

SB0566.pdf

Uploaded by: Alan Grasley

Position: FAV

To whom it may concern,

I am in favor of this bill.

This bill would be an important step towards protecting the essential rights of parents to make decisions about their children's upbringing and well-being. This legislation would recognize that parents are the primary caregivers and decision-makers in their children's lives, and that they have the right to raise their children according to their own beliefs, values, and cultural traditions. This bill would also provide legal protections for parents in cases where their rights have been infringed upon by government or other entities, such as schools or healthcare providers. By enshrining parental rights in law, this bill would help to ensure that children are raised in stable and supportive environments, and that parents are empowered to make the best decisions for their families.

Thank you for your Time,

Alan Grasley

Sykesville, MD

230314-SB566-Parental-rights.pdf

Uploaded by: Christine Hunt

Position: FAV

Christine Hunt and Jay Crouthers
1014 Dockser Drive
Crownsville, MD 21032

March 14, 2023

Maryland General Assembly
Members of the Judicial Proceedings Committee
Annapolis, MD

RE: SB 566 – Family Law – Fundamental Parental Rights

Dear Senators,

We support SB 566 and respectfully request that you vote for it.

A parent has the authority to bring up their own child according to their personal beliefs and the best interests of the child and family.

It is not the State's job to dictate to parents what the State thinks is right for children. It opens up too much potential for government overreach into a family's private life. An example is the recent attempt to force vaccinations onto people who did not want them.

Not all things that the State thinks are in the best interest of the people and children are actually the best based, on the people's individual rights and preferences.

Other points in favor of this bill are:

This bill upholds the fundamental rights of parents to direct the upbringing, education, care, and welfare of their children, which have been under attack this session in certain proposed legislation.

Parents are tax-paying citizens and have the right to engage in civic participation in the development and implementation of public school programs and curricula.

Parents have the fundamental right to direct and to refuse any medical treatments or interventions which might be administered to students in school settings.

Parents must retain the fundamental right to discover and direct the care of their children while those children are attending school, including the full content of information to which the children are exposed, and any medical treatment or intervention, including mental healthcare, administered.

Parents demonstrably have the highest vested interest in their children's welfare and are best equipped to make important decisions for their children regarding their care.

The state provides remedies for rare cases in which children are living in circumstances of abuse and neglect. There is no context in which it's necessary or appropriate for the state legislature to pass laws that undermine or usurp the authority of all parents, the vast majority of whom provide much better care and decision-making for their children than the state is capable of providing.

The Supreme Court ruled in 1979: “Most children, even in adolescence, simply are not able to make sound judgments concerning many decisions, including their need for medical care or treatment. Parents can and must make those judgments.”

Sincerely,

Christine Hunt and Jay Crouthers

2023.SB566.Arlinghaus.pdf

Uploaded by: Francis Arlinghaus

Position: FAV

SB 566

Dr. Frank Arlinghaus

Favorable

Please issue a favorable opinion on Senate Bill 566.

I write to you as the father of three daughters and two sons. I ask for your support in protecting parental rights to be involved with and yes, to interfere in their children's lives as so many parents have done for their children in the past. I do this in the name of the compelling interest our state government has in protecting minors and maintaining parental rights. This bill recognizes that parents have both responsibilities and rights to be involved in parent-child decisions.

Parents need to be involved in the medical decisions of their children. The general concept of medical informed consent presumes that a minor lacks the competence to make the decision in almost all cases. Parents and teens need to communicate regarding these critical decisions and the state has a compelling interest to ensure parents and teens do communicate. The state currently recognizes this with most medical decisions, and even the few it doesn't, the parents still have responsibility for the consequences of those decisions.

This parent-child relationship and the rights of parents paired with these responsibilities are a fundamental part of our tradition, embedded in the fabric of our society. This is true not only of medical decisions, but of education, care, and welfare. Fundamentally, the family unit is where these decisions and responsibilities belong, and in a free society that respects liberty and family, the state should intrude rarely and in the least restrictive way..

SB566 protects parental rights and responsibilities by recognizing them and recognizing that intrusion into that familial relationship should be rare and limited in scope. Please issue a favorable report on SB566.

HB0649.pdf

Uploaded by: Jennifer Adams

Position: FAV

March 10, 2023

APPROPRIATIONS COMMITTEE

I am writing in **SUPPORT OF HB0649**. Parents have the right to direct the upbringing, education, and care of their children. With the climate changing in the public school system, away from traditional values and academic education, this right is being trampled on by tyrannical agencies who “feel” that they know what is best for every child. This is simply not true.

Many parents contribute to the funding of public schools, however the voice of the parent is not heard over the voice of the state government, teachers unions, and outside agencies who do not hold the same values as many traditional families. Many families do not have the funds to contribute to public school, via taxes, AND send their children to a school that more closely fits their values. For this reason, I am asking that you vote in favor of HB0649.

Please support the families in Maryland who would like an option to public school. Please Support HB0649.

SINCERELY,

JENNIFER ADAMS

SB566.pdf

Uploaded by: Jennifer Adams

Position: FAV

March 14, 2023

JUDICIAL PROCEEDINGS COMMITTEE

I am writing in **SUPPORT OF SB566** It is a parents fundamental right under the United States Constitution to the care, custody, and control of their own children.

If more is needed than our rights in the United States Constitution, you will find that several United States Supreme Court rulings have found favor in this right based on the Constitution of the United States.

- **Meyer v. Nebraska**, 262 U.S. 390 (1923)
- **Pierce v. Soc'y of Sisters**, 268 U.S. 510 (1925)
- **Wisconsin v. Yoder**, 406 U.S. 205 (1972)
- **Troxel v. Granville**, 530 U.S. 57 (2000)
- **Duchesne v. Sugarman**, 566 F.2d 817, 825 (2d Cir. 1977)
- **Lassiter v. Dep't of Soc. Servs.**, 452 U.S. 18 (1981)

Please support the parents in Maryland by supporting and clarifying parents rights under the Constitution of the United States. Please Support SB566.

SINCERELY,

JENNIFER ADAMS

Health_Education_Framework_July_2022.pdf

Uploaded by: Justin Kuk

Position: FAV



Maryland Comprehensive Health Education Framework: Pre-Kindergarten Through High School

June 2021



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Introduction

The statutory authority for health education is Education Art. §7-401. Other statutes require instruction in schools regarding dating violence, Ed. §7-411; diabetes and oral health education, Ed. §7-411.1; awareness and prevention of sexual abuse and assault, Ed. §7-439; anti-bullying, harassment and intimidation, Ed. §7-424; and instruction on the meaning of consent and respect for personal boundaries, Ed. §7-445.

Comprehensive health education has been a feature of Maryland education regulation since 1970. The most recent revisions to the health education regulation were adopted by the Maryland State Board of Education on October 22, 2019, and are located at COMAR 13A.04.18. Among the essential concepts for promotion of health and disease prevention in the regulations are: mental and emotional health; substance abuse prevention; family life and human sexuality; safety and violence prevention; healthy eating; and disease prevention and control.

Under the regulation standards, students will analyze the influence that family, peers, culture, and media technology have on health behaviors, and demonstrate the ability to access valid information, products, and services to enhance health. Students will learn to advocate for personal, family, and community health.

To implement the regulation, the Maryland State Department of Education (MSDE) updated the Maryland Comprehensive Health Education Framework in 2020. The framework is based on the requirements of the health education and equity education (COMAR 13A.01.06) regulations and reflect statutory changes in health education, anti-bullying and harassment, and ensuring educational equity. The framework was developed with the input of a task force including MSDE, the Maryland Department of Health, local education agency health education supervisors, teachers, students, national subject matter experts, and stakeholders. MSDE updates the framework as required by changes in legislation and regulation.

The family life and human sexuality component of the regulation and framework represents all students regardless of ability, sexual orientation, gender identity, and gender expression. Concepts and skills related to family life and human sexuality must be age appropriate and taught by teachers who have had additional preparation in content and teaching methods of the material. The framework is not instructional material for classroom use; it is intended to guide educational professionals in developing curricula that is adopted by the local boards. Local educational professionals should ensure that lessons and content are age appropriate and reflect educational equity.

Local education agencies develop the curricula to implement the regulations and is aligned with the framework. In developing their family life and human sexuality curricula, local education agencies must establish a joint committee of educators and representatives of the community to review and comment on instruction materials. Parents and guardians must have the opportunity to view instructional materials to be used in teaching objectives.

Moreover, local education agencies must establish policies, guidelines, and procedures for parents to opt-out their students from family life and human sexuality instruction in all grades, except for HIV and AIDS prevention. The opt-out provision reflects the State Board's and MSDE's respect for individual parents' values and beliefs concerning family life and human sexuality instruction. Each local education agency establishes a procedure for providing opt-out students with appropriate alternative learning objectives and/or assessments in health education.

The laws, regulations, and MSDE framework ensure students have access to scientifically and medically accurate information and that all students are treated equitably and with dignity and respect. Students have the right to educational environments that are safe, appropriate for academic achievement, and free from any form of harassment. Local education agencies must be mindful of balancing the needs of diverse constituents so that public schools remain welcoming to all, and create and maintain environments that are equitable, fair, safe, diverse, and inclusive.

Comprehensive Health Education Standards Pre-K-12

1. Students will comprehend concepts related to health promotion and disease prevention to enhance health, including:
 - a) Mental and emotional health;
 - b) Substance abuse prevention;
 - c) Family life and human sexuality;
 - d) Safety and violence prevention;
 - e) Healthy eating; and
 - f) Disease prevention and control.
2. Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
3. Students will demonstrate the ability to access valid information, products, and services to enhance health.
4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
5. Students will demonstrate the ability to use decision-making skills to enhance health.
6. Students will demonstrate the ability to use goal-setting skills to enhance health.
7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
8. Students will demonstrate the ability to advocate for personal, family, and community health.

Standard 1a: Mental and Emotional Health (E1)

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Emotions	Identify different emotions. 1a.P.1	Identify appropriate ways to express emotions. 1a.K.1	Explain the relationship between emotions and behavior. 1a.1.1	Demonstrate a variety of strategies to express and manage emotions. 1a.2.1
	State that anger and other big or strong emotions are common. 1a.P.2	Identify big or strong emotions and safe and unsafe ways of expressing one's emotions. 1a.K.2	Describe appropriate ways to express one's emotions and practice positive coping skills. 1a.1.2	
Self and social awareness	Demonstrate awareness of personal emotions. 1a.P.3	Demonstrate awareness of personal emotions and how they may be the same or different from others. 1a.K.3	Identify a variety of own emotions and ways the body signals these emotions. 1a.1.3	Describe a variety of personal emotions and the ways the body signals these emotions. 1a.2.2
	Recognize the feelings of another child. 1a.P.4	Recognize the feelings of another child and how to respond in a healthy way. 1a.K.4	Identify how others may be feeling based on verbal and nonverbal cues and respond in a healthy way. 1a.1.4	Describe how others may be feeling based on verbal and nonverbal cues and respond in a healthy way. 1a.2.3
	Recognize personal strengths. 1a.P.5	Identify personal strengths. 1a.K.5	Identify and describe skills and activities that are done well and those that require help. 1a.1.5	Recognize personal strengths in the context of different roles or relationships. 1a.2.4

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Relationships	Identify the characteristics of a friend. 1a.P.6	Identify a variety of relationships. 1a.K.6	Describe healthy ways to express affection, love, friendship, and concern. 1a.1.6	Describe healthy and rewarding social interactions. 1a.2.5
Teasing, bullying, and harassment	Describe how people are unique. 1a.P.7	Identify the benefits of people's uniqueness. 1a.K.7	Identify why it is hurtful to tease or bully others. 1a.1.7	Explain why it is hurtful to tease or bully others and what to do if someone is bullied. 1a.2.6
Trusted adult	Identify trusted adults who can help with emotions. 1a.P.8	Identify the importance of talking with parents and other trusted adults about emotions. 1a.K.8	Describe the importance of talking with trusted adults about emotions and concerns. 1a.1.8	Explain the importance of talking with trusted adults about emotions and concerns. 1a.2.7

Standard 1a: Mental and Emotional Health (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Emotions	Identify characteristics of positive emotional health. 1a.3.1	Identify role models who demonstrate positive emotional health. 1a.4.1	Explain what it means to be emotionally healthy. 1a.5.1
	Practice appropriate ways to express emotions. 1a.3.2	Describe situations that trigger strong emotions and safe and unsafe ways to respond. 1a.4.2	Evaluate appropriate ways to express emotions. 1a.5.2
	Describe your physical responses to strong emotions. 1a.3.3		Demonstrate helpful ways to manage strong emotions. 1a.5.3
Self and social awareness	Recognize and label a variety of complex emotions in self and others. 1a.3.4	Identify respectful ways to show empathy to others. 1a.4.3	Demonstrate respectful ways to show empathy to others. 1a.5.4
	Identify how personal choices and behaviors impact self-worth. 1a.3.5	Describe how personal choices and behaviors impact self-worth. 1a.4.4	Describe how to recognize and build on personal strengths. 1a.5.5
		Identify how to recognize and build on personal strengths. 1a.4.5	Identify reasons for making positive contributions to others. 1a.5.6
Relationships	Identify characteristics of healthy relationships. 1a.3.6	Describe the benefits of healthy peer relationships. 1a.4.6	Describe the value of others' talents and strengths. 1a.5.7
	Identify how relationships and interactions with others affect emotions. 1a.3.7	Describe how relationships and interactions with others affect emotions. 1a.4.7	Describe the characteristics of healthy and unhealthy relationships among friends and with family members. 1a.5.8

TOPIC	GRADE 3	GRADE 4	GRADE 5
Trusted Adults	Identify the benefits of talking with trusted adults about emotions. 1a.3.8	Identify ways trusted adults can help you or someone else deal with difficult emotions or situations. 1a.4.8	Explain how a trusted adult can support you or someone else with difficult emotions or situations. 1a.5.9
Stress and anxiety	Identify personal stressors. 1a.3.9	Explain physical and emotional reactions to stress. 1a.4.9	Differentiate between positive and negative ways of dealing with stress and anxiety. 1a.5.10
Depression awareness		Identify the need to discuss long-lasting troublesome feelings with a trusted adult. 1a.4.10	Explain that long-lasting troublesome feelings should be discussed with a trusted adult. 1a.5.11
Suicide prevention		Identify troublesome feelings and signals for support for which someone should seek help. 1a.4.11	Demonstrate how to tell a trusted adult if someone is in danger of hurting themselves or others. 1a.5.12
		Explain the importance of telling a trusted adult if someone is in danger of hurting themselves or others. 1a.4.12	
Teasing, bullying, harassment, discrimination, and violence	Describe the difference between bullying, teasing, and conflict. 1a.3.10	Identify when to report aggression, bullying, or violence. 1a.4.13	Explain why it is wrong to tease or bully others based on personal characteristics such as body type, race, gender, sexuality, appearance, mannerisms, and the way one dresses or acts. 1a.5.13
	Describe what to do if you or someone else is being bullied. 1a.3.11	Demonstrate what to do if you or someone else is being bullied. 1a.4.14	Demonstrate how to be a positive bystander in situations of conflict. 1a.5.14

TOPIC	GRADE 3	GRADE 4	GRADE 5
Teasing, bullying, harassment, discrimination, and violence	Identify the impact of conflict, discrimination, and violence on mental and emotional health. 1a.3.12	Describe the impact of conflict, discrimination, and violence on mental and emotional health. 1a.4.15	Explain the impact of conflict, discrimination, and violence on mental and emotional health. 1a.5.15
	Identify nonviolent ways to manage anger. 1a.3.13	Describe how to use non-violent means to solve interpersonal conflict. 1a.4.16	Practice using non-violent means to solve interpersonal conflict. 1a.5.16
Body Image	Identify body image and how peers, media, family, society, and culture influence ideas about body. 1a.3.14	Describe how peers, media, family, society, and culture influence ideas about body. 1a.4.17	Explain how peers, media, family, society, and culture influence ideas about body. 1a.5.17
Grief and loss	Identify feelings and emotions associated with loss and grief. 1a.3.15	Describe feelings and emotions associated with loss and grief. 1a.4.18	Identify that all people in a wide-range of situations commonly experience feelings and emotions associated with loss and grief. 1a.5.18

Standard 1a: Mental and Emotional Health (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Wellness	Describe the components of wellness. 1a.6.1	Explain how role models display wellness. 1a.7.1	Evaluate one's personal wellness. 1a.8.1
	Describe role models that demonstrate positive mental and emotional health. 1a.6.2	Explain the interrelationship of the components of wellness. 1a.7.2	Identify strategies to improve dimensions of wellness. 1a.8.2
Emotions, feelings, and relationships	Examine the importance of being aware of one's own feelings and being sensitive to the feelings of others. 1a.6.3	Describe how mental and emotional health can affect health-related behaviors. 1a.7.3	Explain how the expression of emotions or feelings can help or hurt oneself and others. 1a.8.3
	Discuss how emotions change during adolescence. 1a.6.4		
Self and social awareness	Identify triggers of strong emotions and apply healthy coping strategies. 1a.6.5	Demonstrate how to support others by practicing empathy. 1a.7.4	Demonstrate empathy to others who have different feelings, thoughts, and experiences. 1a.8.4
	Identify strengths in self in order to prioritize personal skills and allow interests to develop. 1a.6.6	Describe strategies for developing strengths and overcoming disappointments. 1a.7.5	Reframe a challenge or setback as an opportunity. 1a.8.5
Self and social awareness			Describe how personal responsibility for one's choices is linked to self-worth and growth. 1a.8.6
Trusted adults	Describe the qualities of a trusted adult with whom you could talk about your overall wellness. 1a.6.7	Identify strategies for communicating your overall wellness with a trusted adult. 1a.7.6	Demonstrate communication with a trusted adult about your overall wellness. 1a.8.7

TOPIC	GRADE 6	GRADE 7	GRADE 8
Trusted adults	Identify the importance of telling a trusted adult if you or someone else is experiencing mental or emotional health challenges. 1a.6.8	Identify the importance of telling a trusted adult if you or someone else is experiencing mental or emotional health challenges. 1a.7.7	
Stress and anxiety	Explain the body's physical and psychological responses to stressful situations. 1a.6.9	Describe personal stressors at home, in school, and with friends. 1a.7.8	Explain the causes and effects of stress. 1a.8.8
		Describe a variety of appropriate ways to respond to stress when angry or upset. 1a.7.9	Explain positive and negative ways of dealing with stress. 1a.8.9
			Explain the causes, symptoms, and effects of anxiety. 1a.8.10
			Analyze the risks of impulsive behaviors. 1a.8.11
Depression awareness	Identify depression as prolonged sadness with no identifiable cause. 1a.6.10	Describe the connection between depression and brain chemistry. 1a.7.10	
		Explain the causes, symptoms, and effects of depression. 1a.7.11	
Suicide prevention	Identify warning signs of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.6.11	Describe the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.7.12	Explain the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.8.12

TOPIC	GRADE 6	GRADE 7	GRADE 8
Suicide prevention		Explain the causes, symptoms, and effects of depression and suicide. 1a.7.13	Describe the signs and symptoms of people who are in danger of hurting themselves or others. 1a.8.13
			Explain the importance of telling an adult if there are people who are in danger of hurting themselves or others. 1a.8.14
Teasing, bullying, harassment, and violence	Explain why it is wrong to tease, bully or discriminate against others based on personal characteristics. 1a.6.12	Describe how power and control differences in relationships can contribute to aggression and violence. 1a.7.14	Explain why it is important to understand the perspectives of others in resolving interpersonal conflicts. 1a.8.15
			Explain how intolerance can affect others. 1a.8.16
			Describe ways to manage interpersonal conflict nonviolently. 1a.8.17
Social media	Identify sharing or posting personal information electronically about self or others on social media sites can impact mental and emotional health. 1a.6.13	Describe how sharing or posting personal information electronically about self or others on social media sites can negatively impact mental and emotional health. 1a.7.15	Evaluate how sharing or posting personal information electronically about self or others on social media sites can impact mental and emotional health. 1a.8.18
Body image	Define the concept of a positive body image and its implications for mental and physical wellness. 1a.6.14	Explain the importance of a positive body image and its implications for mental and physical wellness. 1a.7.16	Analyze strategies to cultivate a positive body image. 1a.8.19

TOPIC	GRADE 6	GRADE 7	GRADE 8
Disordered eating	Recognize signs of disordered eating. 1a.6.15	Identify the signs of disordered eating. 1a.7.17	Explain the signs of disordered eating. 1a.8.20
	Identify the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.6.16	Explain the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.7.18	Summarize the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.8.21
Loss and grief	Explain feelings and emotions associated with loss and grief. 1a.6.17	Summarize feelings and emotions associated with loss and grief. 1a.7.19	Justify feelings and emotions associated with loss and grief as a normal part of development. 1a.8.22
Stigma	Recognize the negative effects of stigma surrounding mental health conditions. 1a.6.18	Identify the negative impact of stigma on health seeking behavior. 1a.7.20	Summarize the negative impact of stigma on health-seeking behavior. 1a.8.23
Addiction	Recognize when a behavior or habit has a negative consequence on self or others. 1a.6.19	Identify factors that contribute to addiction. 1a.7.21	Identify addiction as long-term compulsive behavior despite negative consequences. 1a.8.24
Self-harm	Recognize self-harming behaviors. 1a.6.20	Summarize how to get help for someone who is self-harming. 1a.7.22	

Standard 1a: Mental and Emotional Health (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Wellness	Analyze how mental and emotional health can affect health-related behaviors. 1aHS1.1	Analyze how pro-social behaviors can benefit overall health. 1a.HS2.1
	Analyze the interrelationship of physical, mental, emotional, social, environmental, and spiritual health. 1aHS1.2	Evaluate the interrelationship of physical, mental, emotional, social, environmental, and spiritual health. 1a.HS2.2
		Evaluate a variety of strategies to improve personal wellness. 1a.HS2.3
		Apply strategies to improve personal wellness. 1a.HS2.4
Emotions, feelings, and relationships	Analyze strategies for managing and reducing interpersonal conflicts. 1aHS1.3	Evaluate the impact of racism, power and control, and social inequities on emotions and relationships. 1a.HS2.5
	Analyze characteristics of a mentally and emotionally healthy person. 1aHS1.4	
Self and social awareness	Demonstrate respect for others who have different views and beliefs. 1aHS1.5	Explore the impact of empathy on mental and emotional health. 1a.HS2.6
	Identify how reflecting on personal interests, qualities, strengths, and beliefs can increase self-awareness, satisfaction, and empathy. 1aHS1.6	Describe how reflecting on personal interests, qualities, strengths, and beliefs can increase self-awareness, satisfaction, and empathy. 1a.HS2.7
	Identify strategies which lead to personal growth and persistence through challenges. 1aHS1.7	Develop strategies to promote personal growth, increased self-awareness, and persistence through challenges. 1a.HS2.8
Trusted adults	Identify trusted adults and resources specific to a variety of needs. 1aHS1.8	Identify strategies for supporting another person in seeking professional guidance or help from a trusted adult. 1a.HS2.9

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Trusted adults	Summarize the benefits of seeking a trusted adult or professional guidance related to one’s dimensions of wellness. 1aHS1.9	
Stress and anxiety	Analyze personal stressors at home, in school, and with friends. 1aHS1.10	Evaluate internal stressors at home, in school, and with friends. 1a.HS2.10
	Determine effective strategies for dealing with stress, anxiety, and anger. 1aHS1.11	Evaluate external stressors at home, in school, and with friends including poverty, violence, and racism. 1a.HS2.11
	Analyze impulsive behaviors and strategies for managing them. 1aHS1.12	Analyze the causes, symptoms, and effects of anxiety. 1a.HS2.12
		Evaluate effective strategies for dealing with stress, anxiety, and anger. 1a.HS2.13 Evaluate impulsive behaviors and strategies for managing them. 1a.HS2.14
Depression awareness	Analyze the causes, symptoms, and effects of depression. 1aHS1.13	Evaluate causes, symptoms, and effects of depression. 1a.HS2.15
Suicide prevention	Summarize the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1aHS1.14	Summarize the signs and symptoms of people who are in danger of hurting themselves or others and demonstrate how to tell a trusted adult. 1a.HS2.16
	Defend the importance of telling an adult if there are people who are in danger of hurting themselves or others. 1aHS1.15	
Social media	Analyze positive and negative effects of social media. 1aHS1.16	Analyze the impact of social media on the dimensions of wellness. 1a.HS2.17
Body image	Summarize the importance of a positive body image and its implications on mental and physical wellness. 1aHS1.17	

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Disordered eating		Explain the effects of eating disorders on health. 1a.HS2.18
		Differentiate between a positive and negative body image. 1a.HS2.19
		Evaluate the potential mental and physical consequences of disordered eating and why it is important to seek professional help. 1a.HS2.20
Grief and loss		Summarize stages of grief and loss and explore coping strategies for self and others. 1a.HS2.21
Stigma	Summarize the negative impact of stigma on health-seeking behaviors. 1aHS1.18	Investigate the relationship between health-seeking behaviors and mistrust in communities. 1a.HS2.22
Addiction	Identify the effects of addiction on self and others. 1aHS1.19	Evaluate the effects of addiction on self, community, and others. 1a.HS2.23
	Identify sources of support for people who suffer from addiction. 1aHS1.20	Evaluate sources of support for people who suffer from addiction. 1a.HS2.24
	Identify community services for addiction treatment. 1aHS1.21	Evaluate community services for addiction treatment. 1a.HS2.25
Self-harm	Recognize the indicators of self-harm and identify triggers that may lead to self-harm. 1aHS1.22	Identify local and community resources and services to help someone who is self-harming. 1a.HS2.26
Help seeking behaviors	Determine when to seek help for mental and emotional health challenges. 1aHS1.23	Summarize local and community facilities and services for assistance with mental and emotional health challenges. 1a.HS2.27

Standard 1b: Substance Abuse Prevention (E1)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Medicine	Define medicine. 1b.P.1	Define medicine. 1b.K.1	Describe how to use medicine safely. 1b.1.1	Explain how to use medicine correctly. 1b.2.1
	Identify family rules about medicine use. 1b.P.2	Identify school rules about use of medicine. 1b.K.2	Explain the harmful effects of medicine when used incorrectly. 1b.1.2	Describe the harmful effects of using medicine incorrectly. 1b.2.2
		Recognize that medicine can be harmful if used incorrectly. 1b.K.3		
Household products		Identify products that can be harmful if inhaled, absorbed, or ingested. 1b.K.4	Describe how products can be harmful if inhaled, absorbed, or ingested. 1b.1.3	
Alcohol and nicotine				Identify alcohol, nicotine, and electronic smoking devices. 1b.2.3
				Identify family and school rules about alcohol, nicotine use, and electronic smoking devices. 1b.2.4

Standard 1b: Substance Abuse Prevention (E2)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	GRADE 3	GRADE 4	GRADE 5
Medicines	Summarize how to use medicines correctly. 1b.3.1	Explain the benefits of medicines when used correctly. 1b.4.1	Analyze the potential risks associated with inappropriate use and abuse of prescription medicines including addiction. 1b.5.1
		Describe potential risks associated with inappropriate use of over-the-counter and prescription medicines including addiction. 1b.4.2	
		Explain the difference between medicines, legal drugs, and illegal drugs. 1b.4.3	
Household products		Recognize that products can be harmful to self and others if absorbed, inhaled, or ingested. 1b.4.4	Review why products are harmful to self and others if absorbed, inhaled, or ingested. 1b.5.2
Alcohol, nicotine products, caffeine, and marijuana products	Explain the harmful effects of alcohol and nicotine products, including electronic smoking devices. 1b.3.2	Identify short and long-term effects of alcohol, nicotine, and caffeine. 1b.4.5	Review short and long-term effects of alcohol, nicotine, caffeine, and other products. 1b.5.3

TOPIC	GRADE 3	GRADE 4	GRADE 5
Alcohol, nicotine products, caffeine, and marijuana products			Identify short and long-term effects of using marijuana products. 1b.5.4
			Identify the negative consequences of using alcohol, nicotine products, marijuana products, opioids (including the lethal effects of fentanyl), and other drugs. 1b.5.5
			Identify the benefits of being free from alcohol, opioid, nicotine products, marijuana products, and other drugs. 1b.5.6
Environmental literacy		Identify the environmental impact of alcohol and nicotine products. 1b.4.6	

Standard 1b: Substance Abuse Prevention (MS)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	GRADE 6	GRADE 7	GRADE 8
Medicines	Differentiate between proper use and abuse of prescription medicines. 1b.6.1	Identify the negative effects of incorrect use of prescription drugs and over-the-counter medicines. 1b.7.1	
	Distinguish between proper use and abuse of over-the-counter medicines. 1b.6.2		
Household products	Explain why products can be harmful to self and others if ingested, inhaled, or absorbed. 1b.6.3		
Alcohol, opioids, nicotine products, marijuana products, fentanyl, and other drugs	Describe situations that could lead to the use of alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances. 1b.6.4	Identify the physical effects of alcohol, opioids, nicotine products, marijuana products, and other drugs. 1b.7.2	Summarize the negative consequences of using alcohol, nicotine products, marijuana products, opioids (including the lethal effects of fentanyl), and other trending drugs or substances. 1b.8.1
	Determine the reasons why people choose to use or not to use alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances. 1b.6.5	Describe the negative consequences of using alcohol, nicotine products, marijuana products, opioids (including the lethal effects of fentanyl), and other drugs. 1b.7.3	

TOPIC	GRADE 6	GRADE 7	GRADE 8
Alcohol, opioids, nicotine products, marijuana products, fentanyl, and other drugs		Describe the positive alternatives to using alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances. 1b.7.4	Describe the relationship between substance use and health risks including unintentional injuries, violence, suicide, and sexual risk behaviors. 1b.8.2
		Explain why using alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances is an unhealthy way to manage stress, anxiety, and depression. 1b.7.5	Describe the health risks of using performance-enhancing or weight loss drugs. 1b.8.3
		Determine the benefits of being free from alcohol, opioids, nicotine products, marijuana products, and other drugs. 1b.7.6	Defend the benefits of being free from alcohol, opioids, nicotine products, marijuana products, and other trending drug or substances. 1b.8.4
Environmental literacy			Identify the negative environmental effects of alcohol, opioids, nicotine products, marijuana products, and other drugs. 1b.8.5

Standard 1b: Substance Abuse Prevention (HS)

The term “abuse” used throughout does not indicate a disorder. This section contains information about legal substances, substances legal over the age of 21, and substances that are illegal. For example, any use of alcohol under the age of 21 is considered abuse of alcohol.

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Medicines	Differentiate between proper use and abuse of over-the-counter and prescription medicines. 1b.HS1.1	
Alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances	Analyze situations that could lead to the use of alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS1.2	Evaluate situations that could lead to the use of alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS2.1
	Recognize the dangers of riding with a driver who has been using alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS1.3	Analyze the risks associated with and dangers of driving while under the influence of alcohol, opioids, marijuana products, performance-enhancing substances, and other trending drugs or substances. 1b.HS2.2
	Describe the dangers of using drugs or substances in combination. 1b.HS1.4	Explain the risks associated with using alcohol, opioids, marijuana products, performance-enhancing substances, or other trending drugs or substance while driving a motor vehicle. 1b.HS2.3

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances	Summarize the harmful short- and long-term physical, psychological, and social effects of using alcohol, nicotine products, marijuana products, performance-enhancing substances, opioids (including the lethal effects of fentanyl), and other trending drugs or substances. 1b.HS1.5	Analyze the dangers of using drugs or substances in combination. 1b.HS2.4
	Describe the effects of using alcohol, opioids, nicotine products, marijuana products, and other trending drugs or substances on school performance, job performance, job absenteeism, and job loss. 1b.HS1.6	Analyze the harmful short- and long-term physical, psychological, and social effects of using alcohol, nicotine products, marijuana products, performance enhancing substances, opioids (including the lethal effects of fentanyl), and other trending drugs or substances. 1b.HS2.5
		Describe the legal issues related to using drugs and substances including the disproportionate rates of incarceration of specific racial and ethnic groups. 1b.HS2.6
		Explain the effects of using alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other drugs and substances during pregnancy. 1b.HS2.7

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other trending drugs or substances		Analyze the relationship between using alcohol, opioids, nicotine products, marijuana products, performance-enhancing substances, and other drugs and substances with other health risks, such as unintentional injuries, violence, suicide, and sexual risk behaviors. 1b.HS2.8
Local support services	Identify community resources for substance use/abuse and how to help a person who is addicted. 1b.HS1.7	Compare and contrast community resources for substance use/abuse to meet the needs of individuals and families affected by addiction. 1b.HS2.9
Environmental Literacy		Examine historical practices that increase the likelihood of substance use within communities. 1b.HS2.10 Investigate the safe disposal and negative environmental impact of medicines, nicotine products, and other drugs. 1b.HS2.11

Standard 1c: Family Life and Human Sexuality (E1)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Healthy relationships and consent	Identify what is special about your family. 1c.P.1	Identify that family is a group of people that support each other. 1c.K.1	Describe differences in families. (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.1.1	Explain why it is important to respect different kinds of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster). 1c.2.1
	Recognize that family is a group of people that support each other. 1c.P.2	Identify different types of families (e.g., single-parent, same-gender, intergenerational, cohabitating, adoptive, foster, etc.). 1c.K.2	Identify healthy family and peer relationships. 1c.1.2	Describe healthy family and peer relationships. 1c.2.2
	Recognize that there are different types of families (e.g., single-parent, same-gender, intergenerational, blended, interracial, adoptive, foster, etc.). 1c.P.3	Recognize pro-social behaviors (e.g., helping others, being respectful of others, cooperation, and consideration). 1c.K.3	Demonstrate how to communicate respect for someone's personal boundaries. 1c.1.3	Demonstrate appropriate actions when someone says or does something that does not respect your personal boundaries. 1c.2.3
	Describe the characteristics of a friend. 1c.P.4	Recognize that individuals have personal boundaries and bodily autonomy. 1c.K.4		Practice communicating personal boundaries. 1c.2.4

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Healthy relationships and consent	Recognize that individuals have personal boundaries and bodily autonomy. 1c.P.5			
Gender identity and expression	Recognize and respect that people express themselves in many different ways. 1c.P.6	Recognize a range of ways people identify and express their gender. 1c.K.5	Identify a range of ways people identify and express gender. 1c.1.4	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.2.5
		Recognize it is important to treat people of all gender identities and expressions with dignity and respect. 1c.K.6	Identify ways to treat people of all gender identities and expressions with dignity and respect. 1c.1.5	

Standard 1c: Family Life and Human Sexuality (E2)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

All grade 4 and 5 content must be taught by the end of grade 5.

