

GRADES 6-8 "LESSON PLANS"

GENERAL OBJECTIVES:

The student will demonstrate knowledge of

1. The facts about HIV/AIDS
2. Prevention of HIV/AIDS
3. Medical testing for HIV/AIDS
4. Psychological aspects of HIV/AIDS
5. Societal issues of HIV/AIDS
6. Community resources of HIV/AIDS

SUGGESTED TEACHER MATERIALS:

For the teacher: Teacher Resource Section, Appendices, Answering Your Questions About AIDS- Seth C. Kalichman.

NOTE: See "How To Use The Curriculum, Grades Six through Twelve", on page v of the Teacher Resource Section.

LESSONS	Page #
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Lesson 1: The Facts About HIV/AIDS

The teacher will conduct a lecture and discussion on:

A. Rumors on HIV/AIDS	(M-1-1)	# 92
B. The Immune System	(M-1-2)	# 95
C. The Spectrum of HIV/AIDS	(M-1-3)	# 99
D. FCAT Strategies		# 104

Lesson 2: Prevention of HIV/AIDS

The teacher will conduct a lecture and discussion on:

A. Abstinence	(M-2-1)	# 123
B. Understanding Risky Behaviors	(M-2-2)	# 128
C. AIDS Hotline	(M-2-3)	# 131
D. FCAT Strategies		# 134

Lesson 3: Medical Testing for HIV

The teacher will conduct a lecture and discussion on:

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| A. Medical testing for HIV | (M-3-1) | # 144 |
| B. The importance of pre and post
test counseling | (M-3-2) | # 149 |
| C. FCAT Strategies | | # 152 |
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Lesson 4: Psychological Aspects of HIV/AIDS

The teacher will conduct a lecture and discussion on:

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| A. Emotional Impact of HIV | (M-4-1) | # 160 |
| B. Ways to assist someone who is ill | (M-4-2) | # 163 |
| C. Prejudice or attitude toward HIV
positive individuals | (M-4-3) | # 167 |
| D. FCAT Strategies | | # 170 |
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Lesson 5: Societal Issues

The teacher will conduct a lecture and discussion on:

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|--|---------|-------|
| A. The impact of HIV/AIDS upon the economy | (M-5-1) | # 179 |
| B. The impact of STDs | (M-5-2) | # 182 |
| C. The impact of HIV/AIDS upon the family | (M-5-3) | # 186 |
| D. FCAT Strategies | | # 190 |
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Lesson 6: Community Resources

The teacher will conduct a lecture and discussion on:

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|---------------------------------|---------|-------|
| A. Clinical Services | (M-6-1) | # 192 |
| B. Medical Professionals | (M-6-2) | # 198 |
| C. Health Information Web-sites | (M-6-3) | # 200 |
| D. FCAT Strategies | | # 202 |
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M-1-1

Subject: Human Growth & Development
Topic: HIV/AIDS
Lesson: Lesson 1: Rumors about HIV/AIDS: Activity 1
Grade: 6 7 8
CBC#: VII-1-A VII-8-A VII-1-D

Objective:

The student will present facts that disprove rumors/myths associated with HIV/AIDS. The student will present a knowledgeable argument to the class.

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Outline:

There has been much confusion and anxiety in our society in the past few years about HIV/AIDS and other communicable diseases. Much of this confusion arises from a lack of knowledge about the disease and how it is transmitted. Each student will be presented with five fictitious "rumors" and their job is to disprove each rumor.

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Activity:

The following steps describe the lesson plan activity:

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1. The teacher will administer a work sheet containing rumors/myths associated with HIV/AIDS to each student (see supplement #1M-1-1). The student's job is to disprove the rumor with a written fact and / or explanation.
2. Upon completion, the teacher will compile on the blackboard, a list of all the facts presented by the class.
3. The teacher will discuss the facts with the students and discuss other possible myths about the virus (such as dormancy period) with follow up clarification as needed.

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Materials:

HIV/AIDS Rumors Activity Sheet/pens/pencils/AIDS: Get the facts! Curriculum

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Homework:

Create a "rumor" or "fact" about HIV infection or AIDS and write it on a poster board to be demonstrated in class. The student should be prepared with factual information to either refute or support the rumor or fact presented. Each student can present their fact/rumor to the class and ask for their input about its accuracy.

