accessed at the following website:

**http://www.pgschoolprograms.com/programs.php?pid=1**

Thank you very much for your interest in this important educational program.

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(Student’s Name)

\_\_\_\_\_\_\_\_\_\_\_ Yes, my child has my permission to participate in the *Always Changing* Fifth Grade Puberty

Education Program.

\_\_\_\_\_\_\_\_\_\_\_ No, my child does not have my permission to participate in the *Always Changing* Fifth Grade

Puberty Education Program.

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(Parent’s Signature) (Date)