TOPIC	GRADE 3	GRADE 4	GRADE 5
Healthy relationships and consent	Define consent as people of all ages and abilities having the right to tell others not to touch their body when they do not want to be touched. 1c.3.1	Identify parents, caregivers, or other trusted adults (e.g., counselors and other health care professionals) that students can talk with about relationships, puberty, and health. 1c.4.1	Explain the importance of talking with parents and other trusted adults about issues related to relationships, growth and development, and sexual health. 1c.5.1
		Explain the relationship between consent, personal boundaries, and bodily autonomy. 1c.4.2	Analyze the relationship between consent and personal boundaries. 1c.5.2
Gender identity and expression	Demonstrate ways to treat people of all gender identities and expressions with dignity and respect. 1c.3.2		
Sexual orientation and identity		Identify sexual orientation as a person's physical and/or romantic attraction to an individual of the same and/or different gender. 1c.4.3	
Puberty and adolescent sexual development		Identify the physical, social, and emotional changes that occur during puberty. 1c.4.4	Describe the physical, social, and emotional changes that occur during puberty. 1c.5.3
		Explain how the onset and progression of puberty varies considerably. 1c.4.5	Summarize that the onset and progression of puberty varies considerably. 1c.5.4

TOPIC	GRADE 3	GRADE 4	GRADE 5
<p>Puberty and adolescent sexual development</p>		<p>Identify human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.4.6</p>	<p>Describe human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.5.5</p>
			<p>Describe how puberty prepares human bodies for the potential to reproduce. 1c.5.6</p>
			<p>Identify that reproduction requires that a sperm and egg join and implant. 1c.5.7</p>

Standard 1c: Family Life and Human Sexuality (MS)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	GRADE 6	GRADE 7	GRADE 8	
Healthy relationships and consent	Describe characteristics of healthy relationships. 1c.6.1	Explain the characteristics of a healthy dating relationship. 1c.7.1	Distinguish healthy relationships from unhealthy ones. 1c.8.1	
	Describe healthy ways to express affection, love, and friendship. 1c.6.2	Evaluate the impact of technology (e.g., use of smart phones and digital monitoring) and social media on communication and consent in relationships. 1c.7.2	Analyze how peers, family, media, society, culture, and a person's intersecting identities can influence attitudes, beliefs, and expectations about relationships. 1c.8.2	
	Identify why individuals have the right to refuse sexual contact. 1c.6.3		Explain why individuals have the right to refuse sexual contact. 1c.7.3	Describe strategies a student might use to end an unhealthy relationship, including involving a trusted adult who can help. 1c.8.3
			Discuss what does and does not constitute sexual consent. 1c.7.4	Summarize why individuals have the right to refuse sexual contact. 1c.8.4
				Analyze factors, including alcohol and other substances that can affect the ability to give or perceive consent to sexual activity. 1c.8.5
				Explain the importance of setting personal limits to avoid sexual risk behaviors. 1c.8.6

TOPIC	GRADE 6	GRADE 7	GRADE 8
Gender identity and expression	Define sex assigned at birth, gender identity, and gender expression. 1c.6.4	Compare sex assigned at birth and gender identity and explain how they may or may not differ. 1c.7.5	Explain sex assigned at birth and gender identity and explain how they may or may not differ. 1c.8.7
Sexual orientation and identity	Explain sexual orientation. 1c.6.5	Define sexual identity and explain a range of identities related to sexual orientation. 1c.7.6	Describe sexual identity and explain a range of identities related to sexual orientation. 1c.8.8
Harassment, teasing, and bullying	Describe ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, and gender identity) are different from one's own. 1c.6.6	Explain why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, and gender identity). 1c.7.7	Describe how intolerance can affect others when aspects of their sexuality are different from one's own. 1c.8.9
		Identify strategies for respecting individual differences in sexual growth and development, or physical appearance. 1c.7.8	
Anatomy and physiology	Identify human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.6.7	Describe human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.7.9	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.8.10
	Describe conception and its relationship to the menstrual cycle and vaginal sex. 1c.6.8	Describe menstruation, fertilization, and implantation. 1c.7.10	Explain menstruation, fertilization, and implantation. 1c.8.11

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sexual health		Identify ways to prevent pregnancy, including not having sex and effective use of contraceptives, including condoms. 1c.7.11	Describe ways sexually active people can reduce the risk of pregnancy. 1c.8.12
		Describe ways sexually active people can reduce the risk of HIV, and other STIs. 1c.7.12	Explain ways sexually active people can reduce the risk of HIV, and other STIs including condoms and preventative medications. 1c.8.13
		Identify solo, vaginal, anal, and oral sex along with possible outcomes of each. 1c.7.13	Identify proper steps to using barrier methods correctly. 1c.8.14
		Describe how the effectiveness of condoms can reduce the risk of HIV, and other STIs. 1c.7.14	Describe the state and federal laws related to minors' access to sexual healthcare services, including pregnancy and STI/HIV prevention, testing, care, and treatment. 1c.8.15
		Describe the relationship between substance use and sexual risk behaviors. 1c.7.15	Describe the factors that contribute to engaging in sexual risk behaviors including substance use. 1c.8.16
		Recognize racism and intersectionality and describe their impacts on sexual health 1c.7.16	Identify racism and intersectionality and describe their impacts on sexual health 1c.8.17

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sexually explicit media	Identify the impact sexually explicit media can have on one's body image, expectations about sex, relationships, and self-esteem. 1c.6.9	Explain the impact sexually explicit media can have on one's body image, expectations about sex, relationships, and self-esteem. 1c.7.17	Describe the state and federal laws that impact young people's sexual health and rights, ability to give and receive sexual consent, and engagement with sexually explicit media. 1c.8.18
	Explain the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.6.10	Summarize the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.7.18	Analyze the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites. 1c.8.19

Standard 1c: Family Life and Human Sexuality (HS)

The local school system shall establish policies, guidelines, and/or procedures for student opt-out regarding instruction related to family life and human sexuality objectives [COMAR 13A.04.18.01D\(2\)\(e\)\(i\)](#).

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Healthy relationships and consent	Compare and contrast characteristics of healthy and unhealthy relationships. 1c.HS1.1	Analyze how peers, media, family, society, culture, and a person’s intersecting identities can influence self-concept, body image, and self-esteem. 1c.HS2.1
	Summarize the importance of talking with parents and other trusted adults about issues related to relationships, growth and development, sexual decision-making, and sexual health. 1c.HS1.2	Describe effective ways to communicate consent, personal boundaries, and preferences as they relate to sexual behavior. 1c.HS2.2
	Justify the benefits of respecting individual differences in aspects of sexuality, growth and development, and physical appearance. 1c.HS1.3	Evaluate the potentially positive and negative roles of technology and social media in relationships. 1c.HS2.3
	Describe what constitutes sexual consent, its importance, and legal consequences of sexual behavior without consent. 1c.HS1.4	Analyze factors that can influence the ability to give and receive sexual consent. 1c.HS2.4
	Identify factors that can influence the ability to give and receive sexual consent. 1c.HS1.5	
Gender identity and expression	Differentiate between sex assigned at birth, gender identity, and gender expression. 1c.HS1.6	Examine the impact of gender expression and gender identity on members of marginalized communities and analyze the intersectionality of race, culture, and gender for members of those communities. 1c.HS2.5
Sexual orientation and identity	Define sexual identity and explain a range of identities related to sexual orientation. 1c.HS1.7	Differentiate between sexual orientation, sexual behavior, and sexual identity. 1c.HS2.6

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Sexual orientation and identity	Identify how school and community programs and policies can promote dignity and respect for people of all sexual orientations and gender identities and expressions. 1c.HS1.8	Analyze how school and community programs and policies can promote dignity and respect for people of all sexual orientations and gender identities and expressions. 1c.HS2.7
Anatomy and physiology	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.HS1.9	Summarize human reproductive systems including medically accurate names for internal and external genitalia and their functions. 1c.HS2.8
	Summarize the relationship between the menstrual cycle and conception. 1c.HS1.10	
Sexual health	Identify sexual behaviors, including solo, vaginal, oral, and anal sex, that impact the risk of unintended pregnancy and potential transmission of STIs, including HIV. 1c.HS1.11	Analyze ways systemic oppression and intersectionality impact the sexual agency of communities of color and other marginalized groups. 1c.HS2.9
	Identify how systemic oppression and intersectionality impact the sexual health of communities of color and other marginalized groups. 1c.HS1.12	Summarize common symptoms, or lack thereof, of and treatments for STIs, including HIV. 1c.HS2.10
	Describe common symptoms, or lack thereof, of and treatments for STIs, including HIV. 1c.HS1.13	Demonstrate the steps to using barrier methods correctly (e.g. external and internal condoms and dental dams). 1c.HS2.11
	Explain the steps to using barrier methods correctly (e.g. external and internal condoms and dental dams). 1c.HS1.14	Identify the efficacy of biomedical approaches to prevent STIs, including HIV (e.g., hepatitis B vaccine, HPV vaccine, and PrEP, PEP). 1c.HS2.12
	Compare and contrast types of contraceptive and disease-prevention methods. 1c.HS1.15	Summarize community services and resources related to sexual and reproductive health. 1c.HS2.13

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Sexual health	Evaluate community services and resources related to sexual and reproductive health. 1c.HS1.16	Explain the laws related to reproductive and sexual health care services (e.g. contraception, pregnancy options, safe surrender policies, prenatal care). 1c.HS2.14
	Identify the laws related to reproductive and sexual health care services (e.g. contraception, pregnancy options, safe surrender policies, prenatal care). 1c.HS1.17	
Sexually explicit media	Explain the impact sexually explicit media can have on one's perceptions of, and expectations for, a healthy relationship. 1c.HS1.18	Evaluate the impact sexually explicit media can have on one's perceptions of, and expectations for, a healthy relationship. 1c.HS2.15
	Explain federal and state laws that prohibit the creation, sharing, and viewing of sexually explicit media that includes minors. 1c.HS1.19	Analyze the federal and state laws that impact young people's sexual health rights, ability to give and receive sexual consent, and engagement with sexually explicit media. 1c.HS2.16

Standard 1d: Safety and Violence Prevention (E1)

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Physical safety	Identify people who can help when someone is injured or suddenly ill. 1d.P.1	Explain what to do if someone is injured or suddenly ill and how to call 911. 1d.K.1	Recognize and follow basic safety rules related to sharp objects, bodily fluids, playgrounds, water, and electricity. 1d.1.1	Identify ways to reduce injuries from firearms, falls, and fire. 1d.2.1
	Identify safety rules in the home. 1d.P.2	Identify proper safety for activities including biking, skateboarding, and riding in a car. 1d.K.2	Describe the function of safety equipment (e.g. helmets, knee pads, and elbow pads.) 1d.1.2	Describe how to safely ride a bike, a skateboard, a scooter, and inline skates. 1d.2.2
		Identify escape routes at home and school. 1d.K.3	Identify safety hazards in the community. 1d.1.3	Identify ways to reduce the risk of injuries while riding in a motor vehicle. 1d.2.3
		Identify ways to stay safe when riding in a vehicle or bus. 1d.K.4		Identify ways to reduce injuries as a pedestrian 1s.2.4
				Identify safety procedures to follow if in the presence of a firearm. 1d.2.5
				Model actions that help one to stay safe around strangers. 1d.2.6

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Physical safety				Describe actions that help one to stay safe around familiar people. 1d.2.7
Relationships	Describe healthy families, healthy family environments, and healthy relationships. 1d.P.3	Identify appropriate displays of affection between people and in a variety of situations, including physical touch and verbal interactions. 1d.K.5	Identify words and actions that appropriately express affection or other positive feelings toward trusted adults and other important people. 1d.1.4	Identify words and actions that appropriately express affection/positive feelings toward trusted adults and other important people. 1d.2.8
Safety around people	Identify rules about strangers. 1d.P.4	Explain actions that help one to stay safe around strangers. 1d.K.6	Practice actions that help one to stay safe around strangers. 1d.1.5	Model ways to tell someone when feeling unsafe. 1d.2.9
		Identify how to respond when asked to keep an uncomfortable secret. 1d.K.7	Identify how familiar people or people in authority can help or harm children. 1d.1.6	Explain how familiar people or people in authority can help or harm children. 1d.2.10
			Demonstrate refusal skills and other ways to take action if someone is making you feel uncomfortable, unsafe, or disrespected. 1d.1.7	Identify appropriate interactions with community helpers (e.g., nurses, teachers, police officers, and crossing guards) in roles that help children. 1d.2.11
			Explain the difference between secrets and surprises. 1d.1.8	Demonstrate what to do when asked to keep an uncomfortable secret. 1d.2.12

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Trusted adults	Identify trusted adults or helpers who can provide help with feelings and solving problems. 1d.P.5	Demonstrate the ability to seek help from trusted adults. 1d.K.8	Identify and access adults who can help children. 1d.1.9	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.2.13
		Practice talking to adults about personal safety and feelings. 1d.K.9	Explain the importance of sharing all information with parents/guardians/trusted adults. 1d.1.10	Practice telling trusted adults about feelings. 1d.2.14
Technology safety	Identify personal information and when to share it with other people. 1d.P.6	Identify personal information and when to share it with other people. 1d.K.10	Identify appropriate boundaries when using technology and the internet. 1d.1.11	Explain appropriate boundaries when using technology and the internet. 1d.2.15
Boundaries and consent	Identify personal boundaries. 1d.P.7	Identify age-appropriate privacy as well as setting and respecting healthy boundaries. 1d.K.11	Analyze age-appropriate privacy as well as setting and respecting healthy boundaries online and face-to-face. 1d.1.12	Demonstrate age-appropriate privacy as well as setting and respecting healthy boundaries while using technology and face-to-face. 1d.2.16
	Identify everyone has the right to tell others not to touch their body when they do not want to be touched. 1d.P.8		Explain that everyone has the right to tell others not to touch their body when they do not want to be touched and to have those boundaries respected by others. 1d.1.13	

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Private parts	Identify parts of the body that are private of self or others. 1d.P.9	Identify parts of the body that are private of self or others. 1d.K.12	Identify parts of the body that are private on self or others. 1d.1.14	Identify parts of the body that are private on self or others. 1d.2.17
Compassion for victims			Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.1.15	Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.2.18

Standard 1d: Safety and Violence Prevention (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Safety and injuries	Identify examples of dangerous or risky behaviors that might lead to injuries. 1d.3.1	List ways to prevent injuries in the community. 1d.4.1	Summarize safety rules for the home, vehicles, and community. 1d.5.1
	Explain what to do if someone is injured or suddenly ill. 1d.3.2	Identify ways to reduce injuries from animals and insect bites and stings. 1d.4.2	List examples of dangerous or risky behaviors that might lead to injuries. 1d.5.2
	List ways to prevent injuries at home. 1d.3.3	Identify safety precautions for playing and working outdoors in different kinds of weather and climates. 1d.4.3	Identify ways to reduce risk of injuries around water. 1d.5.3
			Identify ways to protect vision and hearing from injury. 1d.5.4
Accessing trusted adults	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.3.4	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.4.4	Explain the importance of sharing all information with parents, guardians, or trusted adults. 1d.5.5
	Identify words and actions that appropriately express affection or other positive feelings toward trusted adults and other important people or people of authority. 1d.3.5	Create a list of trusted people/community resources to notify or contact if sexual mistreatment, grooming, harassment, abuse, assault, and/or exploitation occur. 1d.4.5	Create a list of trusted people/community resources to notify or contact if assault or abuse occurs. 1d.5.6

TOPIC	GRADE 3	GRADE 4	GRADE 5
Accessing trusted adults		<p>Demonstrate verbal and nonverbal ways to ask trusted adults for help, including how to report unsafe, scary or harmful situations in the home, school, or community. 1d.4.6</p>	
		<p>Identify words and actions that appropriately express affection or other positive feelings toward trusted adults and other important people. 1d.4.7</p>	
Discrimination and violence	Explain strategies to avoid physical fighting and violence. 1d.3.12	<p>Identify how participation in gangs and hate groups can lead to violence. 1d.4.13</p>	Describe how participation in gangs and hate groups can lead to violence. 1d.5.12
		<p>Identify that a gang is a group of people involved in wrongful or delinquent activities. 1d.4.14</p>	
		<p>Identify that a hate group is a type of gang that claims their identity is superior to that of others and does not value the human rights of all people. 1d.4.15</p>	
		<p>Describe safety procedures to follow if in the presence of a firearm. 1d.4.16</p>	

TOPIC	GRADE 3	GRADE 4	GRADE 5
Safety, abuse and assault	Describe strategies to follow when approached by a stranger in a variety of situations. 1d.3.13		Demonstrate refusal skills and other ways to take action if someone is talking to you or touching you in a way that makes you feel uncomfortable, unsafe, or disrespected. 1d.5.13
	Explain how familiar people or people in authority can help or harm children. 1d.3.14		Define sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.5.14
	Identify behaviors that constitute sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.3.15		Identify strategies to respond to sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.5.15
Bystander intervention and compassion for victims	Demonstrate how a positive bystander is able to access help from a police officer, teacher, nurse, school counselor, parent, guardian, or another trusted adult to help a friend who is feeling unsafe, uncomfortable, or disrespected. 1d.3.16	Demonstrate what to say and do when witnessing or experiencing something that feels uncomfortable, unsafe, or disrespectful. 1d.4.17	Demonstrate what to say and do when witnessing or experiencing potentially harmful or unsafe situations. 1d.5.16
	Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.3.17	Explain that it is never a person's fault if someone causes them to feel unsafe. 1d.4.18	Explain that sexual mistreatment, grooming, harassment, abuse, assault, and exploitation are never the fault of the victim. 1d.5.17

Standard 1d: Safety and Violence Prevention (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Safety and injuries			Describe first response procedures needed to treat injuries and other emergencies. 1d.8.1
			Identify ways to reduce the risk of injury in a motor vehicle (substance use, distracted driving, seat belts, etc.). 1d.8.2
Technology safety	Describe how sharing or posting personal information electronically about self or others on social media sites can negatively impact personal safety of self or others. 1d.6.1	Analyze the impact of media influences on harassing and intimidating behaviors. 1d.7.1	Identify how to use technology and social media safely and respectfully and laws pertaining to the dissemination of intimate images. 1d.8.3
	Describe the positive and negative ways in which technology and social media can impact physical and emotional safety. 1d.6.2	Recognize the inappropriate use of technology as it relates to harassment, stalking, and other intimidating behaviors. 1d.7.2	
Boundaries and consent	Demonstrate effective ways to express needs, wants, and feelings, including the setting of and respecting of personal limits and boundaries. 1d.6.3	Explain why individuals have the right to refuse sexual contact. 1d.7.3	Distinguish between appropriate and inappropriate verbal and/or non-verbal interactions. 1d.8.4

TOPIC	GRADE 6	GRADE 7	GRADE 8
Boundaries and consent	Identify individuals have the right to refuse sexual contact. 1d.6.4		Explain the importance of setting and respecting personal limits/boundaries. 1d.8.5
			Describe why individuals have the right to refuse sexual contact. 1d.8.6
			Define affirmative consent. 1d.8.7
			Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched. 1d.8.8
Discrimination and violence	Determine the benefits of using non-violence to solve interpersonal conflict. 1d.6.5	Describe helping behaviors that prevent violence. 1d.7.4	Summarize how participation in gangs and hate groups can lead to violence. 1d.8.9
	Examine and model appropriate, respectful, and healthy ways to express affection, love, and friendship between people and in various situations. 1d.6.6	Analyze the influence of peer groups as they relate to harassing and intimidating behaviors. 1d.7.5	Explain how intolerance can lead to violence. 1d.8.10
	Describe ways to reduce risk of injuries from firearms. 1d.6.7	Analyze how situations and/or impulsive behaviors can lead to violence. 1d.7.6	

TOPIC	GRADE 6	GRADE 7	GRADE 8
Discrimination and violence	Defend against teasing others based on personal characteristics such as body type, race, gender, appearance, mannerisms, and the way one dresses or acts. 1d.6.8	Identify a variety of non-violent ways to respond to stress when angry or upset. 1d.7.7	
		Analyze techniques that are used to coerce or pressure someone to use violence. 1d.7.8	
		Describe how prejudice, discrimination, and bias can lead to violence and identify strategies for intervention. 1d.7.9	
Abuse and assault	Identify and describe healthy relationships between children and others (e.g., persons in authority, coaches, teachers, and clergy). 1d.6.9	Identify power differences in relationships between potential abusers and their victims. 1d.7.10	Identify situations including domestic violence where physical, emotional, verbal, or sexual abuse occurs in a person's family. 1d.8.11
	Identify verbal and/or non-verbal actions that constitute sexual mistreatment, grooming, harassment, abuse, assault, and exploitation. 1d.6.10	Identify a source of support that a student can go to if they or someone they know is being sexually mistreated, groomed, harassed, abused, assaulted, or exploited. 1d.7.11	Describe situations and behaviors that constitute sexual mistreatment grooming, harassment, abuse, assault, exploitation, and boundary violations. 1d.8.12

TOPIC	GRADE 6	GRADE 7	GRADE 8
Abuse and assault		Analyze laws, policies, and consequences related to sexual mistreatment, grooming, harassment, abuse, assault, exploitation, and human trafficking that are designed to protect young people. 1d.7.12	
Trusted adults and responding to safety threats		Identify the process of reporting incidents of harassment, stalking, and other intimidating behaviors. 1d.7.13	List qualities of an adult whom a student can rely upon for support. 1d.8.13
			Identify a source of support that a student can go to if they or someone they know is being abused or assaulted. 1d.8.14
			Demonstrate the ability to recognize and respond to situations that threaten sexual health safety. 1d.8.15
Bystander intervention and compassion for victims	Explain the role of bystanders in escalating, preventing or stopping bullying, fighting, discrimination, and violence. 1d.6.11	Demonstrate ways to be a positive bystander by responding or reporting if someone is being sexually mistreated, groomed, harassed, abused, assaulted, or exploited. 1d.7.14	Explain why a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited is not at fault. 1d.8.16

TOPIC	GRADE 6	GRADE 7	GRADE 8
<p>Bystander intervention and compassion for victims</p>	<p>Explain that it is never the fault of a person if they are made to feel unsafe. 1d.6.12</p>	<p>Explain why a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited is not at fault. 1d.7.15</p> <p>Identify the need to empower and support people who experience racism, harassment, or abuse. 1d.7.16</p>	<p>Defend the need to empower and support people who experience racism, harassment, or abuse. 1d.8.17</p>

Standard 1d: Safety and Violence Prevention (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Responding to emergencies	Explain accepted procedures for basic first aid and emergency care. 1d.HS1.1	Examine the ways in which emergency response varies based on sociocultural and socio-political factors such as race, income, ethnicity, gender, community type (rural, urban & suburban). 1d.HS2.1
	Practice hands-only cardiopulmonary resuscitation and the use of automated external defibrillators. 1d.HS1.2	
Technology safety	Describe strategies to use social media and technology safely and respectfully. 1d.HS1.3	Analyze the impact of media influences on discrimination, implicit bias, racism, intimidating behaviors, and violence. 1d.HS2.2
	Describe examples of discrimination, implicit bias, intimidating behaviors, and harassment in media. 1d.HS1.4	
	Differentiate between healthy and unhealthy use of technology including social media, messaging and phones as it relates to harassment and intimidating behaviors. 1d.HS1.5	
Discrimination and violence	Assess ways to deter bullying, sexual harassment, and racism. 1d.HS1.6	Analyze the consequences of prejudice, discrimination, racism, sexism, and hate crimes. 1d.HS2.3
	Analyze how physical, social, cultural, and emotional environments may contribute to violence. 1d.HS1.7	Analyze how involvement in gangs and hate crimes contribute to violence. 1d.HS2.4
	Practice effective communication to request that bullying, sexual harassment, and racism stop. 1d.HS1.8	Advocate for safe environments that encourage dignified, respectful, and appropriate behavior. 1d.HS2.5

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Discrimination and violence	Examine the influence of peer groups as they relate to harassing and intimidating behaviors. 1d.HS1.9	Identify the influence of power and cultural differences on interpersonal relationships. 1d.HS2.6
Consent	Define and identify affirmative consent, sexual coercion, boundary violations, and situations when an individual can and cannot give consent. 1d.HS1.10	
Abuse and assault	Summarize situations and behaviors that constitute sexual mistreatment, grooming, harassment, abuse, assault, exploitation, and trafficking. 1d.HS1.11	Analyze laws, policies, and consequences related to sexual mistreatment, grooming, harassment, abuse, assault, exploitation, child sexual abuse images (child pornography), and human sex trafficking that are designed to protect young people. 1d.HS2.7
	Identify multiple ways to report bullying, sexual harassment, racism, and other violent behaviors. 1d.HS1.12	Examine multiple ways to report sexual mistreatment, grooming, harassment, abuse, assault, exploitation, and human sex trafficking. 1d.HS2.8
		Investigate community resources for victims of sexual violence. 1d.HS2.9
Bystander intervention and compassion for victims	Demonstrate ways in which a positive bystander could respond to a situation when they or someone else is being sexually mistreated, groomed, harassed, abused, assaulted and/or exploited. 1d.HS1.13	Advocate for the innocence of a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited. 1d.HS2.10
	Analyze group norms and shared understandings that impact the role of a bystander. 1d.HS1.14	Investigate the impact that group norms and the shared understandings related to bystander intervention have on health outcomes. 1d.HS2.11

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Bystander intervention and compassion for victims	Explain why a person who has been sexually mistreated, groomed, harassed, abused, assaulted, or exploited is not at fault. 1d.HS1.15	

Standard 1e: Healthy Eating (E1)

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Nutritious foods and beverages	Identify that water is important for the body. 1e.P.1	Identify the benefits of drinking water. 1e.K.1	Identify the benefits of drinking water. 1e.1.1	Describe the benefits of drinking water versus other beverages. 1e.2.1
	State the benefits of trying new foods. 1e.P.2	Identify the benefits of trying new foods. 1e.K.2	Describe the benefits of trying new foods and the importance of respecting the food choices of others. 1e.1.2	Explain the benefits of trying new foods and respecting the food choices of others. 1e.2.2
	Identify foods that contain helpful nutrients. 1e.P.3	Identify a variety of nutritious foods and beverages and recognize that foods are categorized into groups. 1e.K.3	Identify nutritious choices from each food group. 1e.1.3	Explain the importance of choosing nutritious foods and beverages from different food groups. 1e.2.3
Eating patterns	Identify body signals that tell a person when they are hungry and when they are full. 1e.P.4	Describe body signals that a person is hungry and full. 1e.K.4	Summarize signals that a person is hungry and full. 1e.1.4	Describe how different food groups work together to help us feel hungry or full. 1e.2.4
Moderation and “all foods fit.”	Describe why the body needs food. 1e.P.5	Explain how food affects the body. 1e.K.5	Identify eating patterns that provide energy and help the body grow, develop and perform different jobs. 1e.1.5	Describe eating patterns that provide energy and help the body grow and develop. 1e.2.5

TOPIC	PREKINDERGARTEN	KINDERGARTEN	GRADE 1	GRADE 2
Moderation and “all foods fit.”		Recognize that eating in regular increments helps a person’s body. 1e.K.6	Describe the benefits of eating breakfast. 1e.1.6	Describe how eating breakfast helps a person think, work, and play. 1e.2.6
			Define the concept of moderation and the idea that “all foods fit.” 1e.1.7	Describe the concept of moderation and the idea that “all foods fit.” 1e.2.7

Standard 1e: Healthy Eating (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Nutritious foods and beverages	Identify the food groups and nutritious food choices from each. 1e.3.1	Explain the importance of eating a variety of nutritious foods. 1e.4.1	Identify nutrients that should be consumed daily. 1e.5.1
	Identify the roles that nutrients play in a person's body. 1e.3.2	Identify the benefits of eating a wide variety of foods as they relate to nutrient categories. 1e.4.2	Describe how different types of food work together to deliver nutrients to parts of the body. 1e.5.2
	Describe the benefits of eating a variety of nutritious foods. 1e.3.3	Summarize the benefits of eating a variety of nutritious foods. 1e.4.3	
Water	State the benefits of drinking water versus other beverages. 1e.3.4	Explain the benefits of drinking water versus other beverages. 1e.4.4	Summarize the benefits of drinking water versus other beverages. 1e.5.3
	Describe nutritious eating patterns and the importance of consistent meals and snacks. 1e.3.5	Explain nutritious eating patterns and the importance of consistent meals and snacks. 1e.4.5	Construct a nutritious eating plan utilizing school lunch and restaurant menus. 1e.5.4
Moderation and "all foods fit"	Explain the benefits of eating in moderation and in line with the idea that "all foods fit." 1e.3.6	Analyze the benefits of eating in moderation and in line with the idea that "all foods fit." 1e.4.6	Evaluate the benefits of eating in moderation and in line with the idea that "all foods fit." 1e.5.5

Standard 1e: Healthy Eating (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Nutritious foods and beverages	Describe the U.S. Dietary Guidelines for Americans. 1e.6.1	Explain why the recommended amount of food and food group portions vary by individual. 1e.7.1	Identify every individual has unique nutrition needs and identify strategies to maximize nutrition. 1e.8.1
	Summarize the benefits of eating plenty of fruits, vegetables, and whole grains. 1e.6.2	Summarize a variety of nutritious food choices for each food group. 1e.7.2	Summarize the benefits of consuming nutritious foods and the idea that “all foods fit.” 1e.8.2
	Summarize the benefits of drinking water. 1e.6.3	Explain the benefit of nutritious foods and the idea that “all foods fit.” 1e.7.3	
	Identify foods that are high in fiber, iron, and calcium. 1e.6.4		
	Describe the benefits of consuming foods high in fiber, iron and calcium. 1e.6.5		
	Describe the benefits of consuming an adequate amount of calcium and a variety of foods high in calcium. 1e.6.6		
Sugar Sweetened Beverages	Identify a variety of sugar-sweetened beverages. 1e.6.7	Examine <i>added</i> sugar content in beverages. 1e.7.4	Explain the importance of limiting the consumption of sugar-sweetened beverages. 1e.8.3

TOPIC	GRADE 6	GRADE 7	GRADE 8
Sugar Sweetened Beverages	Identify the importance of limiting the consumption of sugar-sweetened beverages. 1e.6.8		
Food choices		Explain the relationship between access to foods and personal food choices. 1e.7.5	Practice making balanced choices when choosing a meal. 1e.8.4
		Summarize the benefits of limiting the consumption of trans fat, saturated fat, added sugar, and sodium. 1e.7.6	Identify food preparation and production methods and their impact on nutrients in foods. 1e.8.5
Nutrition facts label	Identify the importance of a nutrition facts label. 1e.6.9	Analyze a nutrition facts label to identify foods that are high in sodium and added sugar. 1e.7.7	Compare and contrast fruits, vegetables, and whole grains using a nutrition facts label. 1e.8.6
	Identify the components of a nutrition facts label. 1e.6.10	Explain the significance of reading a nutrition facts label ingredient list. 1e.7.8	Summarize the significance of reading a nutrition facts label and the concept of balance or moderation. 1e.8.7
			Describe the benefits of limiting the consumption of added sugar, sodium, and processed food. 1e.8.8