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Assessment:

1. At least one valid argument disproving each rumor should be presented.
2. Demonstrate knowledge of at least 4 communicable diseases/pathogens (including HIV) through classroom discussion.
3. During the classroom discussion, present the overall mechanism of the spread of HIV and list 3 specific examples of how HIV is transmitted.
4. Submit and support homework assignment.

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Adaptations:

An HIV/AIDS Facts vs. Fiction poster can be created and sent to the district office for approval. These can be duplicated and sent to each and every classroom in the school.

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Notes to teacher:

Interdisciplinary lesson plan with Language Arts and Social Studies-(2 day activity).

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Parents can participate in development of homework assignment.

Rumors/Myths:

- I. You can get HIV from drinking from the same cup as an infected person.**
- II. Only (homosexual) gay men can get HIV/AIDS.**
- III. Condoms are 100% effective in stopping the transmission of HIV.**
- IV. Mosquito bites can give you HIV.**
- V. If it is the first time you have sex, you can't get HIV.**
- VI. You can get HIV/AIDS from giving blood**
- VII. HIV/AIDS can be cured with the new medications and treatments.**

M-1-2

Subject: Science

Topic: HIV/AIDS

Lesson: Lesson 1: Facts About HIV/AIDS:

Activity: Immune System Role Play

Grade: 6 7 8 10

CBC: II-3-A VII-5-A II-1-A X-I-A

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Objective:

The student will understand the basic facts about HIV/AIDS including acronyms, virology, and progression of disease, the role of the Immune System in the disease and the modes of transmission.

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Outline:

- Using the teacher resource section discuss the key concepts with the class using prompts, small discussion groups, or index cards citing questions or facts the students should know.
- When explaining the acronyms of HIV & AIDS, be sure to explain each word and how important they are in relation to HIV infection or AIDS diagnosis.
- Review key words (including their spelling and definitions).

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(KEY WORDS: HIV, AIDS, Immune System, Microorganism, T-Cell, B-Cell, Anti-bodies, Non-neutralizing antibody)

- Have students come to the board and write down on a chart all the ways they think HIV cannot be transmitted, or divide the class into teams and see which team can compile the longest list.
- Diagram all cells, invaders, antibodies, etc. that are present in the attack of a healthy cell in HIV infection.
- Review the roles of key players in the immune system such as B- Cells and T-Cells in causing and fighting HIV infection. Note that the same cells that are supposed to be fighting off the disease are essential in the spread of the disease in the body.

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Activity:

1. Hand out cards that define the various parts of the Immune system and their function: (Antibody/ T-cells/ Macrophages/ B- cells, etc).
2. Choose student volunteers and direct them to act out the process of a HIV virus attacking the T-Cell and how the Immune System responds.
3. Review the procedure and then choose a new group of students who should then re-enact the same procedure.

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Materials:

Markers, poster board, science fair board, letter stencils, index cards, foil, felt, scissors, glue, special paper, computer clip art.

Homework:

N/A for this introductory lesson.

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Assessment:

*Students will work in groups to determine how the immune system process works from HIV exposure to HIV/AIDS diseases.

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Adaptations:

- Graphics program for drawing.
- Use props for the Immune system characters.

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Notes to Teachers:

*Can create a flip-book with diagrams.

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Steps of Immune System Process:

An **Invader Cell (Micro-organism)** enters the body

Helper T Cell (T Lymphocyte) recognizes the virus, alerts and sends out a **Chemical Signal** to alert the **B Cells (Lymphocytes)** to begin producing **Antibodies**.

The **Antibodies** attack and destroy the **Invader Cell** or mark it so that other cells can kill it.

This ends the danger of infection at this stage.

FOR HIV:

HIV enters the body.

HIV enters the T-Cell by attaching itself and begins to make more HIV *inside* the T-Cell.

The T-Cell gets infected with so much virus that it bursts and dies.

The B-Cells make Antibodies (ammunition) that attack and try to kill HIV. Unfortunately most of the Antibodies that we produce against HIV are "Non-neutralizing". This means that they are not very effective in killing the virus. They co-exist with the virus and do not destroy it. In fact, we sometimes use the presence of these antibodies when we test a person for HIV infection.

