



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

TITLE: Training for the Required District-Adopted *Positive Prevention* STD/HIV Curriculum for Secondary Health Teachers

NUMBER: MEM-5283.0

ISSUER: René Gonzalez, Assistant Superintendent
Student Health and Human Services

DATE: September 24, 2010

ROUTING
Local District
Superintendents
Principals
Assistant Principals,
Counseling Services
Secondary Health
Teachers

PURPOSE: The purpose of this Memorandum is to inform secondary health teachers of the training opportunity in the required District-adopted *Positive Prevention* STD/HIV curriculum training. The curriculum fulfills the California Education Code and District requirements for HIV prevention-education. Updates on policies regarding comprehensive sexual health and HIV prevention-education will also be discussed.

MAJOR CHANGES: New Memorandum.

INSTRUCTIONS: The training will be held as follows:

Date: Saturday, November 6, 2010
Place: Planned Parenthood Los Angeles
400 W. 30th Street
Los Angeles, CA 90007
Time: 7:30 a.m. – 3:30 p.m.
Parking: Free parking available at the venue

Teachers will be compensated at the \$25 hourly training rate. The attached Registration form must be completed and faxed to Health Education Programs Office, Attention: Tim Kordic, at (213) 241-3305 by October 29, 2010.

RELATED RESOURCES: BUL-1132.3, Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71), dated September 8, 2008.

HIV/AIDS Web site for updates, major policy changes, and parent notifications:
<http://www.AIDSpreventionLAUSD.net>

ASSISTANCE: For assistance or further information, please contact Tim Kordic at (213) 241-3519 or e-mail at timothy.kordic@lausd.net, or Lori Vollandt at (213) 241-3508 or e-mail at lori.vollandt@lausd.net.



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ATTACHMENT

Health Education Programs
HIV/AIDS Prevention Unit

REGISTRATION FORM

Positive Prevention STD/HIV Curriculum Training

Saturday, November 6, 2010

Planned Parenthood Los Angeles

400 W. 30th Street

Los Angeles, California 90007

7:30 a.m. – 3:30 p.m.

(Please print information requested below.)

Teacher Name _____ Employee Number _____

E-Mail Address _____

School Name _____ Location Code _____ Local District _____

School Phone Number _____ School Fax Number _____

Administrator's Name _____

FAX completed form to:

Health Education Programs

Attn: Tim Kordic

(213) 241-3305

by October 29, 2010