Standard 1e: Healthy Eating (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Nutritious foods and beverages	Distinguish between foods and beverages that provide key nutrients versus those that contain few essential nutrients. 1e.HS1.1	Utilize the U.S. Dietary Guidelines for Americans to plan a balanced eating routine. 1e.HS2.1
Sugar sweetened beverages	Describe the benefits of limiting the consumption of sugar-sweetened beverages. 1e.HS1.2	
Food Choices	Describe the relationship between personal eating behaviors and overall personal health. 1e.HS1.3	Summarize the importance of balanced eating and physical activity in optimizing personal health. 1e.HS2.2
	Summarize how to make balanced food selections when dining out. 1e.HS1.4	Describe the impact of food production and preparation methods on food nutrient value. 1e.HS2.3
	Analyze various eating patterns and their impact on personal health. 1e.HS1.5	Explain how to incorporate eating a variety of nutrient-dense foods to meet daily nutrient requirements. 1e.HS2.4
	Examine the harmful effects of using certain weight-loss measures. 1e.HS1.6	
Nutrition facts labels	Demonstrate the ability to read and compare nutrition facts labels. 1e.HS1.7	Evaluate similar food choices using nutrition facts labels. 1e.HS2.5
Environmental literacy		Analyze how food choices impact the environment. 1e.HS2.6
Food Access	Investigate how food access impacts food choices and health outcomes 1e.HS1.8	Evaluate the role of community food access and determine community-level support or action. 1e.HS2.7
		Explain the impact of food access and targeted marketing on different communities including the psychological, personal, and economic effects. 1e.HS2.8

Standard 1f: Disease Prevention and Control (E1)

TOPIC	PREKINDERGARTE	KINDERGARTEN	GRADE 1	GRADE 2
Disease		Identify potential food and non-food triggers that are common causes of allergic reactions. 1f.K.1		Describe potential causes and symptoms of allergic reactions. 1f.2.1
Disease prevention	Identify the steps for proper handwashing. 1f.P.1	Identify the steps for proper handwashing. 1f.K.2	Describe the importance of handwashing and covering a cough or sneeze to prevent the spread of germs. 1f.1.1	Identify basic universal precautions. 1f.2.2
Hygiene	Identify personal health care practices. 1f.P.2	Identify personal health care practices. 1f.K.3	Identify why hygiene is important to health. 1f.1.2	Explain why hygiene is important to health. 1f.2.3
Food and illness		Identify food can contain germs that can cause illness. 1f.K.4	Identify food safety practices. 1f.1.3	Identify food safety strategies that can control germs that cause foodborne illness. 1f.2.4
Teeth	Recognize that brushing and flossing teeth is essential to do at least twice daily. 1f.P.3	Identify the proper steps for daily brushing and flossing teeth. 1f.K.5	Describe the proper steps for daily brushing and flossing teeth. 1f.1.4	
Sun			List ways to prevent harmful effects of the sun. 1f.1.5	Explain how to protect one's skin and other parts of the body from the sun. 1f.2.5

TOPIC	PREKINDERGARTE	KINDERGARTEN	GRADE 1	GRADE 2
Sleep	Identify why sleep and rest are important for proper growth and good health. 1f.P.4	Identify why sleep and rest are important for proper growth and good health. 1f.K.6		Describe why sleep and rest are important for proper growth and good health. 1f.2.6

Standard 1f: Disease Prevention and Control (E2)

TOPIC	GRADE 3	GRADE 4	GRADE 5
Disease Prevention	Describe ways to prevent the spread of germs that cause infectious diseases. 1f.3.1		Explain how universal precautions are effective ways to prevent many infectious diseases. 1f.5.1
Hygiene	Recognize the benefits of personal health care practices. 1f.3.2	Describe the benefits of personal health care practices. 1f.4.1	Summarize the benefits of personal health care practices. 1f.5.2
Food and illness		Describe how to keep food safe from harmful germs including how to avoid cross-contamination. 1f.4.2	
Sun	Describe ways to prevent harmful effects of the sun. 1f.3.3		
Sleep		Explain why sleep and rest are important for proper growth and good health. 1f.4.3	
Disease		Identify symptoms that are associated with common childhood chronic diseases or conditions such as asthma, allergies, diabetes, and others. 1f.4.4	Describe the difference between infectious and non-infectious diseases. 1f.5.3
			Describe ways that common infectious diseases are transmitted. 1f.5.4
			Describe the symptoms of someone who is seriously ill and needs immediate medical attention. 1f.5.5

TOPIC	GRADE 3	GRADE 4	GRADE 5
Disease			Describe the importance of seeking help and treatment for common infectious diseases. 1f.5.6

Standard 1f: Disease Prevention and Control (MS)

TOPIC	GRADE 6	GRADE 7	GRADE 8
Disease	Explain the difference between infectious and noninfectious diseases. 1f.6.1		Demonstrate how to seek help and treatment for common infectious diseases and chronic diseases. 1f.8.1
Chronic diseases		Explain the behavioral and environmental factors that contribute to chronic diseases including cancer, cardiovascular disease, and diabetes. 1f.7.1	
Disease Prevention	Summarize ways that common infectious diseases are transmitted. 1f.6.2	Explain the relationship between intravenous drug use and transmission of infections such as HIV and hepatitis. 1f.7.2	Summarize health practices to prevent the spread of infectious diseases that are transmitted by food, air, indirect contact, and person-to-person contact. 1f.8.2
	Explain ways to prevent the spread of germs that cause infectious diseases. 1f.6.3	Identify how the most common Sexually Transmitted Infections (STIs) are transmitted. 1f.7.3	Explain transmission methods of common sexually transmitted infections (STIs). 1f.8.3

TOPIC	GRADE 6	GRADE 7	GRADE 8
Disease Prevention		Describe ways to decrease the spread of STIs including HIV through abstinence, using condoms consistently and correctly when having sex, reducing one's number of sexual partners, and practicing universal precautions. 1f.7.4	Summarize ways to decrease the spread of STIs including HIV through abstinence, using condoms consistently and correctly when having sex, and practicing universal precautions. 1f.8.4
		Describe the typical signs, symptoms, consequences, and treatment of common STIs including HIV. 1f.7.5	Describe the typical signs, symptoms, consequences, and treatment of STIs including HIV. 1f.8.5
Hygiene	Identify the benefits of good hygiene practices for promoting health. 1f.6.4	Explain the benefits of good hygiene practices for promoting health. 1f.7.6	Summarize the benefits of good hygiene practices for promoting health. 1f.8.6
Sleep	Recognize the benefits of getting adequate rest and sleep. 1f.6.5		Summarize the benefits of getting adequate rest and sleep. 1f.8.7
Sun	Summarize actions to take to protect one's skin against potential damage from exposure to the sun. 1f.6.6	Explain why it is important to protect oneself against potential skin damage from exposure to the sun. 1f.7.7	

Standard 1f: Disease Prevention and Control (HS)

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Disease	Analyze the factors that contribute to the major chronic diseases such as heart disease, cancer, diabetes, hypertension, osteoporosis, and skin cancer. 1f.HS1.1	Evaluate factors that contribute to major chronic diseases including, race, economic status, and access to services. 1f.HS2.1
Disease Prevention	Summarize personal strategies for reducing diseases that affect the health of adolescents. 1f.HS1.2	Evaluate important health screenings and assessments, immunizations, checkups, and examinations to maintain good health. 1f.HS2.2
	Explain the importance of STI and HIV testing and counseling if one is sexually active. 1f.HS1.3	Explain why it is important to know the STI/HIV status of oneself and of a potential sexual partner. 1f.HS2.3
	Summarize common symptoms (or lack thereof) of STIs, including HIV, as well as treatments for these infections. 1f.HS1.4	Evaluate the roles of the individual and society in disease prevention. 1f.HS2.4
	Summarize how infectious diseases, including HIV, STIs, foodborne illnesses, and common illnesses, are transmitted and prevented. 1f.HS1.5	Examine society's historical impact on investigating the prevalence and treatment of disease in communities based on race, sexual orientation, and culture. 1f.HS2.5
Sleep	Analyze the personal physical, emotional, mental, social, educational, and vocational performance benefits of rest and sleep. 1f.HS1.6	Examine the potential causes for sleep disparities. 1f.HS2.6
Sun and fads	Summarize the symptoms and prevention of skin cancer. 1f.HS1.7	Summarize the potential health and social consequences of popular fads or trends such as tanning beds, body piercing, and tattooing. 1f.HS2.7

TOPIC	HIGH SCHOOL I	HIGH SCHOOL II
Organ donation		Analyze choices related to organ donation. 1f.HS2.8
Environmental literacy	Examine the impact of human-induced environmental change on health and wellbeing. 1f.HS1.8	Analyze the disproportionate health impact of human-induced environmental change in communities.1f.HS2.9

Standard 2: Analyzing Influences

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify how the family influences personal health practices and behaviors. 2.E1.a	Describe how the family influences personal health practices and behaviors. 2.E2.a	Examine how the family influences the health of adolescents. 2.MS.a	Analyze how family influences the health of individuals. 2.HS.a
Identify what the school can do to support personal health practices and behaviors. 2.E1.b	Identify the influence of culture on health practices and behaviors. 2.E2.b	Describe the influence of culture on health beliefs, practices, and behaviors. 2.MS.b	Analyze how the culture supports and challenges health beliefs, practices, and behaviors. 2.HS.b
Describe how the media can influence health behaviors. 2.E1.c	Identify how peers can influence healthy and unhealthy behaviors. 2.E2.c	Describe how peers influence healthy and unhealthy behaviors. 2.MS.c	Analyze how peers influence healthy and unhealthy behaviors. 2.HS.c
	Describe how the school and community can support personal health practices and behaviors. 2.E2.d	Analyze how the school and community can affect personal health practices and behaviors. 2.MS.d	Evaluate how the school and community can impact personal health practices and behaviors. 2.HS.d
	Explain how media influences thoughts, feelings, and health behaviors. 2.E2.e	Analyze how messages from media influence health behaviors. 2.MS.e	Evaluate the effect of media on personal and family health. 2.HS.e
	Describe ways that technology can influence personal health. 2.E2.f	Analyze the influence of technology on personal and family health. 2.MS.f	Evaluate the impact of technology on personal, family and community health. 2.HS.f
		Explain how the perceptions of norms influence healthy and unhealthy behaviors. 2.MS.g	Analyze how the perceptions of norms influence healthy and unhealthy behaviors. 2.HS.g

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
		<p>Explain the influence of personal values and beliefs on individual health practices and behaviors. 2.MS.h</p>	<p>Analyze the influence of personal values and beliefs on individual health practices and behaviors. 2.HS.h</p>
		<p>Describe how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. 2.MS.i</p>	<p>Analyze how some health risk behaviors can influence the likelihood of engaging in unhealthy behaviors. 2.HS.i</p>
		<p>Explain how school and public health policies can influence health promotion and disease prevention. 2.MS.j</p>	<p>Analyze how public health policies and government regulations can influence health promotion and disease prevention. 2.HS.j</p>

Standard 3: Accessing Information

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify trusted adults and professionals who can help promote health. 3.E1.a	Identify characteristics of valid health information, products, and services. 3.E2.a	Analyze the validity of health information, products, and services. 3.MS.a	Evaluate the validity of health information, products, and services. 3.HS.a
Identify ways to locate school and community health helpers. 3.E1.b	Locate resources from home, school, and community that provide valid health information. 3.E2.b	Access valid health information from home, school, and community. 3.MS.b	Use resources from home, school, and community that provide valid health information. 3.HS.b
		Determine the accessibility of products that enhance health. 3.MS.c	Determine the accessibility of products and services that enhance health. 3.HS.c
		Describe situations that may require professional health services. 3.MS.d	Determine when professional health services may be required. 3.HS.d
		Locate valid and reliable health products and services. 3.MS.e	Access valid and reliable health products and services. 3.HS.e

Standard 4: Interpersonal Communication

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Demonstrate healthy ways to express needs, wants and feelings. 4.E1.a	Demonstrate effective verbal and non-verbal communication skills to enhance health. 4.E2.a	Apply effective verbal and nonverbal communication skills to enhance health. 4.MS.a	Utilize skills for communicating effectively with family, peers, and others to enhance health. 4.HS.a
Demonstrate listening skills to enhance health. 4.E1.b	Demonstrate refusal skills to avoid or reduce health risks. 4.E2.b	Demonstrate refusal and negotiation skills to avoid or reduce health risks. 4.MS.b	Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks. 4.HS.b
Demonstrate ways to respond when in an unwanted, threatening or dangerous situation. 4.E1.c	Demonstrate non-violent strategies to manage or resolve conflict. 4.E2.c	Demonstrate effective conflict management or resolution strategies. 4.MS.c	Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others. 4.HS.c
Demonstrate ways to tell a trusted adult if one is threatened or harmed. 4.E1.d	Demonstrate how to ask for assistance to enhance personal health. 4.E2.d	Demonstrate how to ask for assistance to enhance the health of self and others. 4.MS.d	Demonstrate how to ask for and offer assistance to enhance the health of self and others. 4.HS.d

Standard 5: Decision-Making

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify situations when a health-related decision is needed. 5.E1.a	Identify health-related situations that might require a thoughtful decision. 5.E2.a	Identify circumstances that can help or hinder healthy decision-making. 5.MS.a	Examine barriers that can hinder healthy decision-making. 5.HS.a
Differentiate between situations when a health-related decision can be made individually and when assistance is needed. 5.E1.b	Analyze when assistance is needed when making a health-related decision. 5.E2.b	Determine when health-related situations require the application of a thoughtful decision-making process. 5.MS.b	Determine the value of applying a thoughtful decision-making process in health-related situations. 5.HS.b
	List healthy options for health-related issues or problems. 5.E2.c	Distinguish when individual or collaborative decision-making is appropriate. 5.MS.c	Justify when individual or collaborative decision-making is appropriate. 5.HS.c
	Predict the potential outcomes of each option when making a health-related decision. 5.E2.d	Distinguish between healthy and unhealthy alternatives to health-related issues or problems. 5.MS.d	Generate alternatives to health-related issues or problems. 5.HS.d
	Choose a healthy option when making a decision. 5.E2.e	Predict the potential short-term impact of each alternative on self and others. 5.MS.e	Predict the potential short and long-term impact of each alternative on self and others. 5.HS.e
	Describe the outcomes of a health-related decision. 5.E2.f	Choose healthy alternatives over unhealthy alternatives when making a decision. 5.MS.f	Defend the healthy choice when making decisions. 5.HS.f
Analyze the outcomes of a health-related decision. 5.MS.g		Evaluate the effectiveness of health-related decisions. 5.HS.g	

Standard 6: Goal-Setting

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Identify a short-term personal health goal and take action toward achieving the goal. 6.E1.a	Set a personal health goal and track progress toward its achievement. 6.E2.a	Assess personal health practices. 6.MS.a	Assess personal health practices and overall health status. 6.HS.a
Identify who can help when assistance is needed to achieve a personal health goal. 6.E1.b	Identify resources to assist in achieving a personal health goal. 6.E2.b	Develop a goal to adopt, maintain, or improve a personal health practice. 6.MS.b	Develop a plan to attain a personal health goal that addresses strengths, needs, and risks. 6.HS.b
		Apply strategies and skills needed to attain a personal health goal. 6.MS.c	Implement strategies and monitor progress in achieving a personal health goal. 6.HS.c
		Describe how personal health goals can vary with changing abilities, priorities, and responsibilities. 6.MS.d	Formulate an effective long-term personal health plan. 6.HS.d

Standard 7: Self-Management

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Demonstrate healthy practices and behaviors to maintain or improve personal health. 7.E1.a	Identify responsible personal health behaviors. 7.E2.a	Explain the importance of assuming responsibility for personal health behaviors. 7.MS.a	Analyze the role of individual responsibility in enhancing health. 7.HS.a
Demonstrate behaviors that avoid or reduce health risks. 7.E1.b	Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health. 7.E2.b	Demonstrate healthy practices and behaviors that will maintain or improve the health of self and others. 7.MS.b	Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others. 7.HS.b
	Demonstrate a variety of behaviors that avoid or reduce health risks. 7.E2.c	Demonstrate behaviors that avoid or reduce health risks to self and others. 7.MS.c	Demonstrate a variety of behaviors that avoid or reduce health risks to self and others. 7.HS.c

Standard 8: Advocacy

PRE-K-2 (E1)	3-5 (E2)	6-8 (MS)	9-12 (HS)
Make requests to promote personal health. 8.E1.a	Express opinions and give accurate information about health issues. 8.E2.a	State a health-enhancing position on a topic and support it with accurate information. 8.MS.a	Utilize accurate peer and societal norms to formulate a health-enhancing message. 8.HS.a
Encourage peers to make positive health choices. 8.E1.b	Encourage others to make positive health choices. 8.E2.b	Demonstrate how to influence and support others to make positive health choices. 8.MS.b	Demonstrate how to influence and support others to make positive health choices. 8.HS.b
		Work cooperatively to advocate for healthy individuals, families, and schools. 8.MS.c	Work cooperatively as an advocate for improving personal, family, and community health. 8.HS.c
		Identify ways that health messages and communication techniques can be altered for different audiences. 8.MS.d	Adapt health messages and communication techniques to a specific target audience. 8.HS.d

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A Lesson Plan from Rights, Respect, Responsibility: A K-12 Curriculum

Fostering responsibility by respecting young people's rights to honest sexuality education.

MD HEALTH FRAMEWORK ALIGNMENT:

By the end of 1st Grade, students will be able to:

1c.1.4 – Identify a range of ways people identify and express gender

1c.1.5 – Identify ways to treat people of all gender identities and expressions with dignity and respect.

TARGET GRADE: Grade 1

TIME: 30 Minutes

MATERIALS NEEDED:

- Two identical greeting cards for a new baby, one that is clearly intended for a cisgender boy, and the other for a cisgender girl

OR

- Printout of the gender stereotype boy and girl greeting cards
- Four signs, either printed out or handwritten, with the four vocabulary words as indicated in "Advance Preparation"
- Sheets of flipchart paper with Venn diagram pre-written on it as described in the Advance Preparation section
- Enough sets of activities cut up and placed in envelopes for half the class, plus one for the teacher
- Masking tape
- Markers

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Define gender, gender identity and gender role stereotypes [Knowledge]
2. Name at least two things they've been taught about gender role stereotypes, and how those things may limit people of all genders [Knowledge]

ADVANCE PREPARATION:

- Prepare enough sheets of flipchart paper for half the students in your class. Each sheet should have a large Venn Diagram on it. The left circle should have the heading, "Girls", the right circle, "Boys," and the center area, "Anyone"
- Purchase or find online two new-baby greeting cards, one of which is very stereotypically gendered for a boy baby and one for a girl baby. If finding/purchasing these cards is inconvenient, just use the accompanying graphics.
- Print out or draw the four vocabulary signs: Gender, Identity, Role and Stereotype
- Print out and cut up the activity sheet (provided), and place an entire set in an envelope. Make enough sets for half the class, plus one set for yourself

PROCEDURE:

STEP 1:

Tell the class that you have a friend who just had a baby. You want to send your friend a card to say congratulations, but you can't decide between two cards and need their help.

Hold up the two greeting cards and ask, "**Which one do you think I should send?**" [Students will likely ask whether the baby is a girl or a boy]. Ask, "**If it were a girl baby, which card would you tell me to send?**" [They will indicate the pink card] "**And if it were a boy baby, which would you tell me to send?**" [They will indicate the blue card].

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Ask, “Why should I send this card to a boy baby and this one to a girl baby?”

Possible responses may include:

- “Because that one has boy things on it, and that one has girl things on it”
- “Blue is for boys and pink is for girls”
- “I like that one better, and I’m a [boy/girl]”

Explain that, **“All of what we just talked about – like deciding what colors or toys people can play with is part of something called ‘gender.’ That’s what we’re going to be talking about today.”**

Put the sign with the word “Gender” up on the board (or write it if using a white board). Ask students to repeat the word with you. Say something like, **“When we referred to a ‘boy’ baby or a ‘girl’ baby, we were talking about what gender the baby is.”**

Ask, **“How do you know what gender you are?”** Responses will vary, but may include:

- “My family told me”
- “I know because of my body parts”
- “I just know it”

If a student says something like, “I just know it” or “I feel that way on the inside,” explain that knowing what gender you are is called **“gender identity.”** Put the sign that reads “gender identity” up (or write the phrase) on the board. Ask students to repeat it with you.

Point out that the word “Identity” begins with an “I.” Say something like, **“Identity starts with an I. That’s how you can remember it. ‘I’ feel, ‘I’ know. Gender identity is that feeling of knowing your gender. You might feel like you are a boy, you might feel like you are a girl. You might feel like you’re a boy even if you have body parts that some people might tell you are ‘girl’ parts. You might feel like you’re a girl even if you have body parts that some people might tell you are ‘boy’ parts. And you might not feel like you’re a boy or a girl, but you’re a little bit of both. No matter how you feel, you’re perfectly normal!”** Explain that you’re going to do an activity to talk about this more.

(7 minutes)

STEP 2:

Break the class into pairs. As they are getting into pairs, draw a Venn diagram on one board like the one they are about to get. Once they are in their pairs, distribute the flipchart sheets with the Venn diagrams on them. Explain that they are going to each get an envelope with some

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pictures in it. Tell them they are to decide whether what's in the picture is something that only boys should play with, only girls should play with or that anyone can play with. Explain that they should put the picture in that section of their flipchart sheet.

Answer any questions, then distribute the envelopes. Move around the room to help students stay on track.

(12 minutes)

STEP 3:

After about eight minutes, or whenever students seem to be done, ask for their attention. Using your Venn diagram at the front of the room, go through your own set, showing each one and asking them where they put them. For each response, say, ***“Actually, anyone can play with a _____,”*** and tape it in the center.

Once all responses are in the “Anyone” column, say something like, ***“Pretty much anything can be done by anyone, no matter what gender they are. But we’re still told that only boys should play with certain things, and only girls can play with certain things. Why do you think that is?”***

After a few responses, say something like, ***“Telling someone they can only play with or do certain things because of who they are is called a ‘stereotype.’ When they’re told they can only play with or do certain things based on their gender, it’s called a ‘gender stereotype.’”*** Ask students to repeat both terms with you.

Ask, ***“Have any of you ever been told you’re not supposed to do or play with something because of your gender? If so, how did it make you feel?”***

If not, how do you think someone who really wants to do something but is told they can’t because of their gender might feel?”

After a few responses, say something like, ***“Sometimes, when a boy does something that’s not on the “boy” list, or when a girl does something that’s not on the “girl” list, they’ll get teased or even bullied. For example, a boy who cries in front of his friends or likes to play dress-up, or a girl who likes to climb or play with rockets.”*** Explain that it is never okay to tease or bully someone else – and it’s never okay for someone to tease or bully you. If that were to happen, whether it’s about gender or about something else, it’s really important to tell a teacher or another trusted adult. Ask students to name things they could do to treat people of all gender identities with kindness and respect. [Answers may include: invite them to play with me, not tease them, give them a compliment, or if they would like one, a hug or high five]. Conclude by saying that if someone were teased or bullied about their gender, or something else, it’s really important to tell a teacher or another trusted adult.

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Say something like, ***“No matter your gender, you can play with any of these toys. You can wear whatever clothes you want, or have long or short hair. Be who you are, and enjoy playing with whatever toys you enjoy playing with!”***

Praise them for the work they did, go through the homework assignment, and close the lesson.

(11 minutes)

RECOMMENDED ASSESSMENT OF LEARNING OBJECTIVES AT CONCLUSION OF LESSON:

Step 1 is designed to achieve learning objective 1. Steps 2 and 3 are designed to achieve learning objective 2.

HOMEWORK:

Have students complete the activity sheet, “Who Can Be This?” with a family member at home and color it in if they wish.

TEACHER'S RESOURCE: WHICH CARD SHOULD I SEND?

NOTE TO THE TEACHER: If you do not have greeting cards to use for this lesson, please feel free to cut out the two pictures of cards below the dotted line and use them instead.



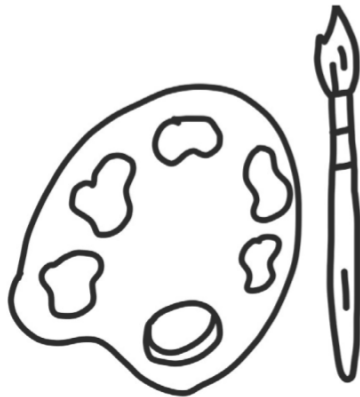
TEACHER'S RESOURCE: WHICH CARD SHOULD I SEND?

NOTE TO THE TEACHER: If you do not have greeting cards to use for this lesson, please feel free to cut out the two pictures of cards below the dotted line and use them instead.



Teacher Resource: Activities

INSTRUCTIONS: Make enough copies of this sheet for half the class. Cut out each activity along the dot - ted lines, and place each complete set into a separate envelope. Make enough sets for half the students to have one, plus one set for yourself.



Homework: Who Can Do What?

NAME: _____

INSTRUCTIONS: What kinds of jobs can grown-ups have? Circle below to indicate which job you think can only be done by men, women or anyone. Color your sheet if you wish!



Firefighter

Men Women Anyone



School Custodian

Men Women Anyone



Teacher

Men Women Anyone



Construction Worker

Men Women Anyone



Doctor

Men Women Anyone

Report on Consequences of Remote and Hybrid Learni

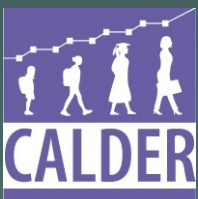
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May 2022

The Consequences of Remote and Hybrid Instruction During the Pandemic

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Research

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ABSTRACT

Using testing data from 2.1 million students in 10,000 schools in 49 states (plus D.C.), we investigate the role of remote and hybrid instruction in widening gaps in achievement by race and school poverty. We find that remote instruction was a primary driver of widening achievement gaps. Math gaps did not widen in areas that remained in-person (although there was some widening in reading gaps in those areas). We estimate that high-poverty districts that went remote in 2020-21 will need to spend nearly all of their federal aid on academic recovery to help students recover from pandemic-related achievement losses.

INTRODUCTION

Since the pandemic started in March 2020, multiple reports have highlighted large declines in students' math and reading achievement as well as widening gaps by race and school poverty.¹ If allowed to become permanent, such losses will have major impacts on future earnings and intergenerational mobility.² Although the federal government has provided \$190 billion in aid to education agencies, the final package of aid was committed in spring of 2021 before the impact of the pandemic on achievement was clear. The American Rescue Plan only required districts to spend 20 percent on academic recovery.

We use student-level data from 2.1 million students in 10,000 schools from 49 states (plus D.C.) to compare students' achievement growth during the pandemic (Fall 2019 to Fall 2021) to a pre-pandemic period (Fall 2017 to Fall 2019). In addition to documenting the magnitude of the learning loss, we investigate the role of remote and hybrid instruction in widening gaps in achievement by race and school poverty. A prior study by Jack et al. (2021) documented declines in proficiency rates in districts that shifted to remote instruction, especially in districts serving larger shares of Black and Hispanic students and lower income students. However, without access to within-district comparisons, their work could not distinguish between a true differential impact on disadvantaged students and district-wide differences for districts serving larger shares of low-income students (e.g. in the implementation of remote instruction.) Their study was also limited to 12 states.³

We make five primary contributions: First, we estimate a model of achievement growth in the pre-pandemic period (conditioning on student and school characteristics as well as prior achievement) and then compare students' actual and expected achievement growth during the pandemic. By doing so, we distinguish pandemic-related achievement losses from pre-existing differences in achievement growth by student and school characteristics.

Second, we investigate differential impacts on high and low-income schools when their districts shifted to remote instruction. We find that the shift in instructional mode was a primary driver of widening achievement gaps by race/ethnicity and by school poverty status. Within school districts that were remote for most of 2020-21, high-poverty schools experienced 50 percent more achievement loss than low-poverty schools (e.g. .46 vs. .30 standard deviations in math). In contrast, math

¹ For instance, see: Curriculum Associates (2020, 2021a, 2021b); Darling-Aduana et al. (2021); Dorn et al. (2020); Kogan and Lavertu (2021); Kuhfeld et al. (2021); Lewis and Kuhfeld (2021); Lewis et al. (2021).

² Using evidence on test scores and achievement from Neal and Johnson (1996) and Murnane, Willett and Levy (1995), Goldhaber, Kane and McEachin (2021) estimated that the losses would cost the U.S. \$2 trillion in lifetime earnings. The World Bank estimated that the worldwide losses in lifetime earnings would be \$17 trillion (Azevedo et al., 2022).

³ Their primary outcome is proficiency on state tests. Because states have different proficiency standards and different shares of students near those standards, their study could indicate the direction but not the magnitude of the impact. Kilbride et al. (2021) also find larger declines in achievement in schools that went remote in the state of Michigan.

achievement gaps did not widen in areas that remained in-person (although there was some widening in reading gaps in those areas).

Third, after documenting higher rates of remote instruction in high poverty schools, we decompose the role played by the differing incidence and differing impacts of remote instruction. High poverty schools were more likely to go remote and they suffered larger declines when they did so. Although the former played a role, the latter was more important.

Fourth, we investigate within-school differences in the impacts of the pandemic on student subgroups. We find that most of the widening by race/ethnicity occurred because the schools attended by Black and Hispanic students were more negatively impacted, rather than because they fell behind classmates attending the same school. Put another way: the widening racial gap happened because of negative shocks to schools attended by disadvantaged students, not because of differential impacts within schools.

Fifth, we provide a lower bound estimate of the cost of academic recovery by district. To do so, we compare the share of a typical school year that students have lost to the share of their annual budget they have received in federal aid. Such an estimate is likely to be a lower bound, as long as the marginal cost per unit of achievement growth is higher for catch-up efforts than during the typical school year. We estimate that high poverty districts that were remote for most of 2020-21 will need to spend nearly all of their federal aid on academic recovery in order to eliminate the losses their students have experienced.

STUDENT ACHIEVEMENT DATA

For a national sample of student achievement, we rely on data from the Growth Research Database (GRD) of NWEA, a non-profit assessment provider. Roughly three thousand school districts administer NWEA's Measures of Academic Progress (MAP) Growth assessments. Unlike state-mandated tests, districts typically administer the MAP assessment three times per year: in the fall, winter, and spring. Though some remote testing occurred during the pandemic, nearly all MAP Growth tests were administered in-person at the students' schools during the three fall terms included in the present study.

The MAP Growth assessment is a computer adaptive test, meaning that the difficulty of test questions increases or decreases in response to a student's prior responses. In contrast to tests with a standard test form for all students, the adaptive tests are designed to improve reliability at both the high end and low end of achievement. Test scores are computed based on the Rasch item response theory (IRT) model, and the tests are vertically scaled so that scores can be meaningfully compared across different grades.

The NWEA test is ideal for measuring achievement during the pandemic, since so many students are

scoring below their current grade level. We have standardized scores using the means and standard deviations by grade, subject, and control for testing date in NWEA's most recent pre-pandemic norms⁴ (Thum and Kuhfeld, 2020). The NWEA data also include student-level demographic data on race/ethnicity and gender, as well as district and school identifiers.

The NWEA data also include student-level demographic data on race/ethnicity and gender, as well as district and school identifiers.

We supplement the NWEA data with administrative data from the Common Core of Data (CCD): enrollment by school and grade in 2019-20, the urbanicity of the school, expenditures on elementary and secondary education, and the percent of students in each school qualifying for the federal Free- and Reduced-Price Lunch Program.⁵ In addition to the CCD, we added information on the population density (population per square mile) within each school district using data from the Census Bureau, COVID infection rates by county from Johns Hopkins University⁶ and estimates of federal Elementary and Secondary School Emergency Relief (ESSER) Funds by district.⁷

To measure schools' instructional mode during 2020-21, we rely on the Return to Learn Tracker assembled by the American Enterprise Institute (AEI). The AEI data include weekly data on mode of instruction from August 2020 through June 7, 2021 for 98 percent of enrollment in U.S. school districts with three or more schools.⁹

REPRESENTATIVENESS OF THE ANALYSIS SAMPLE

Our analytic sample for math consists of 2.1 million students at 9,692 schools from 49 states (plus D.C.).¹⁰ The sample includes students who were in grades 3 to 8 in the follow-up year. We included

⁴ The NWEA national norms have been weighted to reflect the national population of K-8 public schools in 2015-16. The means and standard deviations were estimated pooling data over three school years, 2015-16, 2016-17 and 2017-18.

⁵ Where FRPL values were unavailable, we used the percent of students meeting eligibility for federal lunches through direct certification. This included the entirety of three states (DE, MA, and DC), as well as 2.6 percent of schools outside these states. We also added data from the American Community Survey on the characteristics of the population within school boundaries using the School Attendance Boundary Survey of 2015-16, such as the percent of households with broadband access, adult employment in wholesale and retail trade and health professions. None of the results are sensitive to including them as covariates.