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Have students list and discuss how they feel about the following behaviors. Discuss how they do, or do not, transmit HIV from an infected person to an uninfected person:

ABSTINENCE

BLOOD BROTHERS/SISTERS

SHARING OF IV DRUG NEEDLE WITH AN INFECTED PARTNER

SHARING OF TATTOO NEEDLE WITH AN INFECTED PARTNER

MOSQUITOES

MOTHER TO BABY TRANSMISSION

UNPROTECTED ORAL SEX

UNPROTECTED ANAL SEX

UNPROTECTED VAGINAL SEX

TOUCHING YOUR OWN BODY

FRENCH KISSING

M-1-3

Subject: Health/Life Management

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Topic: HIV/AIDS

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Lesson: Lesson 1: Spectrum of HIV Disease -Activity 3

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Grade: 6 7 8

CBC #: VII-5-A VII-5-B VII-6-E

Objective:

The student will, following a discussion reviewing HIV/AIDS, design a flip book that will show the progression of the disease from initial infection through the death of the infected person.

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Outline:

*The teacher will present facts about HIV/AIDS in a discussion that will explain the words that the acronyms represent and their meanings. (see supplement I)

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*The students will review the Concept Map (see supplement III) that explains how a healthy person develops HIV and then AIDS.

*The teacher will assist students in writing and diagramming a flip book, following a review utilizing various prompts, such as overhead transparencies.

*The teacher will discuss abstinence as well as safer sex practices

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Activity:

The teacher will present facts about HIV/AIDS in a discussion, and then present the Concept Map (see supplement III). The teacher will guide the students through the concepts, stages of infection, and facts. Following this, the teacher will present the flipbook activity. (see supplements I, II and III).

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Materials:

Board, markers, overhead and transparencies, HIV/AIDS brochures, construction paper, staplers, scissors.

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Assessment:

The student will create a flip book that will fully explain using diagrams, what words the acronyms represent, and how HIV progresses to becoming AIDS.

Notes to Teacher:

This lesson can be adapted into separate lessons for Language Arts and Social Studies.

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Supplement I M-1-3

HIV H UMAN IMMUNODEFICIENCY V IRUS

- X This is a human virus.

- X Immunodeficiency means that the person's immune system is not functioning properly (deficient). Therefore, the [person can develop diseases from microorganisms that do not normally cause diseases (i.e. PCP, KS, etc)

- X Virus means a living, microscopic, organism that invades cells, and by using the cell's resources, produces more viruses.

AIDS

A CQUIRED IMMUNE DEFFICIENCY SYNDROME

- X Acquired means to contract (by a specific activity). It is not inherited. It is infectious through contact with an infected body fluid.

- X Immune Deficiency means that the immune system is not working properly and cannot fight microorganisms that invade the body.

- X Syndrome means a collection of symptoms

M-1-3 Supplement II

The overall concept is: HIV/AIDS is transmitted by the introduction of an infected body fluid directly into the blood stream of a non-infected individual.

Specific examples of the modes of HIV transmission are:

1) SEXUAL: HIV is found in semen, pre-cum, blood, and vaginal fluids.
*It can be transmitted through sexual contact whether vaginal, anal, or oral.

2) SHARING NEEDLES: After use, a syringe is contaminated with blood. Therefore, sharing a needle for I.V. drug use, or steroids is like receiving a direct transfer of one person's blood to another person. Needles and ink (for body piercing and tattooing) previously used by an HIV infected person (Non-sterile) also pose a risk of infection.

3) MOTHER TO FETUS OR NEWBORN: Blood may pass from mother to fetus at birth. If the mom is HIV positive (not the father) there is a chance the baby may get HIV. There is also the risk of infection from the mother's milk if the baby breast-feeds.

4) OTHER MODES OF SPREAD: HIV can rarely be spread through blood transfusion. However, all transfused blood is now tested and found negative for HIV BEFORE it is provided to patients. Remember, a person cannot get AIDS, or any infectious disease from donating or giving blood. Everything that is used to collect blood is pre-sterilized, used once, and then discarded.

Concept Map

- ❖ HIV is introduced into the blood stream of a non-infected individual.
- ❖ The virus attaches itself to selected cells throughout the body.
- ❖ The genetic material of the virus enters into the cell.
- ❖ The virus takes over the cell and produces more viruses
- ❖ Hundreds of thousands of copies of the virus are produced inside the cell,
- ❖ The cell is destroyed and the hundreds of thousands of copies of the virus are released into the blood stream
- ❖ These newly created viruses infect other non infected cells
- ❖ When more cells are destroyed than are being created in the body, the T-Cell count goes down.
- ❖ The low white cell count causes the immune system to fail
- ❖ The person becomes infected with microorganisms and becomes ill

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Stages of HIV/AIDS Infection:

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1. Initial HIV Infection
2. Asymptomatic (no symptoms)
3. Symptomatic: Fever, Flu-like Symptoms
4. Chronic Disease
5. AIDS

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***FCAT Extension for
HIV/AIDS Education
Grades 6-8***

INTRODUCTION

The mission of Miami-Dade County Public Schools HIV/AIDS Education Program is to provide information and resources to students, parents, and employees for the prevention of HIV, and to understand the complexities of living in a society with AIDS in its global perspective.

