

Dear Parent or Guardian,

Nodaway-Holt R-VII is required by the state of Missouri to provide age and developmentally appropriate sexual abuse prevention education to students in 6th through 12th grade. The goal of this programming is to keep your children safe. This programming may include a variety of discussions, activities, videos, and role-play scenarios. These lessons empower children to respond to child sexual abuse and to provide students with the tools needed for personal safety. Under Missouri law, this education will include the following components, at a minimum:

- Instruction providing students with the knowledge and tools to recognize sexual abuse.
- Instruction providing students with the knowledge and tools to report an incident of sexual abuse.
- Actions that a student who is a victim of sexual abuse could take to obtain assistance and intervention.
- Available resources for students affected by sexual abuse.

In addition to this education, we are pleased to inform you that **North Star Advocacy Center** will be offering **free follow-up advocacy meetings** for students who may need extra support. These meetings will provide resources, guidance on healthy relationships, and any assistance for students who wish to further discuss their well-being.

All students will be participating in the sexual abuse prevention lessons unless the form below is signed and returned, stating that you do not wish for your child to participate in the lessons or the follow-up advocacy meetings.

Consent for Follow-up Advocacy Meetings and Opt-Out of Lessons

I, parent/guardian, give my consent for my child, _____ (Student's Name), to participate in follow-up advocacy meetings, *if requested by student*, with North Star Advocacy Center. I understand that these meetings will provide support related to personal safety, healthy relationships, and available resources.

I, parent/guardian, also acknowledge that my child will participate in the sexual abuse prevention lessons unless I specifically request that my child not participate by checking the box below:

- ☐ I do not wish for my child to participate in the sexual abuse prevention lessons.
- ☐ I do not wish for my child to participate in the follow-up advocacy meetings.

Parent/Guardian Name: _____

Signature: _____ Date: _____

If you have any questions about the content of the program or would like more information about the follow-up support available, please contact your school's principal or counselor.

Sincerely,

Amy Webb, Elementary Principal
Nate Jeter, 7-12 Principal
Hallie Ginther, K-12 Counselor