⁶ The Covid infection rate data is compiled by Johns Hopkins' Center for Systems Science and Engineering and is available at https://github.com/CSSEGISandData/COVID-19/tree/master/csse_covid_19_data/csse_covid_19_time_series.

⁷ We estimated ESSER allocations by district using state ESSER totals and prior Title 1 allocations for each district. The federal legislation required states to allocate 90 percent of the ESSER funds using Title 1 spending in FY2019 and FY2020.

⁸ Given missing data in the early weeks, we start from September 7, 2020, the date for which over 95% of available districts have data.

⁹ To identify the effects of instructional mode, we needed to know the school a student attended during the academic year preceding the Fall follow-up assessment. Most students participated in at least one assessment during the intervening year (2018-19 or 2020-21) and we used the testing data to link to schools. If students attended the same school in the baseline and follow-up year, we assume they attended that school during the intervening year. For students who changed schools between the baseline and follow-up year (and advanced two grade levels), we use grade-span data for their former and current school. For example, we assume that a fourth grader at a K-5 elementary school in Fall 2019 who was a 6th grader at a 6-8 middle school in Fall of 2021 would have been a 5th grader in the elementary school. In instances in which both schools serve the student's grade level in the intervening year, we treat the school as missing.

¹⁰ The NWEA analysis file only included scores for students taking the English language version of the test.

schools that were covered in the AEI data and had valid test scores for at least 10 students on the English language versions of the mathematics or reading assessments in Fall 2017, Fall 2019, and Fall 2021 (all three years). In addition, individual students were required to have scores for both a baseline year (i.e., Fall 2017 or Fall 2019) and a follow-up test two years later (i.e., Fall 2019 and Fall 2021). Finally, students were excluded if their school tested less than sixty percent of their grade's enrollment based on data from the CCD.

In Appendix Table 3, we report descriptive statistics for our analysis samples as well as for the full CCD universe of public schools with students in grades 3-8. In comparison to the national population, our analytic sample for studying math achievement contains a smaller percentage of Hispanic students (20 percent vs. 28 percent nationally), slightly less representation of high poverty schools (22 percent versus 27 percent) and greater representation among suburban schools (44 percent versus 39 percent) than the national population of public schools. The analytic sample also had similar percentages of the year spent in remote and hybrid instruction (21 and 47 percent respectively) as for all schools with both CCD and AEI data (24 and 46 percent).

The requirement that students have a follow-up score led us to exclude roughly a quarter of students with valid baseline tests (25 percent in Fall 2017 and 29 percent in Fall 2019).¹¹ In Appendix Table 5, we report the degree to which each of the covariates is related to attrition in both the pre-pandemic and pandemic periods. Given the change in attrition rates, we test the robustness of our findings by including the share of students tested in the school as a covariate.

DIFFERING INCIDENCE OF REMOTE INSTRUCTION BY SCHOOL POVERTY LEVEL

As others have found (Parolin and Lee, 2021; Camp and Zamarro, 2021; Grossmann et al., 2021; Oster et al., 2021), we observe a higher incidence of remote schooling for Black and Hispanic students. We also find that high poverty schools spent about 5.5 more weeks in remote instruction during 2020-21 than low and mid poverty schools.¹²

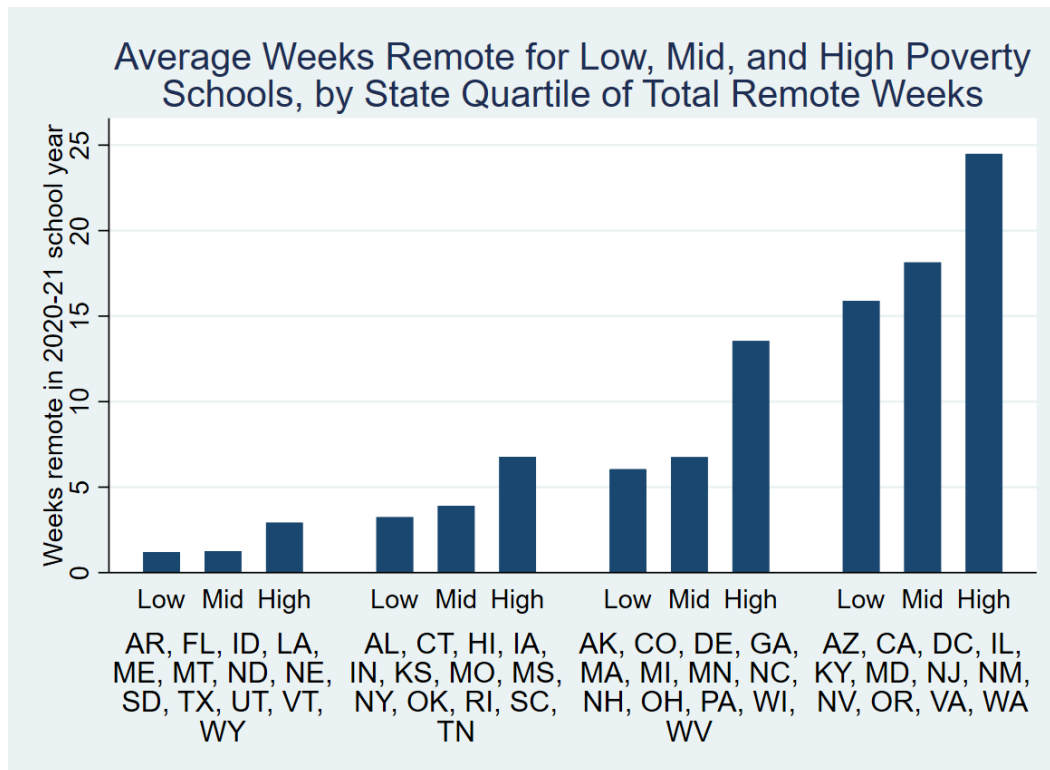
We observed large differences in remote instruction by state. In Figure 1, we sort states into four categories based on percentage of students in remote instruction. High poverty schools were more likely to be remote in all four groups of states, but the gaps were largest in those states with higher rates of remote instruction overall. For example, in high remote instruction states (including populous states such as California, Illinois, New Jersey, Virginia, Washington and the District of

¹¹ Further excluding the students at schools whose schools tested less than 60 percent of their grade's enrollment dropped 0.3 and 2.2 percent of students in the NWEA and AEI sample who respectively tested in follow-up years Fall 2019 and Fall 2021.

¹² We investigated whether the higher incidence of remote instruction in high-poverty schools was due to greater population density, the urbanicity of the school (which varies especially within countywide school districts) and higher COVID infection rates in the county. After adjusting for such factors, the gap in weeks of remote instruction between high and low-poverty schools is only slightly smaller (roughly 4.6 weeks).

Columbia), high-poverty schools spent an additional 9 weeks in remote instruction (more than 2 months) than low-poverty schools. In states with the lowest rates of remote instruction (including populous states such as Florida and Texas), high poverty schools were again more likely to be remote, but the differences were small: 3 weeks remote in high poverty schools versus 1 week remote in low poverty schools.¹³

Figure 1. Differences in Remote Instruction by School Poverty Status and State



Note: Weeks of remote instruction are derived from American Enterprise Institute’s Return to Learn Tracker. Data on school poverty come from information on the percent of students eligible for Free or Reduced Price Lunch (FRPL) in the Common Core Data from 2019-20, or the percentage of students directly certified in the National School Lunch Program if a state did not provide a count of FRPL students. Low poverty schools had fewer than 25 percent of students receiving federal Free or Reduced Price Lunch while high poverty schools had more than 75 percent of students receiving the federal lunch programs.

¹³ States with low closure rates included Arkansas, Florida, Idaho, Louisiana, Maine, Montana, North Dakota, Nebraska, South Dakota, Texas, Utah, Vermont and Wyoming.

INFERRING THE IMPACTS OF REMOTE AND HYBRID INSTRUCTION

As noted in the introduction, we compare student achievement growth during the pandemic (Fall 2019 to 2021) to growth expectations from a pre-pandemic period (Fall 2017 to 2019). To establish pre-pandemic growth expectations, we first estimate the following model of achievement growth (Todd and Wolpin, 2003) during the pre-pandemic period:

$$S_{i0} = \beta_0 + \text{Race}_i \beta_{\text{Race}} + \text{Pov}_{j0} \beta_1 + \text{Mode}_{j,2021} \beta_2 + \text{Pov}_{j0} \text{Mode}_{j,2021} \beta_3 + X_{ij0} \beta_4 + \varepsilon_{i0}$$

where i subscripts the student, j subscripts the school attended in 2018-19 (the school year between the baseline year and follow-up) and the zero subscript refers to the pre-pandemic period. Race_i is a vector of dummies for students' race/ethnicity (Black, Hispanic, Asian, and Other with White as the reference group), Pov_{j0} is a vector of dummies for the poverty status of the school attended (mid and high poverty with low poverty as the reference group), $\text{Mode}_{j,2021}$ is a vector with the percentage of the year that a school was hybrid and remote during the 2020-21 school year, and $X_{ij,0}$ is a vector of student and school characteristics (including a cubic in baseline achievement fully interacted with grade level, gender and the date of testing in the baseline and in the follow-up year included as linear terms).

The parameter estimates (reported in Appendix Table 4) reveal that even before the pandemic, there were significant differences in achievement growth by race/ethnicity and school poverty status after controlling for baseline achievement. For example, relative to white students with similar baseline scores and school poverty levels, Black students' math test scores were .12 standard deviations lower two years later, and Hispanic students' scores were .02 standard deviations lower. The magnitude of widening for Black and Hispanic students was similar in reading. Conditioning on student race/ethnicity and baseline scores, students in high poverty schools also fell behind by approximately .18 standard deviations in math and .14 standard deviations in reading during 2017-19.

In the growth model above, we also included controls for the instructional mode used by their intervening year's school during the 2020-21 school year. Although there should be no causal relationship between remote/hybrid schooling in 2020-21 and student growth between 2017-19, we estimate such differences to identify any pre-existing relationships between a school's subsequent use of remote/hybrid schooling and growth. The differences were small but, in some cases, statistically significant. As described below, we difference those out from 2019-21 growth.

Thus, model (1) above establishes a benchmark for how achievement, conditional on prior scores, varied by race, school poverty and pandemic instructional mode before the pandemic. We use those estimates to construct our primary outcome, which is the degree to which each student in 2019-21 underperformed (or overperformed) growth expectations from the 2017-19 period.¹⁴ Specifically, we apply the 2017-19 parameters to the 2019-21 sample to estimate the difference between a student's actual and expected growth during the pandemic as follows:

$$(1) R_{i1} = S_{i1} - (\hat{\beta}_0 + \text{Race}_{i1} \hat{\beta}_{\text{Race}} + \text{Pov}_{j1} \hat{\beta}_1 + \text{Mode}_{i,j,2021} \hat{\beta}_2 + \text{Pov}_{j1} \text{Mode}_{j,2021} \hat{\beta}_3 + X_{ij1} \hat{\beta}_4)$$

Thus, when we refer to a “loss” or “decline” in achievement growth, we mean that actual achievement growth was less than expected given pre-pandemic relationships ($R_{i1} < 0$).

In the discussion below, we will focus on math achievement while providing analogous analyses for reading achievement in an appendix.¹⁵ Although magnitudes are smaller, the pattern of results are similar in reading—with one important exception which we highlight when discussing Tables 1 and 2 below. For brevity, we also pool results across grades 3 through 8. Although the magnitudes of differences are larger in grades 3-5 than in 6-8, the patterns are similar.¹⁶

In Table 1, we describe how 2020-21 growth diverged from expectations for different subgroups of students by regressing R_{i1} on different combinations of covariates.¹⁷ In column 1, we report that Black and Hispanic students lost even more ground relative to White students with similar baseline achievement during the pandemic period than in the pre-pandemic period: Black students lost an additional .119 standard deviations and Hispanic students lost an additional .092 standard deviations. (As reflected in the constant term, White students, the excluded subgroup, also lost .208 standard deviations relative to the pre-pandemic period.)

In column (2), we report differences in R_{i1} by students' baseline achievement. As reflected in the constant term, actual growth for students in the highest quartile on the baseline assessment (the excluded category) during the pandemic period was .194 standard deviations lower than expected growth. Students who were in the middle two quartiles of achievement in Fall 2019 lost an additional .053 standard deviations, while students in the bottom quartile in the baseline lost an additional .107 standard deviations.

¹⁴ Our approach to measuring growth is different from that used by NWEA in its national reports. In estimating growth norms, NWEA conditions on baseline scores, testing date and grade—but not race/ethnicity or school poverty level. Thus, since there were pre-existing differences in achievement growth by race/ethnicity or school poverty, they are included in the pandemic learning losses for such groups.

¹⁵ Appendix Tables 1 and 2 contain reading analogues to Tables 1 and 2, respectively. Appendix Figures 1 and 2 contain reading analogues to Figures 2 and 3, respectively. Other appendix tables contain math and reading results side-by-side.

¹⁶ In math, the pattern of results by race, school poverty and instructional mode are similar in elementary and middle school grades. In reading, the direct effect of school poverty status is larger in middle school grades.

¹⁷ In Appendix Table 1 we present analogous results for reading.

Table 1. Pandemic Achievement Gains by Student and School Characteristics, Math

Table 1. Association of Student and School Characteristics With Pandemic Learning Loss, Math

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Race (Reference: White)							
Black	-0.119 (0.012)		-0.101 (0.011)	-0.036 (0.004)	-0.040 (0.007)	-0.057 (0.005)	-0.040 (0.007)
Hispanic	-0.092 (0.015)		-0.077 (0.015)	-0.032 (0.003)	-0.014 (0.007)	-0.043 (0.004)	-0.014 (0.007)
Asian	-0.013 (0.013)		-0.020 (0.013)	-0.029 (0.006)	0.005 (0.010)	-0.026 (0.007)	0.005 (0.010)
Other	-0.041 (0.009)		-0.035 (0.009)	-0.019 (0.003)	-0.017 (0.009)	-0.025 (0.004)	-0.017 (0.009)
Baseline Score (Reference: Top Quartile)							
Middle Quartiles		-0.053 (0.005)	-0.040 (0.003)	-0.012 (0.003)	-0.030 (0.003)	-0.016 (0.003)	-0.030 (0.003)
Bottom Quartile		-0.107 (0.008)	-0.078 (0.005)	-0.022 (0.004)	-0.053 (0.005)	-0.030 (0.005)	-0.053 (0.005)
School Poverty (Reference: Low <25%)							
Middle (25%-75%)					-0.018 (0.014)	0.020 (0.014)	-0.017 (0.014)
High (>75%)					-0.002 (0.019)	0.024 (0.019)	-0.001 (0.019)
Remote Schooling							
% Remote in 2020-21					-0.201 (0.035)	N/A	-0.199 (0.034)
<i>Interactions:</i>							
• Middle Poverty					-0.086 (0.034)	-0.103 (0.023)	-0.086 (0.034)
• High Poverty					-0.158 (0.037)	-0.183 (0.030)	-0.159 (0.037)
Hybrid Schooling							
% Hybrid in 2020-21					-0.033 (0.019)	N/A	-0.033 (0.018)
<i>Interactions:</i>							
• Middle Poverty					-0.051 (0.020)	-0.023 (0.021)	-0.051 (0.020)
• High Poverty					-0.117 (0.032)	-0.084 (0.029)	-0.119 (0.033)
% Tested in School							0.027 (0.033)
Constant	-0.208 (0.006)	-0.194 (0.006)	-0.175 (0.006)	N/A	-0.098 (0.014)	N/A	-0.122 (0.033)
Fixed Effects?	No	No	No	School	No	District	No

Note: Sample includes 2,102,909 students in grades 3-8 at the time of their follow-up test. The dependent variable is the difference between a student’s standardized 2021 fall NWEA MAP score and their expected score based on baseline characteristics from two years earlier (2019). The parameters for predicting expected scores were drawn from a pre-pandemic regression of fall 2019 scores on baseline characteristics from 2017. Standard errors (clustered at the district level) in parentheses.

In column (3), we report the gaps by race and by baseline score while conditioning on both student characteristics. Because student race/ethnicity and baseline score are correlated, the magnitude of the loss for each is somewhat smaller when conditioning on both.

In column (4), we include school fixed effects. Although they are still positive, the Black-White and Hispanic-White achievement gaps in math achievement are greatly diminished by the inclusion of school fixed effects, falling to .036 and .032 standard deviations respectively. The smaller magnitudes suggest that much of the increased gap in test scores reported in column (3) is a result of school-level shocks rather than differential effects of the pandemic on racial/ethnic subgroups within schools. Likewise, the gap in math achievement between students in the highest and lowest quartile of baseline achievement shrinks by 72 percent with the inclusion of school fixed effects (.022/.078=.28).

The results in column (4) have implications for academic recovery efforts: to reverse pandemic-related losses (as opposed to addressing long-standing inequities) districts might focus on the hardest hit schools, rather than target subgroups within schools.

In column (5), we parameterize school effects on math achievement with three factors: the school poverty status (low-poverty, mid-poverty and high-poverty), the percentage of the 2020-21 school year that the school was in remote or hybrid instruction, and the interaction between school poverty status and instructional mode.¹⁸ The conditional difference by race/ethnicity remains small, implying that the simple parameterization captures much of the information in the school effects specification in column (4).¹⁹

Several other findings from Table 1 are noteworthy. In column (5), the main effects of school poverty status—which apply to those schools that were in-person for all of 2020-21—are small and no longer statistically significant. In other words, as long as schools were in-person throughout 2020-21, there was no widening of math achievement gaps between high-, middle-, and low-poverty schools.

The main effects of hybrid and remote instruction are negative, implying that even at low-poverty (high income) schools, students fell behind growth expectations when their schools went remote or hybrid. Specifically, if their schools were remote throughout 2020-21, students in low-poverty schools lost .201 standard deviations relative to expected growth. The losses associated with hybrid instruction were smaller, equal to .033 standard deviations if schools were hybrid the whole year.

¹⁸ Investigating further, we found that the variance in school effects increased by 81 percent between 2017-19 and 2019-21, as schools were differentially impacted during the pandemic. However, when we controlled for three variables (school poverty status, the percent of weeks remote/hybrid and the interaction,) the variance in school effects largely returned to levels seen in 2017-19. That is, the parameterization seemed to account for between 57 and 66 percent of the increase in variance (See Appendix A.)

¹⁹ The differences by baseline score bounce back partially between columns (4) and (5) but remain far smaller than those in column (3). Apparently, the schools attended by low-baseline score students are different in ways not captured by school poverty status or by percent remote/hybrid.

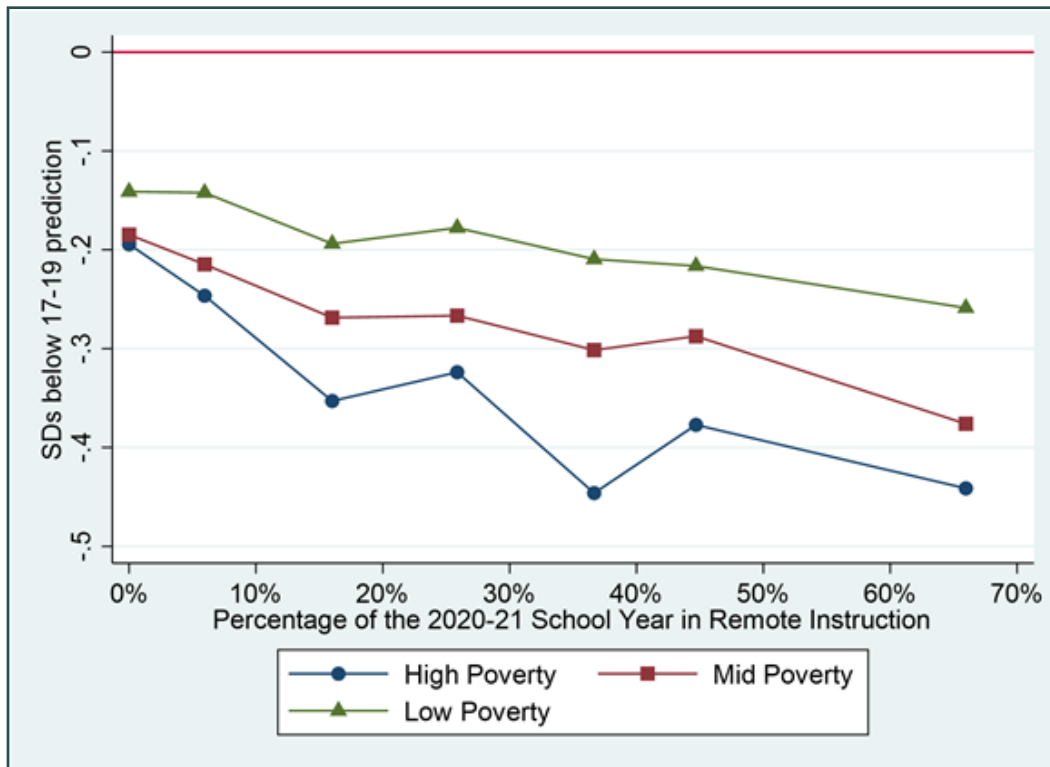
Perhaps the most striking finding in column (5) is that the consequences of hybrid and remote instruction for math achievement were substantially larger in mid- and high-poverty schools than in low-poverty schools: the interaction between percent remote and high poverty was $-.158$, which means high poverty schools that were remote all year lost $.359$ standard deviations ($-.158-.201$) more than high poverty schools that were in person all year. High poverty schools spending the year in hybrid instruction lost $.150$ standard deviations ($-.033-.117$) relative to high poverty schools that remained in person. When we focus on within-district differences (by including district fixed effects in column (6)), the losses associated with remote and hybrid instruction remained similar for mid and high poverty schools.

In column (7), we adjust for attrition by including the ratio of the number of tested students in the school to the number of students enrolled in the relevant grades in the school during the 2019-20 school year. The substantive results are unchanged.

In Figure 2, we report the mean of R_{it} by the percentage of the year schools were in remote instruction and by school poverty (conditioning on the covariates in Table 1). The vertical axis intercepts for the three lines are similar, implying that among those schools that were not remote during 2020-21, the losses were similar for low-, medium- and high-poverty schools—about $.17$ standard deviations on average. Presumably, such losses reflect some combination of the disruptions during Spring 2020 (when all schools spent time in remote instruction) and the effect of pandemic-related stresses during 2020-21. However, the gaps between high and low poverty schools are wider for schools that spent a larger share of the year in remote and hybrid instruction. For schools that spent more than 50 percent of the year in remote instruction, students in high poverty schools lost roughly $.44$ standard deviations relative to pre-pandemic growth, while students in low-poverty schools lost $.26$ standard deviations.

In Appendix Table 1, we report similar findings for students' reading scores. In terms of standard deviation units, the losses were smaller, but we see the same pattern of small racial/ethnic losses within schools and larger impacts of remote and hybrid schooling on students attending mid and low-poverty schools. However, one substantive difference between math and reading is that gaps in reading achievement by school poverty and race did widen somewhat in districts which remained in person. While students learn math primarily in school, student learning in reading may depend more on parental engagement at home. Thus, the contrast between the math and reading findings for in-person districts may reflect differential family stresses outside of school.

Figure 2. Pandemic Achievement Effects by Remote Schooling and School Poverty, Math



Note: The vertical axis represents the difference between mean fall 2021 achievement and expected achievement based on pre-pandemic growth model estimates. The horizontal axis is the percentage of the 2020-21 school year that a school was in remote instruction. Given the small number of districts that were remote all year, the top category of percent remote combines those who were remote between 50 and 100 percent of the year. Low-poverty schools had fewer than 25 percent of students receiving federal Free or Reduced Price Lunch while high-poverty schools had more than 75 percent of students receiving the federal lunch programs.

DISPARATE INCIDENCE VS. DISPARATE IMPACT OF REMOTE AND HYBRID SCHOOLING

High poverty schools were more likely to go remote and the consequences for student achievement were more negative when they did so. Which was more important? In Table 2, we decompose the role played by the two factors—disparate incidence and disparate impacts—in widening the gap between low and high poverty schools.²⁰ In the top row, we report the total difference in actual vs. expected math achievement gains between high- and low-poverty schools, which is .168 standard deviations.

²⁰ We describe the algebra for the decomposition in Appendix B.

As reported in the next two rows, a small share of this difference (.014+.016) was due to the fact that Black and Hispanic students and students with low baseline achievement scores gained less, and that those students were more likely to attend high poverty schools. In the fourth row, we add in the differential loss in achievement gains between high and low poverty schools in areas that were in-person throughout 2020-21. As noted earlier, there was essentially no widening in math achievement gaps in districts that were fully in-person (.002 standard deviations). In the fifth row, we report the effect of greater incidence of remote/hybrid instruction in high-poverty schools, which was about one third of the total difference (.051/.168). The remaining half of the gap (.085/.168) was due to the differing impact of hybrid/remote instruction on high-poverty schools. (We describe the methodology for decomposition in Appendix B.)

Table 2.
Decomposing the Difference in Pandemic Achievement Gains
between High and Low Poverty Schools, Math

	<i>Amount</i>	<i>% of total</i>
Total Difference Between High and Low Poverty Schools	0.168	100%
Due to Direct Effects of:		
Race	0.014	8%
Baseline Scores	0.016	9%
Conditional Learning Loss in High Poverty Schools That Were Fully in Person	0.002	1%
Due to Differing Incidence of Remote and Hybrid Learning	0.051	30%
Due to Differing Effects of Remote and Hybrid Learning	0.085	51%

Note: Decomposition based on regression estimates from Table 1, column 5, and based on mean characteristics of high and low poverty schools in the analysis sample used in Table 1. See Appendix B for details on the decomposition and Appendix Table 6 for mean characteristics of high- and low-poverty schools.

As reported in Appendix Table 2, a larger share of the widening gap in reading achievement between high- and low-poverty schools was due to widening gaps in areas that remained in person (26 percent). Accordingly, the shares that were due to disparate incidence (19 percent vs. 30 percent) and disparate impacts of remote/hybrid instruction (35 percent vs. 51 percent) were lower in reading than in math.

PAYING FOR ACADEMIC RECOVERY

From the beginning of the pandemic through to the American Rescue Plan in Spring 2021, the federal government provided state and local education agencies with \$190 billion to pay for COVID-related expenses. States are required to allocate 90 percent of that funding to districts based on the Title I formula, which reflects child poverty rates and public assistance receipt in each district. Importantly, the funds were committed before the impact of the pandemic and instructional mode were clear. In this section, we provide a simple rule of thumb for judging whether the federal dollars are likely to be sufficient to pay for the catch-up in each district.

To put the achievement impacts and the federal aid on a comparable scale, we convert each into the share of each district's annual budget they represent. It is straightforward to convert the federal aid into an annual budget share, dividing each district's allocation by its spending on K-12 education in 2019-20 (minus capital expenditures).

To convert recovery costs into an annual budget share, we estimate the share of a typical school year (in terms of instructional weeks) that would be required to make up for lost achievement during the pandemic. The NWEA data are especially well-suited to this task. Unlike the official state tests, school districts implement the NWEA's MAP assessment at different points on their academic calendars. Thus, the test developers have observed how scores vary by the number of instructional weeks students received between test dates (which would yield unbiased estimates of gains per week of instruction as long as timing is exogenous; Thum and Kuhfeld, 2020).²¹ After using the parameters in column (5) of Table 1 to estimate each school's reduction in math test score gains, we divide by an estimate of instructional growth in math per week for grades 3 through 8 from NWEA to estimate the number of instructional weeks required for schools to get back to pre-pandemic growth expectations. To translate the estimated weeks into a portion of the school year, we then divide the estimate of lost weeks by 40 (the number of calendar weeks in the typical school year) and aggregate to the district level (where ARP spending decisions will be made).²²

The share of a district's annual budget equivalent to the share of a typical school year missed is likely to be a conservative estimate of the cost of recovery.²³

²¹ Because the tests are given in the Spring and in the Fall, the gains per instructional week during the school year do not include summer learning loss.

²² We assume that district operational expenditures are spread over 40 calendar weeks, rather than the 36 instructional weeks (180 days) that is the norm in most states. If we were to use instructional weeks, the estimated cost of recovery would be roughly 10 percent larger. Providing instruction outside the traditional classroom format of 20 to 25 students per teacher in an elementary school—e.g. tutoring or after-school programs—is likely to cost more per s.d. of achievement gain. Otherwise, it would be difficult to explain the ubiquity of the traditional classroom model.

²³ An alternative approach would be to start with various types of interventions—such as tutoring and after school and extra periods of math instruction—for which we have credible impact estimates and estimate what it would cost to eliminate the gaps observed. However, one would have to make additional assumptions about the cost and efficacy of a dramatic scale-up of those programs. Tutor salaries are likely to vary by local labor market conditions.

To make up 20 percent of a school year's worth of unfinished learning, it is likely to cost *more than* the equivalent of 20 percent of a district's annual budget. For instance, imagine if a district extends the school year or lengthens the school day. They are likely to have to pay teachers more than their normal wage rate (e.g., "time and a half") and, if students or teachers are tired at the end of the day or year, the marginal learning gain from additional time is likely to be smaller as well. While many schools are exploring alternative ways of organizing instruction—e.g., with small group tutoring—the marginal cost per a given gain in achievement for these alternative models is likely to be more than under the predominant technology of schooling (e.g., with 20-25 students per elementary teacher).

The correlation between the share of a year of unfinished learning and the share of an annual budget received in federal aid is positive (.35), largely because both are positively related to poverty.

In Figure 3, we compare the shares of a school year required to eliminate the achievement loss and shares of annual budgets represented by federal aid. We do so for four categories of schools. On the left are school districts that have below-median percentages of students receiving federal free lunches; on the right are the above-median (higher poverty) districts. Within each, we report separately for districts that were fully in-person during 2020-21 and for those that spent the majority of the year remote or hybrid. (For brevity, we excluded districts between the two extremes, who were remote/hybrid for less than half the year.)

Ironically, it is the lower-poverty districts choosing to remain remote during 2020-21 who face the greatest shortfall. Because the federal aid was based on the Title I formula, the lowest poverty (highest income) public school districts received less than 15 percent of their annual budgets in federal aid. The low-poverty districts who were remote or hybrid for most of the year lost 27 percent of a year's learning.

On the right, we compare federal aid and academic losses for the highest poverty quartile districts (lowest incomes). For high-poverty districts that remained in person, the losses were similar to those of low-poverty schools that remained in person (about 15 percent of a school year). However, because the federal dollars were based on poverty and not their achievement losses, they received considerably more funding (about a third of their annual budgets) than the 20 percent of a school year of unfinished learning their students experienced.

On the far right, we report the average losses for high-poverty districts that remained remote. The hardest hit group, their lost achievement amounted to slightly under 40 percent of a year of learning. That is roughly equivalent to the share of their annual budgets they received in federal aid.

The American Rescue Plan only *requires* districts to spend 20 percent on academic recovery. According to an analysis of district plans by the non-profit, Future-Ed, at Georgetown University, the average district is planning to spend not much more than the minimum on academic recovery (28 percent), with the remainder planned for facilities, technology, staffing, and mental and physical health.²⁴

Figure 3.
Pandemic Achievement Losses and Federal Aid as a Share of Annual Spending, Math



Note: Achievement effects were converted into weeks of instruction using NWEA growth norms and divided by a 40-week school year (to reflect the fact that salaries and operational expenses are paid by calendar weeks, not the number of instructional weeks in a school year, which is typically 36 weeks). Federal aid is reported relative to the district’s annual budget for K-12 schooling, minus capital expenditures. High-poverty districts are the half of districts with the highest percent of students receiving Free or Reduced Price Lunch (and low-poverty districts are the bottom half). Districts are considered “fully in-person” if the AEI reports no remote or hybrid instruction in the district during the 2020-21 school year.

²⁴ <https://www.future-ed.org/financial-trends-in-local-schools-covid-aid-spending/>

CONCLUSION

Throughout the country, local leaders made different choices about whether to hold classes in-person or remotely during the COVID-19 pandemic. There were valid reasons for differing judgements—including differing risks related to local demographics or population density as well as real uncertainty about the public health consequences of in-person schooling. While we have nothing to add regarding the public health benefits, it seems that the shifts to remote or hybrid instruction during 2020-21 had profound consequences for student achievement. In districts that went remote, achievement growth was lower for all subgroups, but especially for students attending high-poverty schools. In areas that remained in person, there were still modest losses in achievement, but there was no widening of gaps between high and low-poverty schools in math (and less widening in reading).

It is possible that the relationships we have observed are not entirely causal, that family stress in the districts that remained remote both caused the decline in achievement and drove school officials to keep school buildings closed. However, even if that were the case, our results highlighting the differential losses in high poverty schools that went remote are still critical for targeting recovery efforts.