The purpose of this manual is to provide educators with FCAT based lessons on HIV/AIDS awareness. This guide includes a compilation of reading passages, FCAT reading strategies, a list of related benchmarks, and assessment activities which will assist the teacher in meeting the AIDS curriculum's objectives.

Teachers may refer to the index where a list of reading strategies is listed. In addition, teachers may use reciprocal teaching techniques that they feel are appropriate. Teachers may also modify the lessons provided to meet the needs of the learners.

An answer key for the multiple choice and short/extended responses is included at the end of each activity. Teachers are encouraged to use supplemental materials on AIDS related topics to enhance student awareness.

Types of Reading

Silent Reading

Teacher directs students to read sections of the text silently.

Buddy Reading

Students pair up and take turns reading aloud to one another in very low voices.

Choral Reading

Large or small groups read a passage or parts of a passage in unison. Less able readers try to follow the model provided by the more adept readers in the group.

Jump- In Reading

One student reads aloud for as long as he or she wishes (usually a paragraph or two). When that student stops, another student “jumps in” and continues reading orally.

Teacher Read- Aloud

The teacher reads aloud while students follow along with the text.

Audio Tape Reading

The student listens to a word for word recording of a passage or novel while following along in the text. Less proficient students are able to read the text while listening to clear pronunciation, phrasing, and natural expression.

Pre-reading Strategies

Set the purpose for reading

This is the most important pre-reading strategy. Students should know exactly what they are looking for during reading. The easiest way to set the purpose for reading is to ask questions for a specific portion of the text (e.g. “As you read the next section on pages 45-48 these are the questions you will be able to answer.”)

Make Predictions

Teachers have students look at the title of the reading selection, pictures, graphs, charts, bold print. Based on what students see, they make predictions as to what the reading selection is about.

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Mapping

Teachers write a word or a phrase in the center of a circle; students then brainstorm and add words or phrases that relate to the word in the circle.

Anticipation/ Reaction Guides

Before assigning a passage, the teacher writes several statements that highlight the major ideas or critical concepts of the content of the text. To the left of the sentence, the student “anticipates” whether the statement is true or false. “My opinion” _____ may be followed by “Author’s opinion” _____ so that a student may check the accuracy of the opinion after reading. Teachers may use “+” or “-”, “true” or “false”, or “yes” or “no”.

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Example:

Place a + by the statement with which you agree; write – on the line if you disagree with the statement. After reading, check your answers against what the author has stated.

K-W-L or K-E-L

This graphic organizer may be used before-during-after reading. In the first of three columns, reading from left to right, students brainstorm what they already “Know” about a topic. In the center column, they write what they “Would” like to learn. This information may be in the form of questions. The last column is to be used during and after reading, and students should write what they have “Learned” from their reading. A variation on this graphic organizer is the K-E-L. What I Know, what I Expect to learn, and what I have Learned.

Picture This

Teachers use transparencies, pictures in the text, posters, or pictures cut out of magazines to elicit response from the students. Students may write or discuss the ideas that come to them as they look at the pictures. Often the purpose of the pictures is to create a vocabulary that may be found in the text that the students will be reading.

Quick Writes

Students write quickly about a topic that the teacher has discussed briefly. Students are not to be concerned about spelling or grammatical issues. The idea is that they write what they think, believe, or have experienced about the topic. Students are given time to read their Quick Writes to a partner.

Character Quotes

Character Quotes help students develop insight into character analysis through what a person says. Before reading, the teacher may pull a quote from a historical character, scientist, a character from fiction, etc. and have students respond to what the character has said. This strategy may not only introduce a character, but a time-period, belief, or philosophy.

Word Sort

The teacher peruses a reading passage and selects 15-20 words that will be written on individual 3x5 cards. These words do not have to be related but they must come from the text, which will be read. These words should not only include vocabulary that might be unfamiliar, but words that students know. Students are then placed into groups where they will attempt to categorize the words in some logical way. There is usually no specific order to the words; the importance of the activity is that students are discussing the words and how they might be related. Students might be asked to write a passage in which they use the words. The teacher then discusses the words before students read.

