

BACK IN THE DAY...

Directions: Please interview a parent/guardian or an adult you trust over age 18 for this activity.

Student's Name: _____ Trusted Adult's Name: _____

Talk #1. **Due:** _____ **Adult signature:** _____

1. What did you do in your free time when you were my age?
2. What did you want to be when you grew up?
3. What did your parents/guardians teach you about puberty and body changes?
4. What is one thing you wish you knew about puberty when you were my age?

Reflection: What are two things you learned from your trusted adult? 

Talk #2. **Due:** _____ **Adult's signature:** _____

5. Did you have sex education or family life education in school? What was it like?
6. What is one thing you wish you knew about sexual health when you were my age?
7. How has the subject of gender changed since you were a child?
8. Did you know anyone who was bullied because of their sexual orientation or gender identity?
9. Is there anything you wish you had done differently in your friendships or romantic relationships when you were my age?

Reflection: In what ways are your trusted adult's past experiences similar or different to your own? 

Continue on other side



Talk #3. Due: _____

Adult signature: _____

10. How do you feel about the messages media (TV, music, movies, internet) send youth today?
11. Did you ever feel pressured to do something you didn't want to do? How did you handle it?
12. If someone pressures me to do something sexual, can you give me some suggestions of what to do or say?

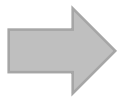
Reflection: How has this conversation changed your thinking? 

Thank you for having this important conversation! Almost done...



Check out these great parent resources to help continue this important conversation:

Health Connected:	www.health-connected.org/parents and www.lets-talk.how
Palo Alto Medical Foundation:	www.pamf.org/parenting-teens/sexuality
Essential Access Health:	www.talkwithyourkids.org
Advocates for Youth:	www.advocatesforyouth.org/parents-sex-ed-center-home
American Sexual Health Association:	www.ashasexualhealth.org/parents



This section below is for your trusted adult to fill out after completing the interview.

I have talked through all of the questions on this homework sheet with my student.

Adult's signature: _____

Do you think this homework helped you and your student talk more openly about sexual health and relationships?

YES

NO

If you would like more information, resources, and updates from Health Connected, please provide your email address. **This information will not be shared with any other organizations.*

(Optional) Adult's email: _____