While local leaders are well aware of the losses in student achievement, they have received little guidance when translating declines in math and reading achievement (typically measured in proficiency rates or percentile points) into an implied scale of recovery effort. We propose one relevant benchmark—the share of a typical school year that would be required to make up for the loss. It is a lower bound estimate since the marginal cost per unit of growth from supplemental recovery efforts is likely to be higher than the average cost during a typical school year. Another approach is to convert the achievement loss into standard deviation units to facilitate comparison with the effect sizes for relevant interventions. For instance, the average high poverty school that remained in remote instruction for a majority of 2020-21 lost roughly .44 standard deviations in achievement. For comparison, a recent review of pre-pandemic research by Nickow et al. (2020) on high-dosage tutoring defined as tutors working with fewer than 4 students, 3 to 5 times per week for at least 30 minutes—produced a .38 standard deviation gain in math. Thus, in high poverty schools that remained remote, leaders could provide high-dosage tutoring to every student still not make up for the loss.

Depending on whether they remained remote during 2020-21, some school agencies have much more work to do now than others. If the achievement losses become permanent, there will be major implications for future earnings, racial equity, and income inequality, especially in states where remote instruction was common.

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APPENDIX

Appendix A: Explaining the Change in School Effects 2017-19 to 2019-21

To estimate how the variance of school effects changed between the pre-pandemic and pandemic periods, we use a two-step approach. We first estimated the following equation by OLS for 2017-19 and 2019-21:

$$(1) S_{ij} = \beta_0 + X_{ij} \beta_4 + \delta_j + \varepsilon_{ij}$$

where X includes all the student-level covariates and δ_j are school fixed effects. We then use the estimated school fixed effects plus the student-level residuals, $\hat{\delta}_j + \hat{\varepsilon}_i = S_{ij} - \hat{\beta}_0 + X_{ij} \hat{\beta}_4$, as the dependent variable in a simple hierarchical linear model for each year with only an intercept and school random effects, estimated using the `xtreg` command in Stata. This yields estimates of the variance of the underlying school (σ_{μ}^2) and student (σ_{ε}^2) error components in each year. If the pandemic introduced school-level shocks then the variance of school effects will be larger in 2021 than it was in 2019, e.g., $\sigma_{\mu,2021}^2 > \sigma_{\mu,2019}^2$.

We then re-estimated the hierarchical models controlling for three school poverty categories, percent remote and hybrid, and their interactions. If school poverty and remote/hybrid instruction capture the pandemic-related school-level shocks, then the school-level variance estimate from this model should be lower in 2021 compared to a model that does not control for any school characteristics.

As can be seen from the table below, the variance in the school effect rose substantially between 17-19 and 19-21 for both math (.0202, 81% rise) and reading (.0133, 60% rise). Controlling for poverty and hybrid/remote explains little of the school-level variance in 17-19 but explains a much larger proportion of variation in 19-21. Overall, Controlling for poverty and hybrid/remote accounted for 66% of the rise in school-level variance for math, and 57% for reading.

	Math			Reading		
	17-19	19-21	Change	17-19	19-21	Change
Variance of School Effect	0.0248	0.0450	0.0202	0.0220	0.0353	0.0133
Variance of School Effect Controlling for Poverty and Hybrid/Remote	0.0216	0.0283	0.0068	0.0189	0.0247	0.0058
% of Change in School Variance Accounted for by Poverty and Hybrid/Remote:			66%			57%

Appendix B:

Decomposing the Role of Disparate Incidence and Disparate Impacts of Remote/Hybrid Instruction on Pandemic Achievement Differences between High and Low Poverty Schools

We use the parameters from Column (5) of Table 1 to identify the share of the widening attributable to multiple factors. Below, the subscript for each coefficient refers to the row number from Table 1.

$$\begin{aligned}
 \bar{R}_{Low} - \bar{R}_{Hgh} = & \\
 & + \hat{\gamma}_1(\overline{Black}_{Low} - \overline{Black}_{Hgh}) + \hat{\gamma}_2(\overline{Hispanic}_{Low} - \overline{Hispanic}_{Hgh}) + \tag{a} \\
 & \hat{\gamma}_3(\overline{Asian}_{Low} - \overline{Asian}_{Hgh}) + \hat{\gamma}_4(\overline{Other}_{Low} - \overline{Other}_{Hgh}) + \\
 & \hat{\gamma}_5(\overline{MidBase}_{Low} - \overline{MidBase}_{Hgh}) + \hat{\gamma}_6(\overline{LowBase}_{Low} - \overline{LowBase}_{Hgh}) \\
 & - \hat{\gamma}_8 \tag{b} \\
 & (\hat{\gamma}_{12} + \hat{\gamma}_{14})(\overline{\%Hybrid}_{Low} - \overline{\%Hybrid}_{Hgh}) + (\hat{\gamma}_9 + \hat{\gamma}_{11})(\overline{\%Remote}_{Low} - \overline{\%Remote}_{Hgh}) \tag{c} \\
 & - \hat{\gamma}_{14}(\overline{\%Hybrid}_{Low}) - \hat{\gamma}_{11}(\overline{\%Remote}_{Low}) \tag{d}
 \end{aligned}$$

The first component, (a), captures the differences in student growth due to differences in the race/ethnicity and baseline achievement of students. The second component, (b), reflects the differential losses of high- and low-poverty schools that were in person throughout 2020-21. The third component, (c), measures the effect of disparate incidence of remote and hybrid instruction, assessed as the impact of remote and hybrid instruction for high poverty schools. The fourth component, (d), is the largest component. It reflects the differential impact of remote schooling on high poverty schools.

**Appendix Table 1:
Pandemic Achievement Gains by Student and School Characteristics, Reading**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Race (Reference: White)							
Black	-0.080 (0.010)		-0.062 (0.008)	-0.023 (0.004)	-0.019 (0.007)	-0.039 (0.005)	-0.018 (0.007)
Hispanic	-0.066 (0.015)		-0.048 (0.014)	-0.030 (0.003)	-0.007 (0.007)	-0.039 (0.003)	-0.007 (0.007)
Asian	0.018 (0.010)		0.013 (0.009)	-0.019 (0.005)	0.019 (0.007)	-0.017 (0.005)	0.019 (0.008)
Other	-0.023 (0.008)		-0.016 (0.008)	-0.011 (0.003)	-0.005 (0.007)	-0.015 (0.004)	-0.005 (0.007)
Baseline Score (Reference: Top Quartile)							
Middle Quartiles		-0.048 (0.005)	-0.039 (0.004)	-0.013 (0.003)	-0.031 (0.003)	-0.019 (0.003)	-0.031 (0.003)
Bottom Quartile		-0.115 (0.010)	-0.098 (0.008)	-0.043 (0.005)	-0.076 (0.006)	-0.052 (0.006)	-0.076 (0.006)
School Poverty (Reference: Low <25%)							
Middle (25%-75%)					-0.021 (0.009)	0.019 (0.015)	-0.021 (0.009)
High (>75%)					-0.038 (0.016)	0.011 (0.019)	-0.037 (0.016)
Remote Schooling							
% Remote in 2020-21					-0.081 (0.024)	N/A	-0.079 (0.025)
<i>Interactions:</i>							
• Middle Poverty					-0.034 (0.023)	-0.081 (0.024)	-0.033 (0.023)
• High Poverty					-0.094 (0.046)	-0.133 (0.033)	-0.096 (0.046)
Hybrid Schooling							
% Hybrid in 2020-21					0.018 (0.013)	N/A	0.018 (0.013)
<i>Interactions:</i>							
• Middle Poverty					-0.037 (0.014)	-0.008 (0.021)	-0.036 (0.015)
• High Poverty					-0.074 (0.031)	-0.047 (0.030)	-0.076 (0.031)
% Tested in School							0.025 (0.019)
Constant	-0.093 (0.004)	-0.066 (0.003)	-0.056 (0.003)	N/A	-0.027 (0.008)	N/A	-0.050 (0.019)
Fixed Effects?	No	No	No	School	No	District	No

Note: Sample includes 1,666,203 students in grades 3-8 at the time of their follow-up test. Dependent variable is the difference between a student's standardized 2021 fall NWEA MAP score and their expected score based on baseline characteristics from two years earlier (2019). The parameters for predicting expected scores were drawn from a pre-pandemic regression of fall 2019 scores on baseline characteristics from 2017. Standard errors (clustered at the district level) in parentheses.

**Appendix Table 2:
Decomposing the Difference in Pandemic Achievement Gains
between High and Low Poverty Schools, Reading**

	<i>Amount</i>	<i>% of total</i>
Total Difference Between High and Low Poverty Schools	0.146	100%
Due to Direct Effects of:		
Race	0.008	5%
Baseline Scores	0.021	14%
Conditional Learning Loss in High Poverty Schools That Were Fully in Person	0.038	26%
Due to Differing Incidence of Remote and Hybrid Learning	0.028	19%
Due to Differing Effects of Remote and Hybrid Learning	0.051	35%

Note: Decomposition based on regression estimates from Appendix Table 1, column 5, and based on mean characteristics of high- and low-poverty schools in the analysis sample used in Appendix Table 1. See Appendix B for details on the decomposition and Appendix Table 6 for mean characteristics of high- and low-poverty schools.

**Appendix Table 3:
Comparing the Analysis Sample to the Universe of K-8 Public Schools**

	19-21 Analysis Sample, Math	19-21 Analysis Sample, Reading	CCD Grades 3-8
Race			
White	52%	52%	46%
Black	13%	14%	15%
Hispanic	20%	19%	28%
Asian	4%	4%	5%
Poverty level			
High	22%	22%	27%
Mid	54%	55%	54%
Low	24%	23%	20%
Urbanicity			
City	25%	25%	30%
Rural	19%	20%	20%
Suburb	44%	43%	39%
Town	12%	12%	11%
Learning Mode			
Mean % of Year Remote	21%	20%	24%
Mean % of Year Hybrid	47%	47%	46%
Mean NWEA Fall 2021 Normalized RIT Score	-0.11	-0.08	N/A
Number of Schools in Sample	9,692	9,490	74,189
Number of Students in Sample	2,102,909	1,666,203	22,835,038

Note: Analysis samples include students in NWEA test score data that (1) attend schools that test at least 10 students in Fall 2017, Fall 2019, and Fall 2021; (2) attend schools that test at least 60% of their school-grade-level enrollment as reported in the Common Core of Data; and (3) have available data on the student's race, gender, school poverty level, and learning modality.

**Appendix Table 4:
2017-19 Growth Model Parameters**

	Math	Reading
Race (Reference: White)		
Black	-0.116 (0.006)	-0.112 (0.006)
Hispanic	-0.024 (0.005)	-0.028 (0.005)
Asian	0.195 (0.007)	0.136 (0.006)
Other	-0.028 (0.005)	-0.033 (0.006)
School Poverty (Reference: Low <25%)		
Middle (25%-75%)	-0.082 (0.010)	-0.077 (0.011)
High (>75%)	-0.175 (0.016)	-0.142 (0.015)
Linear Term of Baseline Score	0.757 (0.004)	0.729 (0.005)
Remote Schooling		
% Remote in 2020-21	0.044 (0.035)	0.035 (0.024)
<i>Interactions:</i>		
• Middle Poverty	-0.038 (0.028)	-0.015 (0.022)
• High Poverty	-0.049 (0.031)	-0.075 (0.025)
Hybrid Schooling		
% Hybrid in 2020-21	-0.007 (0.013)	-0.011 (0.013)
<i>Interactions:</i>		
• Middle Poverty	-0.006 (0.014)	0.002 (0.014)
• High Poverty	0.054 (0.028)	0.028 (0.027)
All X's	Yes	Yes
School FE	No	No
District FE	No	No

Note: Sample includes 2,313,927 students in math and 1,822,756 students in reading in grades 3-8. Dependent variable is the student's fall 2019 test score. The parameters for predicting expected scores in Table 1 and Appendix Table 4 are drawn from these regressions. Standard errors (clustered at the district level) in parentheses.

**Appendix Table 5:
Predictors of Having a Follow-up Score**

	2017-19		2019-21	
	Math	Reading	Math	Reading
Race (Reference: White)				
Black	-0.080 (0.029)	-0.055 (0.027)	-0.075 (0.015)	-0.049 (0.016)
Hispanic	-0.016 (0.013)	-0.016 (0.014)	-0.001 (0.014)	0.010 (0.019)
Asian	-0.061 (0.014)	-0.049 (0.013)	-0.045 (0.010)	-0.010 (0.016)
Other	-0.039 (0.011)	-0.044 (0.009)	-0.046 (0.015)	-0.045 (0.013)
School Poverty (Reference: Low <25%)				
Middle (25%-75%)	-0.054 (0.024)	-0.036 (0.026)	-0.060 (0.025)	-0.073 (0.025)
High (>75%)	-0.073 (0.030)	-0.044 (0.032)	-0.024 (0.028)	-0.030 (0.029)
Linear Term of Baseline Score	0.014 (0.004)	-0.010 (0.007)	0.006 (0.004)	-0.039 (0.011)
Remote Schooling				
% Remote in 2020-21	-0.069 (0.056)	-0.106 (0.062)	-0.235 (0.060)	-0.304 (0.084)
<i>Interactions:</i>				
• Middle Poverty	0.012 (0.070)	0.002 (0.067)	0.212 (0.047)	0.118 (0.094)
• High Poverty	-0.002 (0.077)	0.017 (0.074)	0.087 (0.092)	-0.022 (0.098)
Hybrid Schooling				
% Hybrid in 2020-21	-0.016 (0.042)	-0.015 (0.043)	0.020 (0.025)	-0.027 (0.028)
<i>Interactions:</i>				
• Middle Poverty	0.088 (0.045)	0.063 (0.046)	0.018 (0.034)	0.061 (0.035)
• High Poverty	0.109 (0.058)	0.087 (0.057)	-0.063 (0.047)	0.000 (0.052)
All X's	Yes	Yes	Yes	Yes
School FE	No	No	No	No
District FE	No	No	No	No

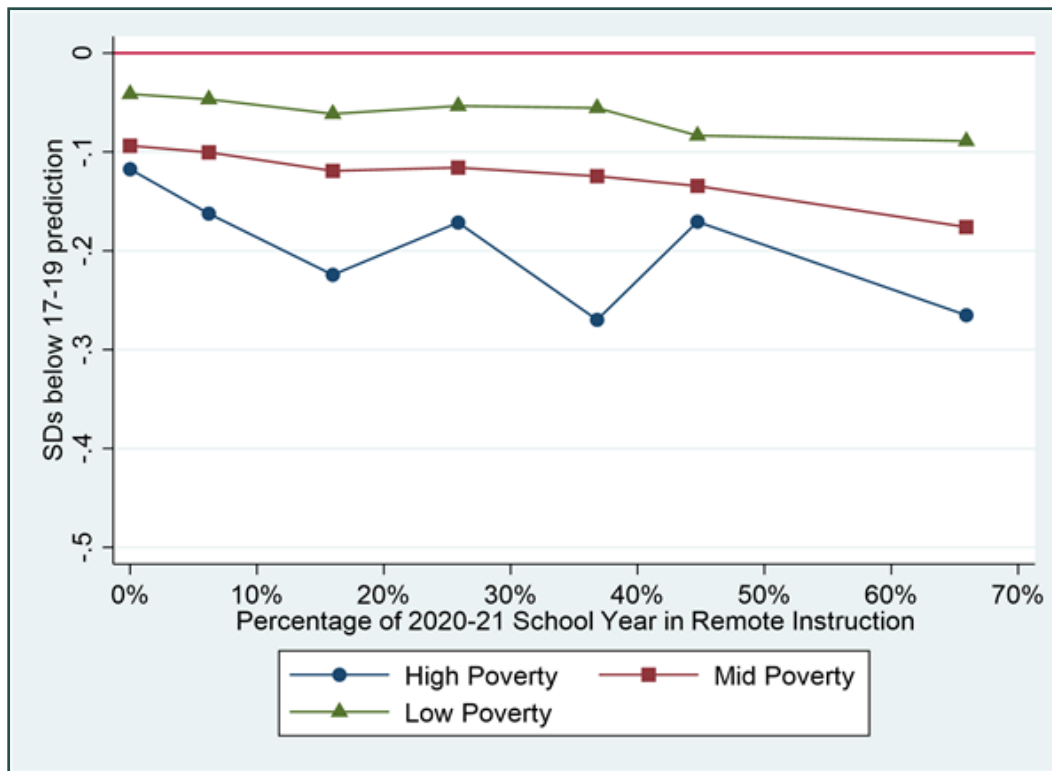
Note: Sample includes all students in grades 1-6 with a baseline score and non-missing independent variables. Dependent variable is whether the student had a follow-up score in either Fall 2019 (in the 2017-19 regressions) or Fall 2021 (in the 2019-21 regressions). Standard errors (clustered at the district level) in parentheses.

**Appendix Table 6:
Mean Student Characteristics by School Poverty**

	Math		Reading	
	Low Poverty	High Poverty	Low Poverty	High Poverty
Race				
White	68.7%	22.0%	70.0%	23.2%
Black	4.2%	27.0%	4.4%	29.0%
Hispanic	7.4%	40.1%	7.4%	36.8%
Asian	8.0%	2.3%	7.6%	2.2%
Other	11.7%	8.6%	10.6%	8.8%
Baseline score				
High	41.5%	11.4%	40.1%	11.8%
Mid	46.8%	47.8%	47.2%	48.2%
Low	11.7%	40.8%	12.7%	40.0%
% of 2020-21 Remote	14.7%	33.5%	13.4%	32.1%
% of 2020-21 Hybrid	53.0%	42.0%	52.4%	43.3%

Note: These means are used for the decomposition calculation presented in Table 2 and Appendix B.

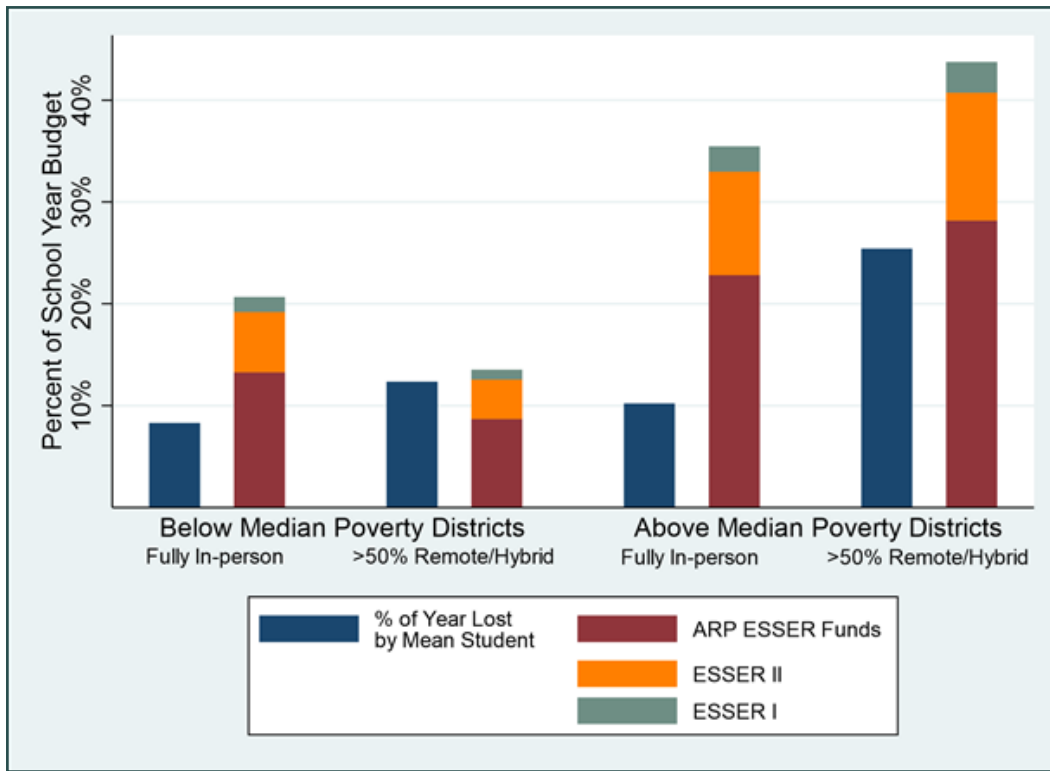
Appendix Figure 1.
Pandemic Achievement Effects by Remote Schooling and School Poverty, Reading



Note: The vertical axis represents the difference between mean Fall 2021 achievement and expected achievement based on pre-pandemic growth model estimates. The horizontal axis is the percentage of the 2020-21 school year that a school was in remote instruction. Given the small number of districts that were remote all year, the top category of percent remote combines those who were remote between 50 and 100 percent of the year. Low-poverty schools had fewer than 25 percent of students receiving federal Free or Reduced Price Lunch while high-poverty schools had more than 75 percent of students receiving the federal lunch programs.

Appendix Figure 2.

Pandemic Achievement Losses and Federal Aid as a Share of Annual Spending, Reading



Note: Achievement effects were converted into weeks of instruction using NWEA growth norms and divided by a 40-week school year (to reflect the fact that salaries and operational expenses are paid by calendar weeks, not the number of instructional weeks in a school year, which is typically 36 weeks). Federal aid is reported relative to the district's annual budget for K-12 schooling, minus capital expenditures. High-poverty districts are the half of districts with the highest percent of students receiving Free or Reduced Price Lunch (and low-poverty districts are the bottom half). Districts are considered "fully in-person" if the AEI reports no remote or hybrid instruction in the district during the 2020-21 school year.

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Face masks disrupt holistic processing and face perception in school-age children

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Abstract

Face perception is considered a remarkable visual ability in humans that is subject to a prolonged developmental trajectory. In response to the COVID-19 pandemic, mask-wearing has become mandatory for adults and children alike. Recent research shows that mask-wearing hinders face recognition abilities in adults, but it is unknown if the same holds true in school-age children in whom face perception is not fully developed. Here we tested children ($n = 72$, ages 6–14 years old) on the Cambridge Face Memory Test – Kids (CFMT-K), a validated measure of face perception performance. Faces were presented with or without masks and across two orientations (upright/inverted). The inclusion of face masks led to a profound deficit in face perception abilities. This decrement was more pronounced in children compared to adults, but only when task difficulty was adjusted across the two age groups. Additionally, children exhibited reliable correlations between age and the CFMT-K score for upright faces for both the mask and no-mask conditions. Finally, as previously observed in adults, children also showed qualitative differences in the processing of masked versus non-masked faces. Specifically, holistic processing, a hallmark of face perception, was disrupted for masked faces as suggested by a reduced face-inversion effect. Together, these findings provide evidence for substantial quantitative and qualitative alterations in the processing of masked faces in school-age children.

Keywords: Face perception, Holistic processing, COVID-19, Inversion effect, Masks

Significance statement

Mask-wearing is an effective tool in reducing the novel coronavirus transmission and became prevalent in diverse social contexts including culture events, public transportation, and educational institutions. Previous research showed that masks hinder face perception ability and also change the way faces are processed: relative to unmask faces, the holistic processing of masked faces is severely reduced. Notably, school-age children constantly interact with masked peers and teachers, but it is not clear whether masks hinder their face perception abilities to a similar extent. Here, we address this gap by testing school-age children using the children-adjusted version of a canonical face recognition measure (The

Cambridge Face Memory Test-K). We provide empirical evidence that compared with adults, children's face perception is more negatively impacted by the inclusion of masks. We also find evidence for a reduced holistic processing of the masked faces across ages. In conclusion, our study finds qualitative and quantitative changes in the processing of masked faces among school-age children and adults.

Introduction

Faces are among the most significant visual stimuli in human perception. A quick glance at a person's face reveals a plethora of socially relevant information, including their race, age, gender, and emotional state (Tsao & Livingstone, 2008). In response to the COVID-19 pandemic, governments around the world have mandated mask-wearing in public spaces in an effort to curb virus transmission (Canada, 2020). Mask-wearing became mandatory for children and adults

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alike and was presented as a necessary step to enable the safe re-opening of educational institutions. Recent research has demonstrated that masks hinder face processing abilities in adults, including the ability to perceive the identity of faces (Carragher & Hancock, 2020; Freud et al., 2020) their emotional expression (Calbi et al., 2021), and to recognize voices (Mheidly et al., 2020). The occlusion of the lower part of the face is also expected to hinder face processing abilities in children (for example, see Carbon & Serrano, 2021 that recently showed that children are impaired in their ability to recognize emotions from masked faces), however the extent of this impairment is yet to be determined.

Typical human face perception is characterized by a holistic processing, which emphasizes processing the face as an entire unit rather than relying on its specific features (Farah et al., 1998). Previous research has shown a relationship between face perception abilities and the degree of holistic processing in adults. In particular, face recognition accuracy was found to be correlated with different measures of holistic processing of faces (Richler et al., 2011; Wang et al., 2012; but see Konar et al., 2010 for different findings). The importance of holistic processing for face perception is further emphasized by neuropsychological evidence from both acquired and congenital prosopagnosia, where impairments in face perception abilities are accompanied by alterations of holistic processing (Avidan et al., 2011; Ramon et al., 2010; Tanzer et al., 2013). Indeed, even in typical observers, experimental manipulations that disrupt holistic processing, such as face inversion (Face Inversion Effect, FEI; Yin, 1969; but see Richler et al., 2011) and face alignment (Composite Effect; Young et al., 2013), lead to a robust decrement in face perception abilities.

Face masks conceal the lower half of the face (e.g., the mouth and part of the nose area), making it difficult to process the face in a holistic manner. In accordance with the terminology suggested by Maurer et al. (2002), masks can interfere with the detection of first-order relations that define faces (for example, two eyes above a nose and mouth), with the integration of those features into a coherent gestalt and, more importantly, with the processing of the second-order, fine-grained spatial relations between the features. Consistent with this logic, a number of studies showed reduction in face recognition performance due to disruptions in holistic processing with partially occluded faces (Carragher & Hancock, 2020; Kret & De Gelder, 2012; but see Ruba & Pollak, 2020). Recent studies conducted during the COVID-19 pandemic similarly found that face masks interfere with holistic processing and lead to a reduced face inversion effect (Freud et al. 2020, 2021).

Partial occlusion, as occurs with face masks, and even selective blurring of certain facial features have long been shown to disrupt holistic face processing. Studies have shown that judgements of sex and familiarity by adult participants are hindered when facial features like the nose are masked or manipulated (i.e., outstretched), as the obstruction and manipulation of critical facial features hinders encoding of topographical and textural information about the face and featural interrelationships (Bruce et al., 1993; Roberts & Bruce, 1988). The importance of salient internal facial features like the mouth, nose, and particularly the eyes to the configural processing and successful encoding of faces is further supported in studies that have manipulated interocular distance (Leder et al., 2001) and masked these critical regions (Ellis et al., 1979; Goldstein & Mackenberg, 1966; McKelvie, 1976; Young, 1984; Young et al., 1985).

Despite the wealth of research on the correspondence between holistic processing and face perception in adults, the developmental trajectory of this correspondence has not been directly addressed. Previous studies reported that children's face perception abilities generally develop slowly, improving precipitously between the ages of 4–11 (Bruce et al., 2000; Geldart et al., 2002) but only showing adult-like levels in performance in adolescence, after years of experience differentiating faces (Carey et al., 1980; Mondloch et al., 2002). Other studies, however, show evidence of adult-like holistic face processing in children as young as four years of age (Cassia et al., 2009; de Heering et al., 2007; Meinhardt-Injac et al., 2017; Pellicano & Rhodes, 2003). Nevertheless, the emerging view is that face perception mechanisms are already present at birth (at least partially) and mature throughout childhood, along the development of cognitive factors that support face perception, such as memory and attention (McKone et al., 2012; see Weigelt et al., 2014).

Given a gradual refinement in face perception abilities from early childhood to adolescence, we predicted that children will be adversely affected by face masks similar to, or even more than adults. We also predicted that face masks will alter holistic processing in children as was previously observed for adults. To test these predictions, we used the Cambridge Face Memory Test-Kids (CFMT-K; Dalrymple et al., 2012), which is considered a reliable test of face recognition abilities in children. The main advantage of using this test for children is that its difficulty has been adjusted from the adult version of the CFMT test, making it a perfect candidate for comparing the effects of face masks across the two populations. In this test, children are asked to recognize children's faces across increasing levels of difficulty. We generated an adjusted version of the test which included face masks and compared performance in children who completed

the masked version of the test with those who completed the unmasked (standard) version. To examine whether any reduction in face perception is accompanied by a qualitative change in holistic face processing, we constructed upright and inverted versions of the CFMT-K and administered them to both groups of children.

Methods

Participants

Table 1 summarizes the demographic details of the participants across the different conditions. Seventy-two participants (33 females) with a mean age of 10.7 ($SD=2.3$, range 6–14) were recruited using snowball sampling during the period of November/December 2020. This age range was chosen as it covers the age range of elementary school children in Canada. Participants were randomly assigned to the mask/no-mask condition and were compensated for their time (\$10 CAD Amazon gift card for 15 min). Thirty-seven participants (19 females) with a mean age of 10.6 ($SD=2.5$, range 8–10) were randomly assigned to the masked condition and thirty-five participants (14 females) with a mean age of 10.7 ($SD=2.1$, range 7–10) were randomly assigned to the non-masked condition. All participants and their parents/legal guardians provided informed consent prior to participating in the experiment.

A group of 495 adult participants with a mean age of 26.3 years ($SD=8.7$, range 18–66) was recruited online (<https://www.prolific.co/>) during the period of January 2021 and completed the standard CFMT (see details below). Participants were randomly assigned to the mask/no-mask condition and were compensated for their time (~\$6 CAD for 25 min).

Finally, an additional group of 72 adults (37 females) with a mean age of 28.5 years ($SD=6.4$, range 18–44) was recruited online (<https://www.prolific.co/>) during the month of April 2021 and completed the CFMT-K. Participation in the experiment was restricted to participants living in Canada and only those who fall between the ages of 18–45. An equal number of participants participated in both the masked and non-masked conditions (masked condition: $M_{age}=28.2$, $SD=5.7$, range 19–42; non-masked condition: $M_{age}=28.8$, $SD=7.0$, range 18–44), and none of the participants partaking in this experiment were previously tested in January 2021.

All experiments were performed in accordance with relevant guidelines and regulations according to the protocol approved by the ethics review board. All participants provided informed consent. Data and analysis code are available on the Open-Source Framework (<https://osf.io/yj38h/>) under CC-BY Attribution 4.0 International license.

Materials

The CFMT-K (Dalrymple et al., 2012) was used to assess face perception abilities in the group of children and in one group of adults. The CFMT-K is based on the adult version of the task (Duchaine & Nakayama, 2006). Unlike the adult version, the CFMT-K is shorter and uses children's faces instead of adult faces. The CFMT-K includes three phases (total of 48 trials) with increasing levels of difficulty. Prior to the beginning of the task, participants are presented with a practice trial with one target cartoon face shown from three different viewpoints, followed by a three-alternative forced-choice task (3-AFC). The first phase (easy) involves learning to recognize four unfamiliar male faces from three different viewpoints (right, front, left) and subsequently testing recognition of these faces in a three-AFC. The second phase (medium) involves a refresher of the four targets presented together from one viewpoint (frontal) followed by testing from novel viewpoints and different lighting conditions. The third phase (difficult) is similar to the second phase but includes test images with added visual noise. The adult version of the CFMT is identical in structure to the CFMT-K, except for the use of adult faces instead of children's faces and an additional two targets (total of six target faces; total 72 trials).

Participants were randomly assigned to one of two groups. The first group completed the original CFMT (faces without masks), while the second group completed a modified version of the CFMT in which an identical face mask was added to all faces. To explore holistic processing of faces with and without masks, each participant completed the test twice, once with upright faces and once with inverted faces. Block order (upright/inverted) was counterbalanced between participants.

Table 1 Demographic details of participants for the different experimental conditions

	Children CFMT-K		Adults CFMT		Adult CFMT-K	
	Masked	Non-masked	Masked	Non-masked	Masked	Non-masked
<i>N</i> (female)	37 (19)	35 (14)	248 (128)	247 (124)	36 (19)	36 (18)
Age (SD)	10.7 (2.5)	10.7 (2.1)	25.4 (7.6)	27.1 (9.7)	28.2 (5.7)	28.86 (7.0)

Procedure

The CFMT-K was built using jsPsych, an open-source JavaScript plugin library (de Leeuw, 2015), and was hosted on Pavlovia (<https://pavlovia.org/>). The parents of the children were contacted first via email to obtain consent for their child's participation. Participants completed the experiment at home and were emailed an experiment link which they could access at any time to complete the experiment. Participants were instructed to complete the experiment independently; for children under the age of 10, parents/legal guardians were encouraged to help their children read the experiment instructions. Participants were randomly assigned to one of two groups. The first group completed the CFMT-K with non-masked faces, while the second group completed a modified version of the CFMT-K in which an identical face mask was added to all faces (Fig. 1). To explore whether holistic processing was employed on faces with and without face masks, each participant completed the task twice, once with upright faces and once with inverted faces. Block order (upright/inverted) was counterbalanced between participants. Accuracy scores (0%–100%) for the upright and inverted faces were computed and served as the dependent variable. Data was processed using Python and statistical analyses were conducted using JASP (JASP Team, 2020).