Dual Entry Logs

Opinion-Proof – Before reading the teacher introduces a topic that invites argumentation and support. The student draws a vertical line down the middle of the paper; in the left-hand column, s/he writes an opinion. As s/he reads through the text, s/he writes supporting statements in the right-hand column.

Problem-Solution – Before reading, the teacher asks questions which center around a problem. The students draw a vertical line down the middle of the paper; in the left-hand column, s/he states the problem. As s/he reads, solutions to the problems will be noted in the right-hand column.

ABC Listing

Ask students to use a sheet of notebook paper or ABC paper to list everything they know about the topic next to the letter that it begins with. Tell them to do it silently. Give them 2 minutes.

1. Think Pair Share: Ask them to turn to a partner and combine lists. Give them 2 minutes.
2. Think Pair Square: Ask each pair to turn to another pair and have the four of them to combine their lists.
3. Reflect: share a few of the ABC items from the square group with the larger group (class).

Think-Pair-Share/Square

The teacher begins by suggesting a topic or posing a question. The students *think* and write down what they know about the topic or question. After students have written down their ideas, they will *pair* with another student and *share* their ideas. Students may then join another pair to form a *square*. Students again share their ideas with the members of the square. The activity is concluded with a whole class *share* and discussion.

During Reading Strategies

Reciprocal Teaching

A strategy used to help students learn the material and improve their thinking skills. There are five different techniques: **predicting, clarifying, visualizing, questioning** and **summarizing** as the students read their textbooks or other readings.

- 1) **Predict** what will be in the next paragraph or upcoming section.
- 2) **Clarify** any vocabulary or unclear statements. Ask another student to help clarify or to add statements that are unclear.
- 3) **Visualize** a portion of the reading that paints a picture in the mind. Students can discuss the picture that is in their heads or they can draw the picture on paper.
- 4) Generate **questions** about the content. To show the students understand the important information. Ask another student to answer.
- 5) Read a paragraph or section. **Summarize** the gist of the material. Use notes if needed.

Selective Highlighting/ Underlining

Selective highlighting is used to organize information during the reading process. The teacher models the process the first few times so the students are used to identifying key concepts before working on their own. After reading the selection through the first time, students reread, and begin highlighting/ underlining key ideas in the sentences. It is important to note that students should not highlight/ underline complete sentences. Only key thoughts should be identified.

Marginal Note-taking

Marginal Note-Taking is like Reader Response, a technique that allows students to monitor their understanding as they read. Notes can be taken in the margins of photocopied material, on post-it notes, or on a piece of filler paper clipped to a text page. It is appropriate for second or third reading of a text. It is usually done on the same piece that a student or the class has selectively highlighted. The student is responsible for recording the point at which comprehension falters and/or noting questions to bring up in small or whole group discussion.

Sticky Note Discussions

As students read a selection, students use sticky notes to mark places in the text that they would like to discuss either in a small or large group. The teacher begins the discussion by asking students to explain why a particular place in the text was chosen. Some places in the text a student can mark with a sticky note are:

- What I understand and can explain
- What I don't get (in conjunction with reciprocal teaching)
- Information I can use to create a diagram, picture, or an explanation

Authentic Questions

As students read, they record questions about material they do not understand. These are authentic or genuine questions that come to mind during reading. Questions modeled by the instructor can include difficult vocabulary, why a person did something, how a situation evolved, what will happen next, who did what, etc. Ask students to share questions and discuss possible responses. Students may keep a journal of any unanswered questions.

After Reading Strategies

Question Answer Relationships (QAR)

Strategy students can use for developing and analyzing questions alone about their reading. It is based on the premise that questions are basically divided into two types—**In the Book and In My Head**.

In the Book questions, the answer to the question is found in the book or the reading. **Right There** questions are found in one place in the selection. They are usually easy to find and take very little thinking. Another type of **In the Book** question is **Think and Search**. These are a bit harder because the students have to look in more than one place in the reading. They won't find it all in the same sentence or even the same paragraph or page, but the answers will all be in the selection.