Results

We explored the extent to which face masks impaired face recognition abilities. To this end, participants completed the CFMT-K with upright and inverted faces (within-subject) while the faces were either masked or non-masked (between-subjects). Participant sex/gender also served as a between-subject variable, as previous research has documented an advantage in face

recognition abilities in female participants (Herlitz & Lovén, 2013). In the first two sections below, we report the results from the children group. In the third section, we compare the children to two groups of adults to estimate whether the mask effect was modulated in older ages.

Figure 2a shows the group averages across conditions on the CFMT-K. We found a robust alteration in face recognition abilities for masked compared to non-masked faces, such that for upright masked faces there was a decrease of about 20% in the CFMT-K score. Consistent with previous studies, a strong inversion effect was observed for the no-mask condition. This effect was also observed for the masked condition, albeit to a lesser degree.

A repeated measures ANOVA with mask type (mask/no-mask) and orientation (upright/inverted) showed a main effect of mask [$F_{(1,68)} = 14.31$, $p < 0.001$, $\eta_p^2 = 0.17$]. The mask effect was accompanied by a strong inversion effect [$F_{(1,68)} = 55.31$, $p < 0.001$, $\eta_p^2 = 0.44$] reflecting the well-documented advantage for upright faces.

Importantly, these main effects were qualified by a two-way interaction between face orientation and group [$F_{(1,68)} = 5.38$, $p = 0.02$, $\eta_p^2 = 0.07$]. Planned comparison showed that the face inversion effect (FIE) was evident for both non-masked [mean FIE: 23%; $F_{(1,68)} = 31.74$, $p < 0.001$] and masked faces [mean FIE: 15%; $F_{(1,68)} = 23.16$, $p < 0.001$], but it was significantly smaller for the latter, pointing to a qualitative difference in the processing of masked faces. In particular, the size of the inversion effect is suggested to reflect the extent of holistic processing of faces, hence a reduced inversion effect reflects a shift toward a more local/analytical processing (Farah et al., 1995). Importantly, the reduced inversion effect for masked faces could not be attributed to a floor

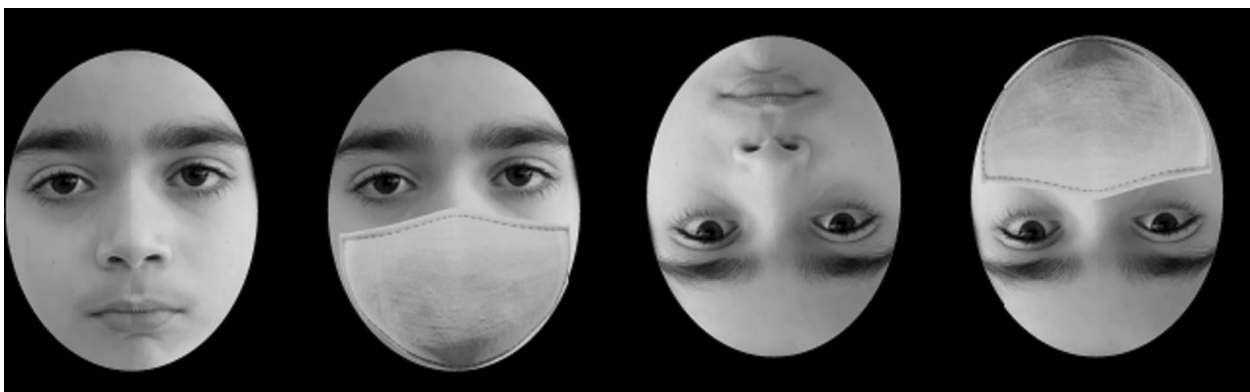
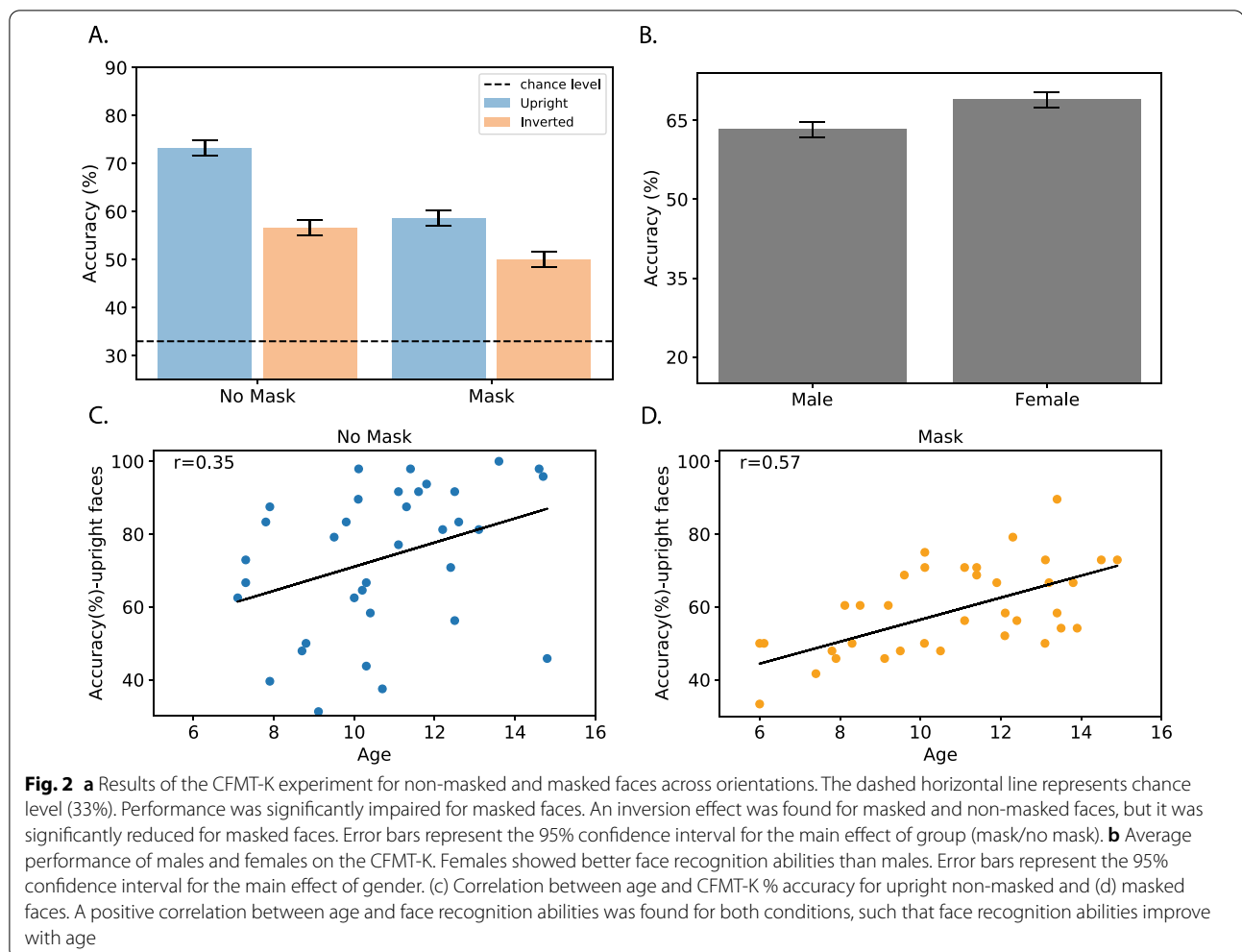


Fig. 1 Examples of masked and unmasked faces similar to those used in the experiment. Faces were presented in upright and inverted orientations to evaluate differences in holistic processing associated with inversion and mask wearing. The picture was taken and published with permission from the child and their legal guardians



effect, as performance for inverted masked faces was well above chance level (average score for inverted mask faces = 50%, $SD = 12$; One-sample t -test against chance level (33%)— $t_{(36)} = 4.86$, $p < 0.001$, $\eta_p^2 = 0.79$).

An additional main effect of sex/gender was found, with females outperforming males [$F_{(1,68)} = 7.44$, $p < 0.01$, $\eta_p^2 = 0.09$; Fig. 2b]. This result is consistent with some of the previous literature (e.g., Rehnman & Herlitz, 2006; but see Grüsser et al. (1985) for different results). We further elaborate on this topic in the discussion.

Children's age and face recognition abilities

To explore whether face recognition abilities in children improve with age, a correlation between age and CFMT-K scores for masked and non-masked upright faces was calculated. In line with previous literature, face recognition abilities were positively correlated with age, such that older children performed better on the CFMT-K (masked faces: $r_{(35)} = 0.57$, $p < 0.001$) (Fig. 2c); non-masked faces: $r_{(33)} = 0.35$, $p = 0.03$) (Fig. 2d). Despite the

numerical differences, these correlations were not statistically different [$Z = 1.15$, $p > 0.1$].

Notably, as mask type (mask/no mask) was manipulated as a between-subjects variable, we could not directly assess the correlation between age and the mask effect. Thus, we split the children into two age groups (11 years and younger and older than 11) and conducted an ANOVA with age group as an additional between-subjects variable. This analysis revealed a robust main effect of age-group with better performance for older children [$F_{(1,68)} = 21.07$, $p < 0.001$, $\eta_p^2 = 0.23$] and a two-way interaction between age-group and orientation [$F_{(1,68)} = 5.27$, $p = 0.025$, $\eta_p^2 = 0.072$], such that a greater inversion effect was found for older children. This finding might serve as an indication that holistic processing mechanisms are subject to a protracted developmental trajectory.

Importantly, however, we did not find any evidence [$F < 1$] for differences in the effect of mask across the two groups of children [young children—19.7%, older children—22.4% for upright faces]. This result suggests that

while face perception abilities are subject to a prolonged developmental trajectory, the mask effect is relatively stable during childhood.

Children's and adults' face recognition performance

Next, we compared children's face recognition abilities to that of adults. First, we compared children's performance to that of a group of 495 adults who completed the CFMT with adult upright and inverted masked and non-masked faces. Notably, the two tests are adjusted in terms of their difficulty to account for the differences across the age groups. Hence, the comparison between adults and children can uncover potential differences in the mask effect while controlling other variables.

A repeated measures ANOVA with age group (adult/child), mask type (mask/no mask) and orientation (upright/inverted) was conducted. First, we found that the overall accuracy rate was similar across the two age groups [$F_{(1,563)} < 1$], confirming that the difficulty level was adjusted across the two tests (i.e., CFMT/CFMT-K). Importantly, we found a modest two-way interaction between mask type and age group [$F_{(1,563)} = 4.82$, $p = 0.028$, $\eta_p^2 = 0.008$], reflecting a greater mask effect for children (20.1%, upright faces) compared to adults (13.6%, upright faces) (Fig. 3). This finding might suggest that children are more susceptible to the visual alterations embedded in masked faces. Finally, we found an additional two-way interaction between mask type and orientation [$F_{(1,563)} = 36.44$, $p < 0.001$, $\eta_p^2 = 0.06$], mirroring the greater inversion effect for non-masked faces. This effect was similar across the age groups, as the three-way interaction was not significant [$F < 1$], suggesting that in both groups holistic processing was disrupted

by face masks to a similar extent (Fig. 3). Notably, these results were fully replicated when we used a bootstrap approach to equate the number of participants across the two groups (see Additional file 1: Fig. S1).

An additional challenge to the interpretation of face perception abilities across the two age groups is posed by the use of different versions of the CFMT task (CFMT-K vs. CFMT). Hence, we also tested a group of 72 adults who completed the CFMT-K, thus equalizing the sample size and ensuring that both children and adults are exposed to the same set of face stimuli.

We used a repeated measures ANOVA with gender, age group and mask type, and orientation as independent variables. As expected, we found main effects of gender [females > males; $F_{(1,136)} = 7.068$, $p < 0.01$, $\eta_p^2 = 0.049$], mask type [$F_{(1,136)} = 19.325$, $p < 0.001$, $\eta_p^2 = 0.124$], and orientation [$F_{(1,136)} = 198.7$, $p < 0.001$, $\eta_p^2 = 0.594$]. Since difficulty was no longer adjusted across age group, we also found a robust main effect of age group [$F_{(1,136)} = 33.98$, $p < 0.001$, $\eta_p^2 = 0.2$], demonstrating a clear advantage in face perception abilities for the adult group (Fig. 3).

In addition to these main effects, we also found a two-way interaction between orientation and mask type (i.e., reduced inversion for the mask condition; [$F_{(1,136)} = 17.99$, $p < 0.001$, $\eta_p^2 = 0.117$]). The masked faces condition elicited a smaller inversion effect in the adult group, but this reduction could not be attributed to a floor effect, as adults performed reasonably well even for masked inverted faces (~60%). We also found a two-way interaction between orientation and age group, such that adults exhibited a greater inversion effect [$F_{(1,136)} = 9.066$, $p < 0.01$, $\eta_p^2 = 0.062$] pointing to a greater degree of holistic processing for adults. The three-way interaction

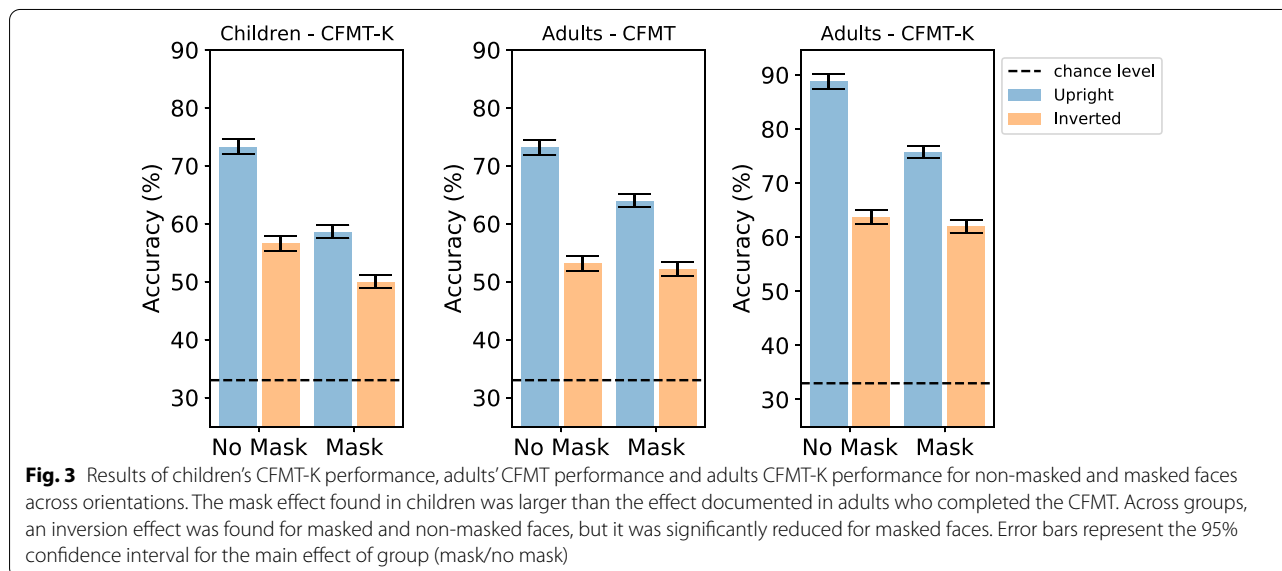


Fig. 3 Results of children's CFMT-K performance, adults' CFMT performance and adults CFMT-K performance for non-masked and masked faces across orientations. The mask effect found in children was larger than the effect documented in adults who completed the CFMT. Across groups, an inversion effect was found for masked and non-masked faces, but it was significantly reduced for masked faces. Error bars represent the 95% confidence interval for the main effect of group (mask/no mask)

between group, orientation, and mask type was not significant [$F_{(1,136)} < 1$], suggesting that the reduced inversion effect for masked faces was similar across age groups.

Finally, we did not find evidence for differences in the size of the mask effect between the two groups [$F_{(1,136)} < 1$]. The absence of this effect might be accounted for by the robust differences in the overall performance levels observed for the two age groups (i.e., adults = 72.5%; children = 59.5%). Another related explanation for the lack of interaction is a ceiling effect for the upright, non-masked faces for the adult group (accuracy ~ 90%, with 17 out of 36 participants with a performance level greater than 95%), further emphasizing the importance of adjusting performance difficulty between children and adults.

Discussion

Face masks have been accepted as an important tool to minimize the spread of COVID-19 and are thus prevalent in everyday social interactions. In the current study, we evaluated whether school-age children demonstrate a similar impairment in face perception abilities caused by face masks as previously found in adults (Carragher & Hancock, 2020; Freud et al., 2020). We have documented quantitative and qualitative changes in face processing abilities for masked faces in children. In particular, face masks led to a robust decrease in face processing abilities measured by the CFMT-K. This quantitative reduction was accompanied by a reduced inversion effect for masked faces, suggesting a qualitative change in the way masked faces are processed. The reduction of the FIE for masked faces was similar in younger and older children, implying that holistic face processing is similarly disrupted across ages.

The size of the mask effect was compared between children and two separate groups of adults. First, we compared the children to adults who completed the CFMT-K and the CFMT, thus equalizing the overall level of performance across the groups. Under this condition, children showed a greater mask effect (20.1% compared to 13.5% for adults), suggesting greater susceptibility to visual alterations caused by face masks. These findings were maintained when sample size between the adults and children groups was adjusted via a bootstrap analysis. Next, we compared the children to adults who completed the CFMT-K and found a similar mask effect for both groups. Notably, however, the adults outperformed children in their overall performance, and this robust difference (together with a plausible ceiling effect) might hinder our ability to identify any changes in the size of the mask effect. Taken together, we propose that (a) it is plausible that the effect of masks on face perception abilities might be slightly greater for children and (b) any

comparison between perceptual abilities of children and adults needs to take into account the overall level of performance across age groups.

Reduced holistic processing for masked faces

The current experiment also provides evidence for a reduction of the face inversion effect for masked faces in children. Specifically, for non-masked faces we found a decrease of 23% in the CFMT-K score for inverted faces, while a smaller inversion effect of 15% was found for masked faces. Notably, this effect could not be attributed to a floor effect, because children were well above chance level even for the masked, inverted, condition. The inversion of a face makes it difficult to extract configural relationships between face features (Farah et al., 1995; Freire et al., 2000; Yin, 1969); therefore, the twofold smaller inversion effect for masked faces can be taken as evidence that holistic face processing is largely reduced, though not entirely abolished. Thus, the processing of masked faces relies more heavily on the available features rather than on configural or holistic information.

The inversion effect is typically suggested to reflect a reduction in holistic processing and greater reliance on sequential, spatially restricted processing of face features (Rossion, 2009). This view can account for the smaller inversion effect for masked faces. In particular, the upright masked faces are processed in a less holistic manner, resulting in reduced face perception abilities. Then, when the masked faces are inverted, the effect of the mask is less evident due to feature processing being spatially limited, thus leading to a reduced face inversion effect. A similar alteration of face perception and holistic processing has been documented within the context of the “other race effect” (ORE; Kuefner et al., 2010; Mondloch et al., 2007). Reduced face recognition performance in these studies was interpreted as evidence for reduced holistic processing of other-race faces. Together, these findings provide evidence for the co-occurrence of a reduction in face perception abilities and a disruption of holistic face processing.

Interestingly, the face inversion effect increased for older children, presumably reflecting a greater reliance on holistic processing in this group. Along similar lines, a greater inversion effect was found among the adults who completed the CFMT-K. Hence, if the mask effect solely reflects a disruption in holistic processing, a plausible prediction would be that younger children should exhibit a reduced mask effect. However, this was not the case, as the mask effect remained stable across children’s ages. This pattern of results suggests that the mask effect is more likely to reflect a reduction in both holistic and featural processing. The relative contribution of each of

those components might change throughout development and requires further research.

Sex/gender differences in face perception abilities

An additional finding of the current study was better face recognition performance for female compared to male children. Superior face perception abilities in females has been extensively documented in adult participants (Bai et al., 2015; Bobak et al., 2016; Freud et al., 2020; McBain et al., 2009); however, findings in the developmental literature are less consistent. One study has reported a strong overall face recognition advantage for female children, with a magnified effect for own-sex faces (Rehman & Herlitz, 2006); however, others have found only a minimal effect of sex/gender on face perception, with girls performing better on old/new and face inversion tasks (Zhu et al., 2010).

One limitation of the present study is the exclusive use of male faces in the CFMT-K. It is possible that greater sex/gender diversity in the face stimuli set would result in an even greater sex/gender difference between males and females than currently observed, given documented face recognition advantages for own-sex faces (Rehman & Herlitz, 2006). On a similar note, it worth mentioning that the CFMT / CFMT-k suffers from the lack of ethnic diversity as only Caucasian faces were included. Hence, future studies should use the CFMT-K with a combination of male and female faces and ethnically diverse faces to explore possible sex/gender differences and the ORE in face recognition.

Conclusion

The current study provides evidence for quantitative and qualitative changes in the processing of masked faces in children. Changes in face recognition performance and alteration in the processing of partially occluded faces could have significant effects on children's social interactions with their peers and their ability to form relationships with educators. Previous research in adults has already demonstrated the detrimental effect of reduced face perception abilities on one's level of social confidence and quality of life (Lane et al., 2018). Given the recent increased uptake in mask-wearing due to the COVID-19 pandemic, future research should explore the social and psychological ramifications of wearing masks on children's performance.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s41235-022-00360-2>.

Additional file 1. Bootstrap analysis demonstrated that children show a larger mask effect even when sample size is taken into consideration.

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N/A.

Authors' contributions

All authors developed the study concept and contributed to study design. AS collected the data. AS and EF analyzed the data. AS drafted the first version of the manuscript. TG, RSR, GA and EF edited the manuscript. All authors read and approved the final manuscript

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Availability of data and materials

Data and analysis code are available on the Open-Source Framework (<https://osf.io/yj38h/>) under CC-BY Attribution 4.0 International license.

Declarations

Ethics approval and consent to participate

All experiments were performed in accordance with relevant guidelines and regulations according to the protocol approved by the ethics review board. All participants provided informed consent.

Consent for publication

Child's picture was taken and published with permission from the child and their legal guardians.

Competing interests

The authors do not have any known conflicts of interest to disclose.

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Physical interventions to interrupt or reduce the spread of respiratory viruses (Review)

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[Intervention Review]

Physical interventions to interrupt or reduce the spread of respiratory viruses

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ABSTRACT

Background

Viral epidemics or pandemics of acute respiratory infections (ARIs) pose a global threat. Examples are influenza (H1N1) caused by the H1N1pdm09 virus in 2009, severe acute respiratory syndrome (SARS) in 2003, and coronavirus disease 2019 (COVID-19) caused by SARS-CoV-2 in 2019. Antiviral drugs and vaccines may be insufficient to prevent their spread. This is an update of a Cochrane Review last published in 2020. We include results from studies from the current COVID-19 pandemic.

Objectives

To assess the effectiveness of physical interventions to interrupt or reduce the spread of acute respiratory viruses.

Search methods

We searched CENTRAL, PubMed, Embase, CINAHL, and two trials registers in October 2022, with backwards and forwards citation analysis on the new studies.

Selection criteria

We included randomised controlled trials (RCTs) and cluster-RCTs investigating physical interventions (screening at entry ports, isolation, quarantine, physical distancing, personal protection, hand hygiene, face masks, glasses, and gargling) to prevent respiratory virus transmission.

Data collection and analysis

We used standard Cochrane methodological procedures.

Main results

We included 11 new RCTs and cluster-RCTs (610,872 participants) in this update, bringing the total number of RCTs to 78. Six of the new trials were conducted during the COVID-19 pandemic; two from Mexico, and one each from Denmark, Bangladesh, England, and Norway. We identified four ongoing studies, of which one is completed, but unreported, evaluating masks concurrent with the COVID-19 pandemic.

Many studies were conducted during non-epidemic influenza periods. Several were conducted during the 2009 H1N1 influenza pandemic, and others in epidemic influenza seasons up to 2016. Therefore, many studies were conducted in the context of lower respiratory viral circulation and transmission compared to COVID-19. The included studies were conducted in heterogeneous settings, ranging from suburban schools to hospital wards in high-income countries; crowded inner city settings in low-income countries; and an immigrant neighbourhood in a high-income country. Adherence with interventions was low in many studies.

The risk of bias for the RCTs and cluster-RCTs was mostly high or unclear.

Medical/surgical masks compared to no masks

We included 12 trials (10 cluster-RCTs) comparing medical/surgical masks versus no masks to prevent the spread of viral respiratory illness (two trials with healthcare workers and 10 in the community). Wearing masks in the community probably makes little or no difference to the outcome of influenza-like illness (ILI)/COVID-19 like illness compared to not wearing masks (risk ratio (RR) 0.95, 95% confidence interval (CI) 0.84 to 1.09; 9 trials, 276,917 participants; moderate-certainty evidence). Wearing masks in the community probably makes little or no difference to the outcome of laboratory-confirmed influenza/SARS-CoV-2 compared to not wearing masks (RR 1.01, 95% CI 0.72 to 1.42; 6 trials, 13,919 participants; moderate-certainty evidence). Harms were rarely measured and poorly reported (very low-certainty evidence).

N95/P2 respirators compared to medical/surgical masks

We pooled trials comparing N95/P2 respirators with medical/surgical masks (four in healthcare settings and one in a household setting). We are very uncertain on the effects of N95/P2 respirators compared with medical/surgical masks on the outcome of clinical respiratory illness (RR 0.70, 95% CI 0.45 to 1.10; 3 trials, 7779 participants; very low-certainty evidence). N95/P2 respirators compared with medical/surgical masks may be effective for ILI (RR 0.82, 95% CI 0.66 to 1.03; 5 trials, 8407 participants; low-certainty evidence). Evidence is limited by imprecision and heterogeneity for these subjective outcomes. The use of a N95/P2 respirators compared to medical/surgical masks probably makes little or no difference for the objective and more precise outcome of laboratory-confirmed influenza infection (RR 1.10, 95% CI 0.90 to 1.34; 5 trials, 8407 participants; moderate-certainty evidence). Restricting pooling to healthcare workers made no difference to the overall findings. Harms were poorly measured and reported, but discomfort wearing medical/surgical masks or N95/P2 respirators was mentioned in several studies (very low-certainty evidence).

One previously reported ongoing RCT has now been published and observed that medical/surgical masks were non-inferior to N95 respirators in a large study of 1009 healthcare workers in four countries providing direct care to COVID-19 patients.

Hand hygiene compared to control

Nineteen trials compared hand hygiene interventions with controls with sufficient data to include in meta-analyses. Settings included schools, childcare centres and homes. Comparing hand hygiene interventions with controls (i.e. no intervention), there was a 14% relative reduction in the number of people with ARIs in the hand hygiene group (RR 0.86, 95% CI 0.81 to 0.90; 9 trials, 52,105 participants; moderate-certainty evidence), suggesting a probable benefit. In absolute terms this benefit would result in a reduction from 380 events per 1000 people to 327 per 1000 people (95% CI 308 to 342). When considering the more strictly defined outcomes of ILI and laboratory-confirmed influenza, the estimates of effect for ILI (RR 0.94, 95% CI 0.81 to 1.09; 11 trials, 34,503 participants; low-certainty evidence), and laboratory-confirmed influenza (RR 0.91, 95% CI 0.63 to 1.30; 8 trials, 8332 participants; low-certainty evidence), suggest the intervention made little or no difference. We pooled 19 trials (71, 210 participants) for the composite outcome of ARI or ILI or influenza, with each study only contributing once and the most comprehensive outcome reported. Pooled data showed that hand hygiene may be beneficial with an 11% relative reduction of respiratory illness (RR 0.89, 95% CI 0.83 to 0.94; low-certainty evidence), but with high heterogeneity. In absolute terms this benefit would result in a reduction from 200 events per 1000 people to 178 per 1000 people (95% CI 166 to 188). Few trials measured and reported harms (very low-certainty evidence).

We found no RCTs on gowns and gloves, face shields, or screening at entry ports.

Authors' conclusions

The high risk of bias in the trials, variation in outcome measurement, and relatively low adherence with the interventions during the studies hampers drawing firm conclusions. There were additional RCTs during the pandemic related to physical interventions but a relative paucity given the importance of the question of masking and its relative effectiveness and the concomitant measures of mask adherence which would be highly relevant to the measurement of effectiveness, especially in the elderly and in young children.

Physical interventions to interrupt or reduce the spread of respiratory viruses (Review)

There is uncertainty about the effects of face masks. The low to moderate certainty of evidence means our confidence in the effect estimate is limited, and that the true effect may be different from the observed estimate of the effect. The pooled results of RCTs did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection. Hand hygiene is likely to modestly reduce the burden of respiratory illness, and although this effect was also present when ILI and laboratory-confirmed influenza were analysed separately, it was not found to be a significant difference for the latter two outcomes. Harms associated with physical interventions were under-investigated.

There is a need for large, well-designed RCTs addressing the effectiveness of many of these interventions in multiple settings and populations, as well as the impact of adherence on effectiveness, especially in those most at risk of ARIs.

PLAIN LANGUAGE SUMMARY

Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses?

Key messages

We are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies we assessed.

Hand hygiene programmes may help to slow the spread of respiratory viruses.

How do respiratory viruses spread?

Respiratory viruses are viruses that infect the cells in your airways: nose, throat, and lungs. These infections can cause serious problems and affect normal breathing. They can cause flu (influenza), severe acute respiratory syndrome (SARS), and COVID-19.

People infected with a respiratory virus spread virus particles into the air when they cough or sneeze. Other people become infected if they come into contact with these virus particles in the air or on surfaces on which they land. Respiratory viruses can spread quickly through a community, through populations and countries (causing epidemics), and around the world (causing pandemics).

Physical measures to try to prevent respiratory viruses spreading between people include:

- washing hands often;
- not touching your eyes, nose, or mouth;
- sneezing or coughing into your elbow;
- wiping surfaces with disinfectant;
- wearing masks, eye protection, gloves, and protective gowns;
- avoiding contact with other people (isolation or quarantine);
- keeping a certain distance away from other people (distancing); and
- examining people entering a country for signs of infection (screening).

What did we want to find out?

We wanted to find out whether physical measures stop or slow the spread of respiratory viruses from well-controlled studies in which one intervention is compared to another, known as randomised controlled trials.

What did we do?

We searched for randomised controlled studies that looked at physical measures to stop people acquiring a respiratory virus infection.

We were interested in how many people in the studies caught a respiratory virus infection, and whether the physical measures had any unwanted effects.

What did we find?

We identified 78 relevant studies. They took place in low-, middle-, and high-income countries worldwide: in hospitals, schools, homes, offices, childcare centres, and communities during non-epidemic influenza periods, the global H1N1 influenza pandemic in 2009, epidemic influenza seasons up to 2016, and during the COVID-19 pandemic. We identified five ongoing, unpublished studies; two of them evaluate masks in COVID-19. Five trials were funded by government and pharmaceutical companies, and nine trials were funded by pharmaceutical companies.

No studies looked at face shields, gowns and gloves, or screening people when they entered a country.

We assessed the effects of:

- medical or surgical masks;
- N95/P2 respirators (close-fitting masks that filter the air breathed in, more commonly used by healthcare workers than the general public); and
- hand hygiene (hand-washing and using hand sanitiser).

We obtained the following results:

Medical or surgical masks

Ten studies took place in the community, and two studies in healthcare workers. Compared with wearing no mask in the community studies only, wearing a mask may make little to no difference in how many people caught a flu-like illness/COVID-like illness (9 studies; 276,917 people); and probably makes little or no difference in how many people have flu/COVID confirmed by a laboratory test (6 studies; 13,919 people). Unwanted effects were rarely reported; discomfort was mentioned.

N95/P2 respirators

Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people), or respiratory illness (3 studies; 7799 people). Unwanted effects were not well-reported; discomfort was mentioned.

Hand hygiene

Following a hand hygiene programme may reduce the number of people who catch a respiratory or flu-like illness, or have confirmed flu, compared with people not following such a programme (19 studies; 71,210 people), although this effect was not confirmed as statistically significant reduction when ILI and laboratory-confirmed ILI were analysed separately. Few studies measured unwanted effects; skin irritation in people using hand sanitiser was mentioned.

What are the limitations of the evidence?

Our confidence in these results is generally low to moderate for the subjective outcomes related to respiratory illness, but moderate for the more precisely defined laboratory-confirmed respiratory virus infection, related to masks and N95/P2 respirators. The results might change when further evidence becomes available. Relatively low numbers of people followed the guidance about wearing masks or about hand hygiene, which may have affected the results of the studies.

How up to date is this evidence?

We included evidence published up to October 2022.

Written Testimony SB566.pdf

Uploaded by: Justin Kuk

Position: FAV

To Judiciary Committee Members,

I am writing to urge you to give a favorable report on SB566, the Fundamental Parental Rights Bill. Over the past few years, we have seen parental rights infringed upon in areas of education and medical decision making. This bill would help to protect parental rights, which is essential to guarding a prosperous future for the state of Maryland.

Over the past few years, I have seen my parental rights infringed upon by state and local governmental authorities. For a full year, I did not have the right to send my child to school to receive a face-to-face education. The results of this decision to close schools were devastating as demonstrated by this [report](#) from Harvard University, which I have attached with my written testimony. An [interview](#) with an author of the study is included at the end of this testimony.

Additionally, once parents were allowed to send students back to in-person school, we had no choice but to submit our children to masking policies that were not scientifically proven to provide any benefit in reducing the spread of COVID and were shown to have negative impacts on child development. A recent [Cochrane Review](#) of studies on the effectiveness of physical interventions to reduce the spread of respiratory viruses concluded that ***“The pooled results of RCTs did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks.*** There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in healthcare workers when used in routine care to reduce respiratory viral infection. Hand hygiene is likely to modestly reduce the burden of respiratory illness, and although this effect was also present when ILI and laboratory-confirmed influenza were analyzed separately, it was not found to be a significant difference for the latter two outcomes.” A summary of this report is attached with my written testimony.

An example of the negative consequences of prolonged masking are demonstrated in this study, which concluded that masking impeded students’ ability to recognize and process emotions in peers’ and teachers’ faces. The authors wrote, “The current [study](#) provides evidence for quantitative and qualitative changes in the processing of masked faces in children. Changes in face recognition performance and alteration in the processing of partially occluded faces could have significant effects on children’s social interactions with their peers and their ability to form relationships with educators.” This study is also attached with my written testimony.

These studies demonstrate that the closing of schools and mask mandates were an infringement of parental rights and that this bill is needed to protect parental rights should a similar pandemic or situation occur in the future.

However, we are also seeing parental rights being infringed upon by groups that would like to push ideological ideas into school curriculums. There are two bills (HB119 and SB199) that have been introduced this legislative session that would mandate that local school boards adopt curriculums that teach ideological concepts regarding sexuality and gender. The bill would require counties to adopt a curriculum aligned to a state mandated curriculum framework similar to the [one](#) updated in July 2022. Although HB 119 has been completely rewritten through amendments to propose stiff penalties for school districts that do not fully implement any state curriculum framework, it is clear that the goal of the bill is to coerce districts to implement all elements of the health curriculum framework including standards for human sexuality and gender identify, which start in pre-kindergarten.

I have attached this curriculum framework to my written testimony. The current framework mandates that kindergarteners and first graders “recognize” and “identify” the “range of ways that people identify and express gender” (pg. 8). If that sounds innocent to you, I would like to direct your attention to a lesson developed by Advocates for Youth, an organization that was a contributor to the framework as you can see on page 4 of the framework. The [first-grade lesson](#) titled “Pink Blue Purple” aligns with the health curriculum framework and directly instructs teachers to tell students, *“Gender identity is that feeling of knowing your gender...You might feel like you’re a boy even if you have body parts that some people might tell you are ‘girl’ parts. You might feel like you’re a girl even if you have body parts that some people might tell you are ‘boy’ parts. And you might not feel like you’re a boy or a girl, but you’re a little bit of both. No matter how you feel, you’re perfectly normal!”* This is an ideological message that is not supported by biological science or physical reality that infringes upon parent’s rights to raise their own children according to their values and/or beliefs. Even if an opt-out option is provided, it is not enough to guarantee that schools or activist teachers will not find loop holes to indoctrinate children into their own ideologies against parental wishes. The lesson referenced above is also linked in my written testimony.

It is also must be noted that during the committee hearings for both HB119 and SB199, there were multiple groups that shared favorable testimony for the bill and advocated that an amendment be adopted that remove the parental opt-out option for human sexuality and gender identity topics. None of these groups represented parents or families. It is clear that there are political forces at play that wish to strip parents of all educational rights and to deliver this authority to the state. Many of these forces seek to push an ideological agenda onto our children. I would encourage you to reference the publicly available testimony from the HB119 and SB199 committee hearings to verify this claim.

Finally, parental rights to make medical decisions for their children must also be protected. Although the hearing was cancelled, Senator Kagan put forth a bill that would allow all children over 14 to give consent to receive a vaccine without parental approval. The bill would also allow children under 14, including children with developmental disabilities, to consent to receive a vaccine without parental approval if a health care provider deems the child possesses the intelligence needed to understand the risks and potential consequences of the decision. Although it appears this legislation will not move forward, it demonstrates the need for a parental rights bill to protect parent’s rights to make medical decisions for their children.

For all these reasons, a bill protecting parental rights is vital for the future of Maryland. There are parents on both sides of the political aisle that feel their parental rights have been infringed upon and parental rights should be an issue on which we can find common ground. A liberal parent should have the right to raise and educate their child in the way that fits their values and a conservative parent should have the same right. Imagine the uproar among Democrats if schools were teaching students specific religious beliefs or doctrines in schools. That is how conservative parents feel about the sexuality, gender, and racial ideologies being inserted into school curriculums.

Protecting parental rights is essential for Maryland’s future because this is an issue that will cause people to leave Maryland’s public schools or to leave the state entirely. In the past few years, we have seen a migration from blue states to red states by families that wish to have stronger parental rights. In 2022, Maryland experienced a 0.16% decrease in population. That may seem insignificant, but I believe

the trend will grow if measures are not put in place to protect the freedom of Marylanders who find themselves as political minorities.

For all these reasons, I urge you to give a favorable report on SB566. Thank you for your consideration.

Sincerely,

Justin Kuk

Baltimore City

Consequences of School Closures Interview

GAZETTE: What is the magnitude of students' learning loss due to the pandemic? Which school districts have been the most affected?

KANE: We found that districts that spent more weeks in remote instruction lost more ground than districts that returned to in-person instruction sooner. Anyone who has been teaching by Zoom would not be surprised by that. The striking and important finding was that remote instruction had much more negative impacts in high-poverty schools. High-poverty schools were more likely to go remote and their students lost more when they did so. Both mattered, but the latter effect mattered more. To give you a sense of the magnitude: In high-poverty schools that were remote for more than half of 2021, the loss was about half of a school year's worth of typical achievement growth.

GAZETTE: What is the percentage of students who have experienced learning loss in the U.S.?

KANE: There are 50 million students in the U.S. About 40 percent, or 20 million students, nationally were in schools that conducted classes remotely for less than four weeks, and 30 percent, or 15 million students, remained in remote instruction for more than 16 weeks. In other words, about 40 percent spent less than a month in remote instruction, but about 30 percent spent more than four months in remote instruction. It is the dramatic growth in educational inequity in those districts that remained remote that should worry us.

GAZETTE: Are we at risk of losing the educational gains of the last three decades? How could this impact the racial achievement gap?

KANE: Over the last 30 years, there has been like a gradual closing in both the Black-white and Hispanic-white achievement gaps. The federal government has been administering an assessment to a nationally representative sample every couple of years, the National Assessment of Educational Progress. Gaps have been narrowing for the last 30 years.

The latest assessment was conducted between January and March of 2022. Our results imply that when those results come out later this year (likely in October, before the midterm election) there will be a decline nationally, especially in states where schools remained remote, and gaps will widen sharply for the first time in a generation. What we should be focused on now is ensuring that the widening gaps do not become permanent. By helping students catch up over the next few years, I hope we can reduce the gaps again when the next NAEP assessment is collected in 2024.

Interestingly, gaps in math achievement by race and school poverty did not widen in school districts in states such as Texas and Florida and elsewhere that remained largely in-person. Where schools remained in-person, gaps did not widen. Where schools shifted to remote learning, gaps widened sharply. Shifting to remote instruction was like turning a switch on a critical piece of our social infrastructure that we had taken for granted. Our findings imply that public schools truly are the “balance wheel of the social machinery,” as Horace Mann would say.

“Interestingly, gaps in math achievement by race and school poverty did not widen in school districts in states such as Texas and Florida and elsewhere that remained largely in-person.”

GAZETTE: In which ways can learning loss affect high school graduation and college application rates and students’ life opportunities?

KANE: Some observers are going to say that we are too focused on the decline in test scores. However, given past relationships between test scores and other life outcomes, we would expect the achievement declines to translate into lower high school graduation rates (since students may not have the math or reading skills required for upper-level courses), lower college-going rates, and lower earnings. Recall that not every group of students saw the same decline — high-poverty schools were more likely to go remote and suffered larger losses when they did so. To be more concrete, students in high-poverty schools that were remote for more than half of 2020-21 would be expected to see a 5 percent decline in average earnings over their career, given past relationships between test scores and earnings. That may not sound like much, but when calculating losses for all 50 million students in K-12 education in the U.S., it would amount to a \$2 trillion decline in lifetime earnings. It’s in that context that the \$190 billion that the federal government has provided in supplemental aid for schools since the pandemic began sounds like a good investment, if it could be used to reduce the losses.

GAZETTE: What should school districts and states do to help students recover from their learning losses?

KANE: School districts need to start by assessing the magnitude of their losses and then assembling a package of interventions that is commensurate with their losses. Districts that remained remote during 2020-21 — especially the higher-poverty schools in those districts — lost the most ground and will need to spend more of their federal aid on academic recovery. It’s all about magnitudes. From prior to the pandemic, we have estimates of the impact of interventions such as high-dosage tutoring or summer school or double periods of math instruction. Each district should start this summer by taking the estimates of the impact of each of those interventions, multiply each by the share of students they plan to serve under each and make sure the sum of expected effects adds up to the size of the loss their students have suffered. That’s going to be an eye-opening calculation for most districts, since most districts I see are planning intensive interventions for 10 or 15 percent of their students, some voluntary summer school — and that’s about it. A barely-more-than-normal recovery effort such as that is going to be nowhere near enough in many districts.

Here’s an example. The students in high-poverty schools that were remote for most of 2020-21 lost about 0.45 standard deviations in math. There are very few educational interventions that have ever been shown to have an impact that large. One example is high-dosage tutoring — which involves tutoring sessions two to three times per week in groups of one to four students with a trained tutor all year. Pre-pandemic research implied that such a program would generate about 0.38 standard deviations. In other words, a district could provide a high-quality tutor to every single one of the students in a high-poverty school and still not expect to make up the decline. Of course, given the

inevitable problems of maintaining quality while scaling up such interventions, the expected impacts from pre-pandemic research are likely to be over-optimistic. But districts need to start with a plan, which is commensurate with their losses and then scale up or scale down as necessary over the next couple of years.

GAZETTE: The federal government gave \$190 billion to schools across the country for academic recovery. Is that enough?

KANE: Based on our estimates, those dollars would be enough if school districts, especially the high-poverty school districts that were remote for much of 2021, were to spend nearly all of it on academic recovery. Unfortunately, a lot of those funds have been going to things that weren't necessarily related to academic recovery. That's why we're trying to sound the alarm now before those dollars are committed to other things.

School districts have never been through a disruption of this magnitude before. School districts have until the end of 2024 to spend the federal aid for academic recovery. Most of the district plans I have seen are undersized. Of course, districts will eventually learn that their efforts are not sufficient. However, the great danger is that they will realize that too late — after they have committed the federal aid.

You wouldn't try to patch a hole without making sure that the patch was as big as the hole. Very few school districts have done the math to figure out if the effect sizes of the interventions that they're planning and the share of students to be served by each match the loss their students have endured. Troublingly, there's nothing about the federal process that requires that district plans are commensurate with their losses, even on paper.

It's worse than that. The [American Rescue Plan](#) — passed in March 2021, before the magnitude of the losses were clear — only requires districts to spend 20 percent of the federal aid on academic recovery. Most districts seem to be following the federal guidance, and spending between 20 and 30 percent on academic recovery. That's not going to be nearly enough in the lower-income districts that spent much of 2020-21 in remote instruction. Local business leaders, parents, and school boards need to engage with their school districts and make sure that the district recovery plans are commensurate with the losses. If not, these achievement losses will become permanent.

SB566ParentalRights.pdf

Uploaded by: Justin Ready

Position: FAV

JUSTIN READY
Legislative District 5
Carroll County

Finance Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 15, 2023

SB 566 – Family Law – Fundamental Parental Rights

Chair Smith, Vice Chair Waldstreicher, and members of the Senate Judicial Proceedings Committee,

SB 566 would establish that a parent has the fundamental right to direct the upbringing, education, care, and welfare of the parent's child. Also, the state would be prohibited from infringing on a parent's fundamental right to do so.

It is important to note that this bill does not only protect a parent's right who belongs to one political party. This legislation would protect ALL parent's fundamental rights to raise their child as they see fit, and protect them from school systems, community organizations, or medical professionals from imposing their personal beliefs onto someone else's child.

SB 566 would not affect curriculum in schools and does not give the parents authority to change the curriculum for entire school systems. What it seeks to do is establish a parent's fundamental right to raise their child without pushback from the state.

I respectfully request a favorable report on Senate Bill 566.

SB566_Written Testimony.pdf

Uploaded by: Katherine Sullivan

Position: FAV

Witness: Katherine Strauch Sullivan
Jurisdiction: Baltimore County
Bill: SB566 Family Law- Fundamental Parental Rights
Committee: Senate Judicial Proceedings
Position: SUPPORT

Dear Committee,

I am writing in support of SB566.

SB566 places into Maryland law what, up until just a few short years ago, was common sense to most parents. This bill will unequivocally clarify parent/guardian right to direct the moral and/or religious upbringing, medical care and health decisions, and informed consent issues of their minor children.

The role of the parent/guardian should be central not ancillary. Parents should have the final say in all important decisions with regard to their minor children, except where there is provable, legally argued harm.

Throughout this legislative session, I have heard countless people ask, “why do we need this Bill?”. “Parental rights are already guaranteed in Maryland” or “our Constitution already protects parental rights”. Sadly, these people seem to have conveniently forgotten the past two years. I thought back on the countless parents who knew, for example, masks were harming their children, plexiglass dividers were impeding their ability to concentrate, social distancing was deeply impacting their mental well-being, and senseless “contact tracing” protocols were keeping our healthy children out of school. How many in this room heard over and over again, “my hands are tied”, “it’s protocol”, “it’s the decision from the state”. Principals, public health officials, and elected leaders made it very clear the government directives were far more important to them than the concerns of parents. Parents felt powerless against the Goliath government. Parents pleas were ignored because, frankly, there was no reason to listen to them. SB566 will give them a reason to listen in the future.

There is a millennium of evidence supporting the fact that the family unit is the most effective and ideal vessel for providing the nurturing and support so critical to human development. Fortunately, the Supreme Court agrees. In the Supreme Court Case, *Pierce v. Society of Sisters* (1925), the ruling held that “the fundamental theory of liberty upon which all governments in this Union repose excludes any general power of the State to standardize its children by forcing them to accept instruction from public teachers only. The child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations.”

It is for these above reasons 26 states have already introduced Parental Rights bills similar to SB566 in their state legislature. Gloriously, 15 have signed them into law.

We hope Maryland will join with these forward thinking and common-sense leaders vote yes in support of HB666.

SB566 is necessary. Vote in support of SB566.

Sincerely,

Katherine Sullivan
Mother of 4 Maryland Public School Children
Baltimore County

FAVORABLE.SB566.MDRTL.LBogley.pdf

Uploaded by: Laura Bogley

Position: FAV



Support Statement SB566
Family Law – Fundamental Parental Rights
Laura Bogley, JD
Executive Director, Maryland Right to Life

On behalf of our Board of Directors and members across the state we gladly support this bill and ask for your favorable report. We thank Senator Ready for this excellent bill that will protect parental rights to make medical decisions for their minor children in Maryland public schools and other state institutions.

Parental Notice and Consent Provides Better Outcomes for Minor Children

State and Federal law recognize the natural and legal right of parents to provide consent to their minor child's medical care. The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. But the state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. The influence of the abortion industry in developing school policy and curriculum has degraded the role of parents in their children's healthcare decisions. Parents no longer have the opportunity to "opt in" to sex education for our children, but may only "opt out" if we are made aware at all. Minor girls can give consent to abortion at the age of 16. Children may consent to behavioral health services, which may include referral to abortion providers or puberty blocking drugs and counseling, as young as 12. The lack of parental notification puts children at greater risk of undiagnosed and untreated medical complications and enables predatory providers to evade liability for failure to report child abuse, sexual assault and sex trafficking.

No Abortion Funding in Schools - As a result of the state authorizing and subsidizing the abortion industry to have direct access to our school children, the number of abortions has INCREASED not decreased. In their 2020 annual report Planned Parenthood reports committing an all-time high number of abortions, while their family planning and prenatal services have dramatically declined. The state has a duty to provide a safe learning environment for Maryland students and must prohibit predatory practices of the abortion industry in Maryland public schools.

For these reasons, we respectfully urge your favorable report on this bill and we recommend that the State of Maryland revise the standards for School-Based Health Centers to eliminate abortion activism in our schools and to prioritize funding for programs that support the health and lives of both mothers and children.

Respectfully Submitted,
Laura Bogley, JD
Executive Director
Maryland Right to Life

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

Reproductive Health Services	Level I Core	Level II Expanded	Level III Comprehensive
d. General Reproductive Health Services			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
e. Family Planning Services			
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
f. STD/STI Services			
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

Mental Health Services must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

g. Mental Health Services	Level I Core	Level II Expanded	Level III Comprehensive
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

SB566- Favorable.pdf

Uploaded by: Laura Hartman

Position: FAV

SB566- Fundamental Parental Rights- Favorable

I am Laura Hartman and a lifetime resident of MD. I am writing to testify today for what I believe is the fundamental right of every parent. I'm quite frankly concerned that we even need to have a bill like this. Parental rights are a fundamental right for every child born in Maryland. Being a parent is one of the greatest blessings ever and we need to protect all of Maryland citizens, as parents and children.

As mammals, the basic biology of parents is to feed, nurture and protect their young. Each species handles parental roles differently but in our civilized society, parents and families take on this vital responsibility.

The valuable bond between parent and child is something I didn't fully understand until I became a mother. Parents come in all shapes and sizes and we want to celebrate that. We want to further instill the Supreme Court's decision to recognize parents and give them the legal rights that they deserve here in MD.

While there are many divisive issues in the world of politics, parental rights are not one of them. Parents should be involved and have legal rights to raise their child/ family as they see fit. A 2010 Zogby poll shows that 94% of the population (no matter demographics) believe *parents have the constitutional right to make decisions for their children without government interference unless there is proof of abuse or neglect.*

Many studies show that children do not have fully developed brains until the age of 25, yet we don't ensure the people tasked with guiding their decisions have legal rights to protect their children.

I believe that parents should have the right to direct their child's medical care, educational care, physical and emotional development, access to religious beliefs, and cultural enrichment, etc. As parents, we have a financial, moral, ethical and educational responsibility to our children.

I'd like you to think back to when you were a child. Can you imagine if you didn't have your parents there to make decisions for you and teach you right from wrong with love and protection? Parents are there to guide their children through right and wrong, hope and sadness, grief and joy and most importantly through safety.

Now imagine, when you find out your child's teacher is teaching your child something against your values and you ask for the curriculum and want to talk to someone to better understand and the either ignore your requests or tell you they won't give it to you?

What if you are Jewish and your mother-in-law wants her grandchild to attend a Christian school? How can you protect your child?

What if you are black and you are well aware of the history of experimental medical issues within the black community? But your doctor wants you to perform a medical procedure on your child that you aren't comfortable with?

The Reverend Martin Luther King, Jr., said, **"Injustice anywhere is a threat to justice everywhere."** I ask for your favorable vote on HB666.

Support SB0566.pdf

Uploaded by: Mark Meyerovich

Position: FAV

Support SB0566

Please support Fundamental Parental Rights! Normal responsible parents have the highest interest in their children's health and welfare. Parents have the best and most complete knowledge of the best options for their children. While parents may not have all the information, they willingly and proactively seek such.

The rights to make decisions for their children is one of the most fundamental rights of free people and includes:

- Choosing and directing educational programs.
- Choosing and directing the best health care options.
- Being intimately involved in mental health care.

Please fully support the bill.

Sincerely,
Mark Meyerovich
Gaithersburg, MD

Support SB566.pdf

Uploaded by: Michelle Wenstrup

Position: FAV

From: Michelle Wenstrup
Sent: Tuesday, March 14, 2023 2:54 PM
To: Michelle Wenstrup
Subject: Support SB566

Dear Senate Judicial Proceedings Committee:

It is common sense that it is a parent's right to direct the upbringing, education, and care of their child. Moreover, it is a parent's duty to raise their child as they see fit. Decent people should be able to agree that under the umbrella of acceptable parenting people have different religious and philosophical worldviews and are entitled to impart such views on their children. Neglectful and/or abusive parents are a different matter entirely, of course.

Legislators and their constituents must resist the urge to give into authoritarian impulses and pridefully mandate that their worldviews reign when it comes to educating other people's children. It is because of the aforementioned varying worldviews that public schools are supposed to teach just academic disciplines and not teach morality beyond the basic moral lessons needed to manage the classroom such as being kind, not lying, and not cheating.

Religious values have stood the test of time, and many people of varying faiths who subscribe to such values as well as many who are nonreligious but who subscribe to traditional values have valid reason to be highly concerned with legislation such as HB119, which proposes that it be mandatory for counties to adopt the state health curriculum, which proposes that it be mandatory to teach gender identity to kids as young as Pre-K, sexual orientation to fourth graders, and different types of sexual acts to seventh graders. Most parents would want to impart their own moral views on gender identity, sexual orientation, and different types of sexual acts to their children and not have public schools do this.

Apart from moral concerns, it is very confusing to teach children as young as Pre-K about a concept as nonsensical as gender identity when they are just starting to figure out what gender means. Gender is biologically based; not defined by how a person identifies. It is impossible to feel that you are the opposite gender when you have never experienced being the other gender and don't know what it feels like. The very small percentage of people who legitimately have gender dysphoria think they were born in the wrong body, but that doesn't mean they feel as though they are the opposite sex from what they are.

Additionally, schools are in no position to hide from a parent the mental health status of their child or the child's desire to be referred to by another name, as another gender, etc. Such private health matters are of utmost concern to a parent and within the parent's purview.

This bill is needed to enshrine the entire scope of parental rights into law and prevent the increasing encroachment on such rights by such entities as schools and healthcare providers. Please do what is right and support parental rights bill SB566.

Thank you,
Michelle Wenstrup

134 Federal Ann Ln.
Westminster, MD 21157
(240) 418-3823

MyMGA SB 566.pdf

Uploaded by: Rachel Paoletti

Position: FAV

March 24, 2023

Dear Senators,

I am in favor of SB566. This bill would be an important step towards protecting the essential rights of parents to make decisions about their children's upbringing and well-being. This legislation would recognize that parents are the primary caregivers and decision-makers in their children's lives, and that they have the right to raise their children according to their own beliefs, values, and cultural traditions. This bill would also provide legal protections for parents in cases where their rights have been infringed upon by government or other entities, such as schools or healthcare providers. By enshrining parental rights in law, this bill would help to ensure that children are raised in stable and supportive environments, and that parents are empowered to make the best decisions for their families.

Thank you,
Rachel

SB0566_SP_FAV.pdf

Uploaded by: Sarah Reichert-Price

Position: FAV

Senator William C. Smith, Jr., Chair
and Members of The Judicial Proceedings Committee
Maryland State Senate
Annapolis, MD

RE: SB0566- Family Law- Fundamental Parental Rights- FAVORABLE

Dear Chair Smith and Members of The Judicial Proceedings Committee,

Family is the foundation of a child's upbringing. Choices made regarding all aspects of a child's development, health and education should be made by the **parent** regarding their child's unique situation and characteristics... **not any form of the government or public school system...PERIOD!**

Failure to pass SB0566 will:

- Diminish the rights of parents by removing them from decisions made pertaining to their own children. Parents, being the primary caretakers of their own children, have the right to know what their child/children are exposed to at school and health care facilities, **and** approve or disapprove of such.
- Divide the family structure. When decisions are made at school, or health care facilities without parental knowledge and approval, this creates a divide among the family members. Recently, there have been instances where students were coached by school professionals regarding gender preference and encouraged to withhold this information from their parents!

I ask that you return a FAVORABLE report for SB0568.

Thank you for your time.

Sarah Price

Westernport, MD (Allegany County)

Favorable Report for SB 566.pdf

Uploaded by: Suzie Scott

Position: FAV

Favorable Report for SB 566
Suzie Scott, Chapter Chair
Moms for Liberty Harford County

Parents deserve a seat at the table when it comes to matters that concern their children. I request a Favorable Report for SB 566.

Parents all over Maryland, as well as across the country, are requesting legislation that recognizes their fundamental parental rights. For far too long, the Teacher's Unions and other powerful special interests have held sway and have been able to heavily influence policy and curriculum. As those who exercise great influence and power often do, they go too far and overreach. We have seen this in much of the legislation being proposed in the General Assembly this session, but especially with regards to HB 119/SB 199.

When parents came to testify against HB 119, we were met by those powerful special interests that are used to having their way in the General Assembly. Many of these groups testified for a favorable report with amendment and the amendment they requested was that no opt-out option be provided for parents objecting to the controversial Health curriculum framework.

These special interests think they know better than parents. Out of an abundance of hubris, these powerful

lobbies demand parents defer to their expertise. What did the Chair of the House Ways and Means committee do when met with opposition from parents? She scrapped HB 119 completely and doubled down. Instead of just codifying the Health Curriculum, she demanded all curriculum be mandated by the Maryland State Superintendent with financial penalties if local boards refused to comply completely.

Parents are demanding to have a say in matters affecting their children's education and upbringing, and as we have seen, especially over these last 3 years, we are being ignored, gaslit and disrespected by those who control the education system and medical establishment.

Please give parents a seat at the table over matters that impact their children. I urge a favorable report to SB 566.

TestimonySB566_TaraThompson.pdf

Uploaded by: Tara Thompson

Position: FAV



Witness: Tara Thompson
Jurisdiction: Baltimore County
Bill: SB566 Family Law - Fundamental Parental Rights
Committee:
Position: FAVORABLE

My name is Tara Thompson. I am the mother of 3 and the Chair for Moms for Liberty Baltimore County, where I have promised to be a voice for parents and children, while standing up for parental rights.

Over the past 4 years, I have watched parental rights be stolen from parents at every angle. At times it has been extremely obvious. Here are a few examples

1. School closures for over a year, of only some schools
2. Parents unable to send their children to school unless they wore a mask.
3. Parents unable to take their child to see a doctor or dentist unless they wore a mask. This continues today at most facilities.
4. Parents unable to renew a school contract unless they agreed to vaccinate their child. This continues today at some schools.
5. Unable to enter businesses without providing "proof" of vaccine. This continues today at some businesses. (Pottery place in Baltimore City; Wes Moore's events prior to election) Private and public schools have allowed non-government organizations, nonprofits, and foundations to infiltrate the curriculum, the programs, and continuing ed courses. Institutions teaching children what to think, as opposed to how to think and robbing an entire generation of children of critical thinking skills.

Over the past 6 weeks, I have watched the government attempt to steal parental rights, yet again, with bills here in Annapolis.

- SB378
- HB119
- SB199
- SB388
- HB265
- HB290
- HB1232

..... And I could go on....



In response to this, constituents have needed to request bills be created to defend Parental rights in Maryland.

- HB359
- HB757
- HB272
- HB294
- HB381
- HB699

..... And I could go on....

It's not enough to say that our government, our institutions, and private businesses will respect and/or defend parental rights any longer. We are now at the point where we need a Bill to establish that a parent has the fundamental right to direct the upbringing, education, care, and welfare of their own child. And a bill to prohibit our own government from infringing on those rights.

If you don't think this bill is needed in Maryland and it's what constituents want, then you aren't paying attention. Look at HB119/SB199 that continues to be at the forefront of every parent and legislator since it was heard back on 2/1/23. It's being talked about with criticism and concern nearly 6 weeks later. During the hearings for HB119 and SB199 there were multiple groups (none of which represented parents) who testified favorable with amendment and the amendment that they requested was that NO OPT-OUT option be provided for parents for human sexuality and gender identity standards. There are many groups that clearly want to infringe on parental rights and the proof is in the HB 119 and SB 199 testimonies that senators can access for verification.

I ask you to not only vote Favorable on this bill, but I ask you to defend parental rights at all levels of government for every child and every family because that's what you have been elected to do. Parents and citizens want this bill and that's all that should matter. It's a bill that includes ALL Maryland parents.

Regards,
Tara Thompson
Chair
Moms For Liberty - Baltimore County, MD

SB566 Support.pdf

Uploaded by: Theresa Myers

Position: FAV

March 14, 2023

Ref: Support HB666/SB566

Dear Judiciary Committee:

I am writing in SUPPORT of HB666/SB566. It is a fundamental right under the United States Constitution to the care, custody, and control of their own children.

Here are several United States Supreme Court rulings that have favored in parental rights based on the Constitution of the United States.

Meyer v Nebraska, 262 US 390 (1923)

Pierce v Soc'y of Sisters, 268 US 510 (1925)

Wisconsin v Yoder, 406 US 205 (1972)

Troxel v Granville, 530 US 57 (2000)

Duchesne v Sugarman, 566 F2d 817, 825 (2nd Cir 1977)

Lassiter v Dept of Social Services, 452 US 18 (1981)

Please support the fundamental Rights for Maryland parents. SUPOORT HB666/SB566.

Sincerely,

Theresa Myers

SB-0566_Tom and Tina Wilson_Favorable.pdf

Uploaded by: Thomas Wilson

Position: FAV

Written Testimony of Thomas P. and Tina M. Wilson

RE: In Support of Senate Bill SB0566 - Family Law - Fundamental Parental Rights

March 14, 2023

As citizens of the state of Maryland, we enthusiastically support Maryland **Senate Bill SB0566**. This testimony seeks to express our rationale for support of **SB0566**.

The fundamental rights of parents to determine what is best for their children and families have been usurped by the Maryland Departments of Education and Department of Health and Human Services to name the major culprits. Parents have been vilified and subjected to intolerance by local School Boards for trying to protect their children from social and sexual indoctrination. Public health officials drove vaccine mandates for school children even though all the scientific evidence indicated school age children were at very low risk. And the onslaught continues in this year's legislative session with bills such as HB0119 and SB0378.

It is no surprise that States across the country are moving to enact laws that protect fundamental parental rights. It wasn't long ago that parents trusted their elected officials and school boards to assure that their children were being educated in a way that prepared them for success, but those days are now gone. Parents have awoken to the reality that they can no longer trust that their interests are being respected and protected. As this bill receives consideration during the 2023 session, the sponsors may want to refer to other legislation making headway in other states. For example, Senate Bill 49 in the State of North Carolina encompasses similar intent with more specific guidance in several fundamental areas.

The education disruption brought on by COVID, and the insidious inclusion of Critical Race Theory and sexual indoctrination material into school curriculum, has energized parents and taxpayers alike. They are demanding a change in direction and that their parental rights be protected.

We strongly support SB0566 and believe it absolutely necessary to protect our children from Government overreach.

Respectfully,

Thomas P. and Tina M. Wilson
Long-time residents of MD District 17

230314 Support for SB 566.pdf

Uploaded by: Tim Walters

Position: FAV

14 March 2023

RE: PLEASE SUPPORT SB566

Please support SB 566 as it calls our your support for the literal foundation of society, the family. We have seen government overreach escalate over the past several decades. Often with the best of intentions and with little assessment on the real impact.

As a Christian, a believer in Jesus Christ and the inerrant Word of God we KNOW that God created first the individual, male and female, for the purpose of coming together to procreate and take dominion over God's creation (Genesis 1 and 2). From there came ecclesiastical governing and finally civil governing. Neither the church nor the secular world can function without the family.

This seems like common sense, given it has been the norm for ALL of human history. None the less, we are at times when the family needs to be protected from government overreach, even if initially for noble purposes.

Stand for the family and commit to strengthening society and all will benefit. After all, the alternative has not been working.

Support SB 566. Take SB 566 to the floor for a vote. Restore to the people confidence that their elected officials are for the family and not against it. An easy decision I hope for most of you.

Thank you for your consideration and time.

May the Lord bless your efforts to defend His people, His family.

Tim Walters

Linthicum, MD

What are Rights? SB0566 - Testimony.pdf

Uploaded by: Will Zwart

Position: FAV

Testimony in support of Senate Bill SB0566 - William Zwart.

Good afternoon, Honorable Chair and members of the committee,

My name is Will Zwart, and I am testifying in support of Senator Ready's bill for the simple reason that in this day and age, many individuals do not know what rights are, who has them, or where they came from.