In My Head questions take more thinking. Answers to **Author and You** questions are not in the story. The students will have to take what they know from the story/reading and think about it. Even if they can't find the answer in the selection, they will have to read it to answer the question. Answers to **On My Own** questions are not found in the selection. The students might even be able to answer the question without having read the selection. However, it helps to have read the material because it helps students to recall what they already know.

Concept Maps

Used to enrich understanding of a word or concept. It is a graphic way for students to focus their attention on key components of a definition. Students are to place a new key term or concept in a center box. Use information from a reading passage, a glossary or dictionary, their own background knowledge and fill-in the other boxes. When the students have finished constructing the word map, they are to use it to write a complete definition of the new concept. The definition should include the category of the word, some of its properties or characteristics, and specific examples.

One Sentence Summary Frame

A pre-writing tool that will lead to a well-formed paragraph. In a skeleton format, information is left out for the students to supply.

GIST

Students can use 15 words or 20 words to write a summary of a piece that was read. The students are to paraphrase the summary referring back to the text.

Opinion- Proofs Notes and Map

A type of strategy students can use to organize information and take constructive notes (as they read, as they listen to a lecture, as they construct an opinion and as they study). The columns themselves can take a variety of forms, depending on the subject area and the particular instructional assignment. Students are to divide their paper into two columns, write Opinion at the top of the right column and Proofs at the top of the left column. As students read or listen, they are to list the points that are opinions or proofs under the appropriate column.

FCAT Task Cards

After reading a selection, the students are to get in groups or pairs. Each group or pair should get one task card. The students are to design a question according to the directions on their card. These questions may be used for class discussion or may be passed on the other pairs or groups to answer.

MIDDLE SCHOOL FCAT LESSON ONE

Strategies:

Before Reading:

ABC Listing: Tell students to letter their paper from A-Z. On the board or transparency, write AIDS. Direct the students to write a word for every letter that they think has to do with the topic of AIDS. Allow them 2 minutes for this activity. At the end of the 2 minutes tell students to pair up with another person and share lists. Allow another 2 minutes for this activity. At the end of this activity, tell students to share with 2 other students to consolidate their lists. (They have another 2 minutes). When time is up share the lists with the rest of the class and discuss. Note: this activity is also called Think Pair Share/Square.

During Reading:

Buddy Reading: Students select a partner and take turns reading aloud to one another in a low voice.

Selective Highlighting/Underlining: After students have read the passage to each other, tell them to read it again silently and highlight or underline key thoughts and important details. (Make sure the students have read the entire article before they begin to highlight). When the students have finished reading and underlining, have them share with a partner. Discuss with class.

After Reading:

FCAT Task Cards: Direct students to work with a partner. Select one task card and model for the students how to develop a question (students have to pick a question stem and fill in the blank). Do two or three examples. Then, have the students work with a partner to develop questions about the article. **MAKE SURE YOU SELECT THE BENCHMARK AND CORRESPONDING CARD AND INSTRUCT STUDENTS TO USE THAT BENCHMARK ONLY.** When students complete this assignment, have them work with two other students to answer each other's questions. Share with the rest of the class. Discuss questions and answers. Note: you may use other benchmarks as the students get accustomed to using the task cards. You may also use your students' questions to develop your test.

AIDS KNOW THE FACTS

AIDS is an acronym that stands for Acquired Immune Deficiency Syndrome. It is caused by a virus called Human Immunodeficiency Virus (HIV). A virus is a tiny organism, not visible to the unassisted eye, which is entirely dependent on nutrients inside cells for its needs. Viruses reproduce by gaining entrance into living cells where they can introduce new genetic material and transform the normal cells into malignant ones. The Human Immunodeficiency Virus (HIV) belongs to a special class of viruses known as retroviruses. The genetic material in a retrovirus is RNA. A retrovirus contains an enzyme called *reverse transcriptase* that converts or changes its RNA into DNA. In the case of HIV, the RNA of the virus can then join the DNA of a T-helper cell (a type of white blood cell), causing the T-helper cell to manufacture or make the Virus. The newly manufactured viruses break out of the infected T-helper cell and circulate with the blood, looking for more T-helper cells to infect. Before an infected T-helper cell dies, it can produce thousands of new viruses, which are capable of infecting healthy T-helper cells. As T-helper cells become infected and die, a person's immune system gradually grows weaker. With the weakened immune system, a person can contract or develop diseases that may lead to a diagnosis of AIDS.