The short and sweet answer is that rights are the authority to do certain things, granted to every human being under certain circumstances, from God.

Some will protest against this definition, claiming that there is no God. But if there is no God, there are no rights, for if rights do not come from God, they must come from the only other authority: government. If rights come from government and not from God, they are subjective, and therefore not rights at all.

We know that there are rights, and we know God exists, as it is written:

"For since the creation of the world God's invisible qualities—his eternal power and divine nature—have been clearly seen, being understood from what has been made, so that people are without excuse." (Ro. 1:20).

God grants everyone rights, and we see that God has granted parents the right – this is, authority – over their children:

"Children, obey your parents in the Lord, for this is right. 'Honor your father and mother, that it may go well with you and that you may live long in the land.' Fathers, do not provoke your children to anger, but bring them up in the discipline and instruction of the Lord." (Eph. 6:1-4).

"Behold, children are a heritage from the Lord, the fruit of the womb a reward." (Ps. 127:3).

"Honor your father and your mother, that your days may be long in the land that the Lord your God is giving you." (Ex. 20:12).

"If a man has a stubborn and rebellious son who will not obey the voice of his father or the voice of his mother, and, though they discipline him, will not listen to them, then his father and his mother shall take hold of him and bring him out to the elders of his city at the gate of the place where he lives, and they shall say to the elders of his city, 'This our son is stubborn and rebellious; he will not obey our voice; he is a glutton and a drunkard.' Then all the men of the city shall stone him to death with stones. So you shall purge the evil from your midst, and all Israel shall hear, and fear." (Dt. 21:18-21).

“Children, obey your parents in everything, for this pleases the Lord.” (Col. 3:20).

“Hear, my son, your father's instruction, and forsake not your mother's teaching...” (Pr. 1:8).

These are just some of the verses that testify to the right of parents to have authority over their children, to teach, train, and raise them.

This bill does not grant parental rights, for we have already seen that rights only come from God, and can only be taken away by Him. Regardless of whether or not this bill passes, therefore, parents will continue to have the right of authority over their children. This bill simply affirms parental rights, and communicates to the mothers and fathers of Maryland that you, the Maryland legislature, understand inalienable rights and seeks to protect them.

I therefore urge you to vote favorably on this bill, for as history greatly attests, governments that do not protect the rights of citizens – especially parents – always collapse, and their destruction is complete.

“Why do the nations conspire and the peoples plot in vain? The kings of the earth rise up and the rulers band together against the LORD and against his anointed, saying, ‘Let us break their chains and throw off their shackles.’ The One enthroned in heaven laughs; the Lord scoffs at them. He rebukes them in his anger and terrifies them in his wrath, saying, ‘I have installed my king on Zion, my holy mountain.’ I will proclaim the LORD’s decree: He said to me, ‘You are my son; today I have become your father. Ask me, and I will make the nations your inheritance, the ends of the earth your possession. You will break them with a rod of iron; you will dash them to pieces like pottery.’ Therefore, you kings, be wise; be warned, you rulers of the earth. Serve the LORD with fear and celebrate his rule with trembling. Kiss his son, or he will be angry and your way will lead to your destruction, for his wrath can flare up in a moment. Blessed are all who take refuge in him.” (Ps. 2:1-12).

SB0566 UNF Palya 031523.pdf

Uploaded by: Annie Palya

Position: UNF

SB0566
UNF

Annie Palya
1907 Lincoln Road
Forest Hill, MD 21050

To the Maryland House of Representatives,

I am writing to express my opposition (UNF) to HB0566 Fundamental Parental Rights. I believe that this bill will have serious negative impacts on the public education system in Maryland.

Public education is for everyone, regardless of their race, religion, sexual orientation, political beliefs, and income status. To ensure that the needs of each student are met, it is necessary to have regulations and guidelines proposed and agreed upon by professional educators (and other qualified individuals). Granting fundamental control over education to parents has the potential for certain parents from certain groups to impose their personal beliefs and agendas on the entire public school system and student body.

As a parent, I want to know that my children enrolled in Maryland's public school system are protected from bigotry and divisive rhetoric. I want to know that they are receiving a full and balanced education. I want to know that they are treated with respect and equality, regardless of their race, religion, sexual orientation, and political affiliation.

I do not support any measures that would allow other parents to limit our children's access to books, scientific facts, and history. I do not support any measures that would allow special interest groups, like Moms for Liberty, from imposing their conservative ideologies on my children under the guise of "parental rights." Everyone has the right to parent their own children. They do not have the right to parent other children. They do not have the right to limit what my children can learn and experience. I believe HB0566 would make it possible for them to do so and I strongly oppose this measure.

Please continue to protect our public education system by opposing HB0566 and protecting the educators and professionals who are best suited to creating an enriching and inclusive environment for our children to learn and grow.

Thank you for your time.

Annie Palya

LEGISLATIVE TESTIMONY SENATE BILL 566 (3).pdf

Uploaded by: Cezar Cavazos

Position: UNF

LEGISLATIVE TESTIMONY

Bill: SB 566 - Family Law- Fundamental Parental Rights

I am submitting this testimony in OPPOSITION to SB 566

Like many other people, we all want a proper education for students, we universally recognize that a well founded curriculum builds knowledge and extends our perspectives beyond that of which we have on our own. To better understand our world around us, students need to both be able to see themselves in what they're reading as reflection of who they are and their histories. However it is also encouraged to see outwards and consider perspectives and experiences that vastly differ from their own. We also know that exposing students to limited and skewed versions of history, health, or literature that neglect entire populations using insular and homogenous materials forces them to develop a skewed inaccurate version of the diversity of our society. This is problematic for underrepresented groups – particularly LGBTQIA+ students and students of color, I myself being both, and I know that the result of misinformation is the creation of a hostile and unsupportive educational environment. That research shows contributes to lower academic performance, lower GPA, increased absences, increased likelihood of school dropout, and less likelihood of attending an institution of higher education.

I myself am not a parent but I work with parents and know that when parents work to support teachers and schools the result enhances learner outcomes. But, the Parents Bill of Rights does not seek to strengthen and support our educators. Rather, it seeks to promote parent involvement as a means to undermine educators' professional judgments and advance narrow self-serving narratives. Should this bill pass, it will create conflict between parents and the education community that will lead to many highly qualified teachers exiting the profession. And many times, those highly qualified teachers, can inspire the next generation to be our doctors, teachers and leaders.

Emboldening close-minded people with the opportunity to object to curriculum and other materials, on the basis of personal beliefs about morality, religion, personal philosophy, or political ideology is dangerous and only promotes intolerance and misinformation. I urge you senators, oppose this bill and recommend an UNFAVORABLE report in committee. Thank you.

Testimony In Oposition to SB0566_230312_174248.pdf

Uploaded by: Eric Fowlkes

Position: UNF

Testimony In Opposition to SB0566 Family Law - Fundamental Parental Rights

Bill: SB566/HB666 Family Law- Fundamental Parental Rights

Submitted by: Eric Fowlkes, Parent of Children in Maryland Public Schools.

Position: OPPOSE

I'm writing regarding my opposition to bill SB0566 as a parent of students in the Maryland Public School System specifically Wicomico County and an employee of the Wicomico County Board of Education. It's important for students to learn from different perspectives other than their own. They should learn about cultures, languages and experiences that would not normally be exposed to. It's important so they are given the opportunity to see the world through others' eyes as it were.

When you narrow the educational view you are doing a disservice to the student by NOT telling the whole picture and frankly they need to learn the truth no matter how uncomfortable it may make them feel. Erasing the truth and teaching about the human experience from a singular perspective is just lying to them.

As a parent to a transgender kid, this bill is particularly frightening due the clear lens from where it is being pitched from. The elephant in the room here is that Bill SB0566 is a poorly veiled attempt at curating our children's educational experience into a fascist white supremacist perspective. It is an attempt to erase the truth, and to continue the history where the victors are the "good" guys. They want to erase LGBTQIA+, Black, Latinx, AAPI, Indigenous peoples history and their impact on our country and the world as a whole. If it were up to them my child would not be allowed to receive much needed gender positive medical care or be allowed to use their pronouns, or present themselves as they are. They want them and people like them to disappear because it makes them uncomfortable. This bill is dangerous and should not make it out of committee.

2023-03-15 SB 566 (OAG Opposition).pdf

Uploaded by: Hannibal Kemerer

Position: UNF

ANTHONY G. BROWN
Attorney General



CANDACE McLAREN LANHAM
Chief of Staff

CAROLYN A. QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

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March 15, 2023

TO: The Honorable William C. Smith, Jr.
Chair, Judicial Proceedings Committee

FROM: Hannibal G. Williams II Kemerer
Chief Counsel, Legislative Affairs, Office of the Attorney General

RE: SB 566 - Family Law - Fundamental Parental Rights - **Oppose**

The Office of the Attorney General opposes Senate Bill 566 because it could have serious, even fatal, consequences for Maryland's children. As explained in detail below, there are three primary reasons for our opposition:

1. The proposed legislation eliminates Maryland's long-time focus on the best interest of the child and instead focuses only on the protection of a parent's rights, without regard to the effect on the child;
2. By providing that Senate Bill 566 prevails in the event of a conflict with any other law, the Bill effectively amends multiple existing laws, including those protecting children from abuse and neglect, without identifying what it is changing; and
3. Senate Bill 566 requires the application of the highest civil evidentiary burden at all proceedings, which would significantly hinder a local department of social services' ability to temporarily remove a child from a "serious, immediate danger" on an emergency basis because there would not be enough time to gather the evidence to meet that extremely high burden.

The United States Supreme Court has long recognized that parents have a fundamental right to direct the upbringing of their child. In all cases involving children, whether public or private, the decision must be guided by consideration of what is in the best interest of the child. Although these two principles may initially seem to contradict each other, as the Supreme Court of Maryland has explained, a parent's fundamental rights and the best interest of a child are not in conflict because there is a "strong presumption that the child's best interests are served by maintaining parental rights." *In re Yve S.*, 373 Md. 551, 571 (2003). The proposed bill,

however, speaks only to the rights of the parent and contains no mention whatsoever of a child's best interest.

Current Maryland law only allows State involvement with children when certain limited circumstances exist, such as abuse or neglect. The first statute that would be created by Senate Bill 566 (*see* page 1, line 19 through page 2, line 6) provides that, if there is a conflict between Senate Bill 566 and any existing law, the new legislation prevails. As a result, Senate Bill 566 would in effect silently amend any laws previously enacted by the General Assembly—including those governing child in need of assistance proceedings and protecting children from child abuse and neglect—by removing consideration of the child's best interest and shifting the focus to the protection of the parent's right to raise the child as they see fit.

Finally, current law applies burdens of proof depending on the amount of infringement involved: "reasonable grounds" to remove a child on a temporary, emergency basis from "serious, immediate danger"; "preponderance of the evidence" when removing a child, with that removal subject to periodic reviews; and "clear and convincing evidence"—the highest level of proof that can ever be required in a civil case—in order to terminate parental rights. Senate Bill 566 would amend that practice and require clear and convincing evidence at *any* proceeding affecting parental rights. This would make emergently removing children from even the most imminently dangerous situations difficult, if not impossible, because the local department of social services would often have less than 24 hours to compile admissible evidence sufficient to satisfy an extremely high burden of proof.

We oppose this proposed legislation and urge an unfavorable report on SB 566 because it would significantly hinder the State's ability to protect Maryland's children from abuse and neglect and eliminates the child-focus of the current child welfare statutes.

SB 566 - UNF - Women's Law Center of MD.pdf

Uploaded by: Laure Ruth

Position: UNF

BILL NO: Senate Bill 566
TITLE: Family Law – Fundamental Parental Rights
COMMITTEE: Judicial Proceedings
HEARING DATE: March 15, 2023
POSITION: **OPPOSE**

Senate Bill 566 would create a fundamental right in parents to make all decisions about their children absent a clear and convincing evidentiary showing of an important government interest. The Women's Law Center (WLC) opposes SB 566 as it would make a parent's rights more important or superior to a child's best interests. Passage of SB 566 would potentially overrule settled law derived from the US Supreme court down to school board decisions in a particular locality.

The WLC supports custody decisions that are determined in the best interests of the child. This is the current lens through which courts in Maryland make custody decisions. Should SB 566 pass, we fear that courts would no longer be able to make these decisions in the best interest of the children unless clear and convincing evidence is found that the state has an important interest in changing custodial arrangements. We are not sure where it would leave courts. Not to mention, we are not sure how this would affect other family law cases where children and care of children are involved, such as CINA or guardianship cases. How would decisions about inoculation be made, or medical treatment? Is public health important enough that Maryland can require vaccines for children attending schools? We fear SB 566 will lead to unnecessary litigation of all these issues while the clear and convincing standard is applied to a sweeping array of cases. The majority of family law matters are determined under the appropriate preponderance of the evidence standard and in the best interests of the children, not the parents.

Therefore, the Women's Law Center of Maryland, Inc. urges an unfavorable report on Senate Bill 566.

The Women's Law Center of Maryland is a private, non-profit, membership organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change. The Women's Law Center operates hotlines, Protection Order Advocacy and Representation Projects in Baltimore City, Baltimore County and Carroll County and the Multi-Ethnic Domestic Violence Project.

FreeState Justice- SB0566 Fundamental Parental Rig

Uploaded by: Lauren Pruitt

Position: UNF



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Lauren Pruitt, Esq.
Legal Director
LPruitt@freestate-justice.org

The Honorable William C. Smith, Jr.
Senate Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland 21401
March 14, 2023

**Testimony of FreeState Justice in Opposition to
SB0566: Family Law – Fundamental Parental Rights**

To the Honorable William C. Smith, Jr., Vice Chair Jeff Waldstreicher, and the esteemed committee: FreeState Justice is Maryland's civil rights advocacy organization for lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) Marylanders. We also provide pro bono legal services each year to hundreds of LGBTQIA+ Marylanders who could not otherwise afford an attorney and we advocate more broadly on behalf of the LGBTQIA+ community.

We write today in staunch opposition to Senate Bill 0566. Senate Bill 0566 is vaguely worded, overbroad, and would establish that only a parent—and nobody else, not even guardians by the bill's own terms—has the fundamental right to direct the upbringing, education, care, and welfare of their child(ren). It additionally prohibits the State or a political subdivision from infringing on that right, with the caveat that it does not authorize a parent of a minor child to engage in conduct that is unlawful or to abuse or neglect the minor child. We do not believe that everything aside from abuse, neglect, or criminal activity should be at the total discretion of each parent for their specific child(ren), with no input from the state. Current Maryland law already gives parents much discretion and responsibility for their children's upbringing in all areas of their child's life. Parents can and do make choices regarding educational options, team sports involvement, activities participation, medical decisions, religion and the practice thereof, community involvement, access to technology and social media, friends and relationships, entertainment choices, and travel, to name a few. So, with all those opportunities (and more!) for a parent to direct their child's development and growth, we must ask what specifically can a parent not do that this bill will allow them to? We cannot tell from the vague and overbroad language of this bill.

The Maryland State Department of Education and local county school boards ensure the collaboration and involvement of families and communities in the public education system. This necessary function of our government is possible largely because of the department's ability to exercise its professional judgment in school administration without undue burden from each parent wanting a specific curriculum, attendance requirements, discipline, grading and reporting requirements specifically for their child(ren). Passing SB0566 will certainly interfere with this function.

*FreeState Justice, Inc. (formerly FreeState Legal Project, Inc., merging with Equality Maryland)
is a social justice organization that works through direct legal services, legislative and policy advocacy, and community engagement to enable Marylanders across the spectrum of lesbian, gay, bisexual, transgender, and queer identities to be free to live authentically, with safety and dignity, in all communities throughout our state.*

This bill could also interfere in the orders from various family courts around the state. Guardianship, custody, visitation, child support and protection orders are all made to safeguard the child(ren) at the heart of such orders and having a superseding parental rights bill could impact the validity of those orders—and in a child abuse or neglect case, such a bill could severely impact the safety of the child(ren). The courts currently follow a “best interest of the child” standard, and this bill may effectively change that standard to the best interests of the parent, which unfortunately can be in direct opposition to their children’s interests. The courts are there to protect children when they are at their most vulnerable, and a bill hindering that protection is sadly misguided and even dangerous.

Studies of LGBTQIA+ parents in the United States indicate the importance of supportive laws and policies. For instance, legal marriage recognition has been shown to be associated with greater social support among same-gender couples.¹ Thus, it appears that LGBTQIA+ parents who live in less favorable social conditions with increasingly negative legislation are generally disadvantaged, whereas those in more supportive conditions tend to enjoy many benefits. The current slate of legislation proposed in statehouses across the country unfortunately includes many measures that would restrict LGBTQIA+ issues in school curriculums, permit religious exemptions to discriminate against LGBTQIA+ people in public spaces, and limit trans people’s ability to play sports, use bathrooms that correspond with their gender identity, receive gender-affirming health care, and even appear in public. As an LGBTQIA+ advocacy organization we would be remiss if we did not mention that many of these arguments over parental rights originate because certain parents want to exclude the mention of our community in school curriculums, in health education, and ultimately from public life. One of this movement’s goals is to disallow children the freedom to be who they are—which includes being a member of the LGBTQIA+ community—regardless of whether they are the parent of that child. Examples of this dynamic in other Maryland Bills proposed this year include the Save Women’s Sports Act, which sought to specifically exclude transgender people from playing on the athletic team that matches their gender identity.

When a bill comes before the General Assembly that is this broad, we must wonder about its impact on our community and our children, and if they will suffer at the hands of legislators who have sworn to protect them. Proponents of these bills say they are about protecting children, parental rights, religious freedom or a combination of these. We contend that they are harmful, potentially discriminatory, and are more about currying favor with conservative voters than protecting all constituents.

The benefits of the vague rights given to parents in this bill are overwhelmingly outweighed by the potential unintended and harmful consequences of this bill to our various systems and the futures of all our children. The criteria in this bill are overbroad and vague and will conflict with settled Supreme Court precedent, Maryland case law and Maryland Statutes. The result of these conflicts would be extremely costly litigation and the imposition of uncertainty upon our Maryland institutions and communities.

For these reasons, FreeState Justice opposes Senate Bill 0566 and urges an unfavorable report.

Lauren Pruitt, Esq.
Legal Director, FreeState Justice

¹ Riggle, E. D. B., Wickham, R. E., Rostosky, S. S., Rothblum, E. D., & Balsam, K. F. (2017). Impact of civil marriage recognition for long-term same-sex couples. *Sexuality Research & Social Policy*, 14(2), 223–232.

SB0566 UNF 031523.pdf

Uploaded by: Maria Smith

Position: UNF

SB0566

UNF

Maria Smith

2332 Southfield Ct, Finksburg, MD 21048

Parents have every opportunity to participate in their children's education. This bill does nothing to further that partnership between parent and school. What it does is give parents the legal means to intimidate and browbeat educators into teaching what they want, how they want. This bill is about one thing: control.

The parents supporting this bill want control:

- to decide which books are in the classrooms and school libraries
- to stop a teacher from talking about a family with two dads
- to eliminate any discussion of racism
- to soften difficult history (ex. replacing the word "enslaved" with "involuntarily relocated")
- to eradicate inclusion of LGBTQ persons from any and all curriculum

If you want to see what follows in the wake of passing a "parental rights bills", just look at Florida. That whole disaster started with legislation such as this.

These bills destroy public education. School boards will be overwhelmed with lawsuits from parents feeling their "rights" have been violated. Hundreds of thousands of taxpayer dollars will be wasted on defending against this litigation. Time and energy will be so focused on litigation, and the real issues will be left on a shelf unresolved. Educators will be harassed to the point of leaving the profession. Schools will become short staffed and unable to function properly. At that point, the "parental rights" crowd will claim public education is a failed institution. They will then move to defund public education by siphoning out tax voucher money and using it for private school tuition. And it all starts with a red herring "parents rights" bill.

We need legislation that will support our educators and schools, not intimidate and destroy them.

Please oppose SB0566.

sb566.pdf

Uploaded by: Matthew Pipkin

Position: UNF

MARYLAND JUDICIAL CONFERENCE
GOVERNMENT RELATIONS AND PUBLIC AFFAIRS

Hon. Matthew J. Fader
Chief Justice

187 Harry S. Truman Parkway
Annapolis, MD 21401

MEMORANDUM

TO: Senate Judicial Proceedings Committee
FROM: Legislative Committee
Suzanne D. Pelz, Esq.
410-260-1523
RE: Senate Bill 566
Family Law – Fundamental Parental Rights
DATE: February 15, 2023
(3/15)
POSITION: Oppose

The Maryland Judiciary opposes Senate Bill 566. This bill establishes that a parent has the fundamental right to direct the upbringing, education, care, and welfare of the parent’s child. It also prohibits the State or a political subdivision from infringing on a parent’s fundamental right to direct the upbringing, education, care, and welfare of the parent’s child unless the State or political subdivision can demonstrate by clear and convincing evidence certain factors; and generally relating to fundamental parental rights.

At the outset, it does not appear to exempt the Judicial Branch as part of “the State,” and therefore would impose restrictions on the Judiciary in family law actions including custody, adoption, child welfare, paternity actions, and as drafted, could be interpreted to apply juvenile delinquency, name change, or any other action that could impact a parent’s interests. Specifically, it would require the judges to establish by clear and convincing evidence that a judicial decision meets the requirements set forth in § 5-2B-02(b)(1)-(3) (that the decision is necessary to achieve a compelling government interest; is narrowly tailored to achieve the compelling government interest; and is the least restrictive means to achieve the compelling government interest).

This bill would also change the burden of proof in domestic cases to the clear and convincing standard as well as replace the long-standing best interest of the child standard to the aforementioned compelling government interest standard. The latter would eliminate the analysis of factors that are based on each family’s unique facts and circumstances. Further, the bill provides no standard by which the courts are to reconcile disputes between parents who would each have a “fundamental parental right.” This bill also appears to abrogate the state’s *parens patrie* doctrine, which would severely limit the government’s ability to intervene when a child’s safety or interests need to be protected.

Finally, this bill will likely instigate frivolous claims and is unnecessary. The rights of parents have been enshrined by the United States Supreme Court and the Maryland State

Courts; if enacted, it would disrupt decades of jurisprudence pertaining to children and parents.

cc. Hon. Justin Ready
Judicial Council
Legislative Committee
Kelley O'Connor

HB0666 SB0566 Parental Rights.docx.pdf

Uploaded by: Michele Copper

Position: UNF

Bill: **HB0666 / SB0566 Family Law - Fundamental Parental Rights**

Organization: GLSEN Maryland, chapter@md.glsen.org

Submitted by: Michele Schlehofer, Board Member

Position: **UNFAVORABLE**

I am submitting this testimony **OPPOSING HB0666 / SB0566** (the “Fundamental Parental Rights” bill) on behalf of GLSEN Maryland, the statewide chapter of GLSEN National, a nonprofit organization centered on creating and sustaining inclusive K-12 education for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students. Not only is HB0666 / SB0566 unnecessary, the broad, vague language of the bill has the potential to undermine Maryland State Department of Education standards for K-12 education and to create a chilling environment in the classroom.

HB0666 / SB0566 is a broadly written “freedom to censor” bill which provides parents with large authority to select which components of the MDSE educational framework they want taught to their children. The vague language of the bill ensures that parents can unilaterally reject broad swaths of MDSE curricula. As such, **HB0666 / SB0566 undermines Maryland State Department of Education standards and undermines teacher’s freedom to teach.**

Children thrive in the classroom when parents and teachers work together to support their learning. However, **HB0666 / SB0566 undermines parent-teacher educational partnerships** by promoting parental involvement in a way that **undermines teacher’s training, expertise, and authority in the classroom.**

Educational content pertaining to sex, gender, and/or race is particularly likely to be that which parents attempt to censor under the guise of “parental rights.” All children deserve access to comprehensive, robust, and accurate educational curricula. Teaching about these topics sharpens young minds and enhances critical thinking skills. As HB0666 / SB0566 provides parents with broad opportunity to undermine their child’s education under the guise of parental authority, this bill is **potentially detrimental to children’s education.**

The broad and vague language of the bill is likely to have a **chilling effect on educational content around sex, gender, and/or race**, creating situations where teachers fear parental backlash for teaching core educational content. Democracy requires freedom of thought, expression, and inquiry, all of which this bill undermines by providing parents with broad “freedom to censor.” Research on the impact of similar broad, vague bills (such as Florida’s “Don’t Say Gay” bill) have found that this type of legislation has an immediate chilling effect, reducing teacher’s support of marginalized students (Equality Florida, 2022). Research has also linked these types of broad censorship bills to an increase in targeted harassment of LGBTQ+ students and their families (Goldberg, 2023).

Additionally, **this bill is unnecessary** as there are currently many opportunities for parents to know the lesson plans and resources their children’s teachers use. Most Maryland public school districts use Schoology, Google Classroom, or other web-based programs on which the teachers post their lessons, books, and videos used in the classrooms. This became even more effective during the years of remote learning. Parents also have opportunities to meet directly in-person with their students’ teachers at family conferences scheduled multiple times over the year.

Given the broad, vague nature of the bill, the potential for the bill to undermine MDSE educational standards, the chilling effect HB0666 / SB0566 will have on classroom instruction, and that the bill replicates the existing access parents have to school materials, GLSEN Maryland opposes HB0666 / SB0566 and requests an **UNFAVORABLE** vote in committee.

SB0566.pdf

Uploaded by: Pamela Hohlbein

Position: UNF

SB0566

UNF

Pamela Hohlbein

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The Fundamental Parental Rights bill SB0566 is a bill to further constrain teachers on what they can teach and what books can be in the classrooms and in the media centers. Parents have always had the fundamental right to know what their children are learning and what books they are reading. They have always had the ability to look at curriculum and have conversations with teachers. Parents have always had the right to be involved in schools through volunteering and joining PTA/PTO's

The primary reason the bill was written is because a small minded group of women, Moms for Liberty,

- do not want their children to learn that some families have two dads/moms
- They want full control over what books are in classrooms and media centers
- Eradicate inclusion/DEI
- Eliminate inclusion of LGBTQIA+ people from all curriculum
- Eliminate or soften difficult history lessons so their kids wont feel bad
- Make racism a non-issue by not discussing it at all

One just has to look at Florida as ground zero for the "parental rights" movement. It started with a "parental rights" bill, and has since moved into book banning, erasing black history (see the AP African Studies program), full control and elimination of College majors in Black History, Gender Studies, Jewish studies, Asian studies.

This bill provides a vague legal scaffolding that could be used to support future lawsuits from conservative parents seeking to exert control over school curriculum. This will be a waste of time, energy and resources and will shift the focus away from the real issues our schools systems face.

This whole Parental Rights bills main purpose is to destroy public education, claim it is a failed system and replace it with vouchers for private schools. Public schools do not need to follow IEPs, 504s and can freely discriminate against marginalized populations of students.

Again, Parents have always had fundamental rights over their children's education. We have always had the right to review curriculum, monitor what books our children are reading, create a partnership with teachers, or become involved in parent teacher organizations. Nothing has changed.

If we really read between the lines, we will see the true intent of this bill and other legislation just like it. Reading between the lines, what will be seen is that it is not about having rights over our own children's education. It's about allowing a group of people with Christian Nationalist views to have control over how all of our children are educated and teaching them WHAT to think, instead of how to think. This bill begs the ask: whose parents rights are to be put above others? Mine, as a parent child that is part of the LGBTQIA+ student body who would like to read books with characters that represent themselves, or the parent that spews hate over our LGBTQIA+ students and wish them to go back into the closet?

As a parent of a public school student in Carroll County, I am not willing to concede my rights to extremists. We need legislation that will support our teachers, and schools. Not legislation that will destroy them.

Please oppose SB0566

UNF Novak SB0566.pdf

Uploaded by: Wendy Novak

Position: UNF

The Fundamental Parental Rights bill is not about protecting all parents' rights. It is only for protecting rights of parents that look and think like the sponsors of this bill. They are only interested in protecting the rights of parents that believe that inclusion of everyone is against their Christian beliefs. When considering this bill, look at the history of the people in support of it.

- Do they favor inclusion of all?
- Do the people that support this bill think everyone's history should be included in school?
- Do they think pictures representing all types of families should be included?
- Do they believe that public schools should include all?

The people supporting this bill believes that inclusion of families with 2 moms, or 2 dads is against their believe and somehow grooming children. They believe it is ok to discriminate against students based on their sexual orientation and gender identity/expression. They want to excluded members of our community in order to protect their own comfort. Parents already have the right to direct the upbringing, education, care, and welfare of their own child. This bill is not about that, this bill will open the door to allow parents to say that teaching about topics they don't "agree" with is against the law. This would include acknowledgement of negative parts of our country's history, such as racism, and anti-LGBTQ actions. This bill focuses on what is the interest of the parent instead of what is in the child's best interest. This bill would force the courts to consider parent's rights above what is best for the child. This bill would open up the possibility that a parent would have the right to determine curriculum, attendance requirements, discipline, grading and reporting requirements. This bill is unnecessary and will only serve to further prevent all members of the community from being included and supported. Please vote unfavorable on HB0666.

Wendy Novak

SB0566_DHS_INFO.pdf

Uploaded by: Rachel Sledge

Position: INFO

Date: March 15, 2023

Bill number: SB0566

Committee: Senate Judicial Proceedings Committee

Bill title: **Family Law - Fundamental Parental Rights**

DHS Position: **LETTER OF INFORMATION**

The Maryland Department of Human Services (DHS) thanks the Committee for the opportunity to provide written information for Senate Bill 566 (SB 566).

Senate Bill 566 would reiterate established law that a parent has the fundamental right to direct the upbringing, education, care, and welfare of the parent’s child. Current law already only allows state involvement when certain limited circumstances exist and when that involvement is mandated by the best interest of the child.¹ Maryland law has long recognized that the “best interest of the child” standard is the overarching consideration in all proceedings involving children, whether public or private.² Looking at the best interest of the child does not ignore the rights of parents, because that standard “embraces a strong presumption that the child’s best interests are served by maintaining parental rights.”³ The proposed legislation, however, addresses only parental rights and does not mention the best interest of the child.

DHS serves as the state’s primary social services agency and has the authority for statewide implementation of Child Protective Services (CPS). DHS has been at the forefront of implementing the Family First Prevention Services Act (FFPSA). FFPSA aims to minimize trauma experienced by children through preventive services supporting DHS’ efforts to increase the number of children who can safely remain in their homes. There are times when children cannot safely remain in their homes which requires DHS to remove children and file a Child in Need of Assistance (“CINA”) petition. Senate Bill 566 could nullify existing statutes governing CINA cases.⁴ DHS’ vision includes ensuring individuals are safe from abuse and neglect. It is important that DHS is able to intervene on behalf of a child’s best interest when absolutely necessary. The current level of proof in a Shelter Care hearing is “reasonable grounds to believe”⁵ the child needs protection from “serious, immediate danger”⁶ and in a CINA adjudication, thirty days after shelter, is preponderance of the evidence.⁷ By requiring clear and convincing evidence – the highest level of proof in a civil case – at *any* proceeding affecting parental rights, this would make the temporary, emergency removal of children from even the most dangerous situations difficult, if not impossible, because of the time necessary to compile admissible evidence sufficient to satisfy that requirement. Consequently, this proposed legislation would negatively impact and hinder DHS’ ability to protect Maryland’s children from abuse and neglect.

¹ *Troxel v. Granville*, 530 U.S. 57, 72-73 (2000); *In re T.K.*, 480 Md. 122, 131 (2022); Md. Code Ann., Cts. & Jud. Proc. §§ 3-801 – 3-830 (LexisNexis 2020, Supp. 2022); Md. Code Ann., Fam. Law § 5-323 (LexisNexis 2019)

² *In re T.K.*, 480 Md. 122, 147 (2022);; *In re Adoption/Guardianship of Rashawn H.*, 402 Md. 477, 497-98 (2007).

³ *In re Yve S.*, 373 Md. 551, 571 (2003).

⁴ Cts. & Jud. Proc. §§ 3-801-3-830

⁵ Md. Rule 11-204(d)(1)

⁶ Md. Code Ann., Cts. & Jud. Proc. § 3-815(b)(1) (LexisNexis 2020)

⁷ Md. Code Ann., Cts. & Jud. Proc. § 3-817(c) (LexisNexis 2020)



When it is absolutely necessary to remove a child, DHS provides services and support to the parents to address the safety concerns that require the child's removal. Typically, these services and supports are provided to families for at least a year before considering termination of parental rights. Maryland law already protects parents' fundamental rights in a termination of parental rights proceeding and requires that the court must make its findings in that proceeding by clear and convincing evidence when evaluating whether to terminate a parental relationship.⁸

The Department appreciates the opportunity to provide the aforementioned information to the Committee for consideration during your deliberations. DHS welcomes continued collaboration with the Committee on Senate Bill 566.

⁸ Md. Code. Ann., Fam. Law § 5-323(b) (LexisNexis 2019)