AIDS is the advanced stage of HIV disease. A doctor makes a diagnosis of AIDS when a person living with HIV develops certain illnesses or when the individual's T-helper cell count drops below 200. The major phases of HIV are:

- *Acute (Primary) HIV Disease:* This is a brief illness that develops days or weeks after the initial infection. Typically, it resembles influenza (the "flu").
- *Chronic Asymptomatic HIV Disease:* This is usually over a long period of time, during which the infected individual generally does not feel or seem to be ill and they show no outward symptoms! Early medical intervention can prolong this phase.
- *Chronic Symptomatic HIV Disease:* Formally called AIDS Related Complex (ARC), this is a phase of distressing, though usually not life threatening symptoms related to HIV. Some of the symptoms include fever, night sweats, loss of appetite, weight loss, fatigue, and poor exercise tolerance. This phase may be brief or may last several years. Anti-viral medications can extend this phase significantly, thus delaying advanced disease.

- **Advanced (Severe) HIV Disease (AIDS).** This is a complex illness characterized by relative or absolute failure of the immune system. Complications are usually life threatening.

Human Immunodeficiency Virus (HIV) is a communicable disease in a limited sense. HIV is communicable only in one mode, through direct contact with certain body fluids. HIV is not communicable through contact with inanimate objects or through vectors such as flies, mosquitoes, or other insects capable of spreading disease. HIV transmission patterns are:

1. Sexual Transmission: Sexual transmission occurs when infected blood, semen, or vaginal secretions from an infected person enter the bloodstream of a non-infected person. Formatted: Underline
2. Transmission through Needle Sharing: Sharing needles to inject drugs can spread HIV. Blood from an infected person can remain on the needle and/or syringe and can be transferred directly into the bloodstream of the next user. Sharing needles to inject steroids can also spread HIV, as can using the same needle for tattooing or body piercing. Formatted: Underline
3. Prenatal Transmission: An HIV-infected mother can transmit the virus to her fetus or baby. This can occur during pregnancy or childbirth. In some instances, the virus can also be transmitted through breast-feeding. If a pregnant woman is HIV infected, she has about a one in three chance of passing on the virus to her offspring. This can be reduced to less than 8% if medications are used consistently. It is not fully understood at this time why some babies contract HIV from their infected mothers and others do not. Formatted: Underline
4. The Blood Supply: Early in the history of HIV infection, people, unknowingly, were at risk of contracting the virus from HIV infected transfusions or from blood products. However, since 1985, the risk in the United States and other developed nations has been greatly reduced through carefully implemented procedures at blood centers. Donors are asked in a confidential manner about HIV risk factors in their lives. Blood, if taken from any individual indicating risk factors, is discarded. All blood that is not discarded as a result of the initial screening process is tested for the presence of HIV antibodies. Formatted: Underline

Casual contact with an HIV-infected person does not transmit HIV. Sitting next to an infected person, holding hands, drinking from the same water fountain, sharing utensils and eating at the same table with an HIV-infected person are perfectly safe activities. It is recommended, however, that people not share the same toothbrush or razors, since there may be minute particles of blood on the toothbrush, and this theoretically, could infect the other person through small cuts in the gums. Mosquitoes do not transmit HIV. This has been proven in several studies which have shown directly that mosquitoes do not transmit the virus, as they do not inject blood into their host. (Mosquitoes swallow the blood- it does not remain on the surface, to be rubbed off on their next victim. Their gastric juices kill any human germs in the blood).

QUESTIONS:

1. Which phase of HIV is formally called AIDS Related Complex and what happens to a person diagnosed with AIDS during this phase? Use details and information from the text in your answer.

2. What types of casual contact should a person not worry about when around an HIV- infected person? Use examples from the text to explain your answer.

Directions: Read each question carefully and select the best answer.

LA.A.2.3.2

3. The author's purpose in this article is to:

- A. persuade the reader to become an AIDS supporter.
- B. entertain the reader about the positive side of AIDS.
- C. inform the reader of the facts and details about AIDS.
- D. discuss alternative methods of stopping the virus.

LA.A.2.3.8

4. Which of the following statements contains a fact?

- A. AIDS is not as bad as HIV.
- B. Everyone with AIDS can live a normal life.
- C. A doctor can diagnose a person with AIDS just by looking at them.
- D. AIDS is the advanced stage of HIV disease.

LA.A. 2.3.5-Extended response is to:

- A. State several ways a person can become infected with HIV.
- B. Discuss these transmission patterns. Use details and facts from the article to support your answer.

**AIDS: KNOW THE FACTS
ANSWER KEY**

1 & 2 (Answers may vary)

3. C – inform the reader about facts and details about AIDS

4. D – AIDS is the advanced stage of HIV disease

5. Extended Answer: A correct answer may include the following: a person may be infected with AIDS through sexual transmission, when infected blood, semen or vaginal secretions from an infected person enters the bloodstream; needle sharing, when blood from an infected person remains on the needle; prenatal transmission, when an infected mother transmits the virus to her fetus during childbirth, pregnancy or breast feeding; the blood supply, when the blood used for blood transfusions is found to be infected.

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Middle School Lesson One-B

SURVIVAL OF HIV IN THE ENVIRONMENT

Strategies:

Before Reading:

Making Predictions: Write the title of the article on the board or transparency. Have students predict what the article will be about based on the title alone. Students should share with a partner, then share with the class. Write the predictions on the board and discuss. Teacher should save predictions until the end of the lesson to refer back to.

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During Reading:

Selective Underlining: Use to organize information during the reading process. The teacher should model the process the first few times until the students are use to identifying key concepts before working on their own. After reading the selection through the first time, students reread, and begin underlining key ideas in the sentences. It is important to note that students should not underline complete sentences. Only key thoughts should be identified.

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After Reading:

Revisit Predictions, and Discuss.

GIST: Direct students in writing a summary using 15 or 20 words, paraphrasing the main idea of the passage. Share summaries with the class.

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SURVIVAL OF HIV IN THE ENVIRONMENT

Concerning the survival of HIV in the environment, two facts are:

- * HIV does not survive well outside the body.
- * HIV has to be grown in large amounts to be studied in laboratories.

Although HIV has been kept alive under certain laboratory conditions, medical authorities agree that the virus does not survive well in the environment. To put things into perspective, 1 milliliter (ml) of blood from a hepatitis B- infected person may contain more than 100 million infectious viral particles. In a dried state, hepatitis B virus, or HBV, may remain viable on surfaces for up to 1 week, and possibly longer. In contrast to the very high concentrations of HBV, the concentrations of HIV in the blood of infected persons are much lower. Estimates of the number of infectious viral particles range from a few hundred to approximately 10,000 per ml.

CDC laboratory studies have shown that drying HIV reduces the viral amounts by 90 to 99 percent within several hours. The concentrations of HIV used in some laboratory studies have produced results that have been used to alarm people unnecessarily. The results are not meaningful because:

1. The concentrations of HIV used were many times greater than that found in patients specimens;
2. The amounts of virus studied are not found in nature; and
3. No one has been infected with HIV due to contact with an environmental surface.

Neither HBV nor HIV is able to reproduce outside the human body, unlike bacteria or fungi, which do so under suitable conditions. In laboratory studies of HIV and HBV, it was biologically necessary for these viruses to infect specific human or primate cells to complete their life cycles and thereby reproduce themselves.

SURVIVAL OF HIV IN THE ENVIRONMENT QUESTIONS

Directions: Read each question carefully and respond.

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LA.A.2.2.7

1. What is one of the major DIFFERENCES between HIV and HBV?

- A. Dried viral amounts in HIV remain longer.
- B. HIV can reproduce outside of the body to cause an extended life span.
- C. HBV can remain viable on dried surface for up to 7 days.
- D. HBV concentrations are lower.

LA.A2.3.8

2. Which of the following sentences BEST describes the author's opinion of HIV surviving in the environment?

- A. HIV concentrations used in research never interested people.
- B. HIV can be transmitted through environmental surface contact.
- C. Dried HIV concentrates are safe on surface.
- D. Infectious viral particles have an extended life span when dried.

LA.A.2.2.1-Short Response

3. What caused the author to elaborate on the hepatitis B virus? Use details and information from the passage to support your answer.

SURVIVAL OF HIV IN THE ENVIRONMENT
ANSWER KEY

1. C –Up to one week or longer.

2. C—Drying HIV reduces the viral amounts by 90 to 99 percent within hours.

3. Short Response: A correct answer may include the following: to put things in perspective in comparison to HIV, using examples such as viral particles concentrations, surface contact, etc.

M-2-1

Subject: Health

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Topic: HIV/AIDS

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Lesson: Lesson 2: Abstinence: Activity1

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Grade: 6 7 8 **10**

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CBC#: VII-1-A VII-4, 5 VII-1-D **X-2,3**

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Objective:

The student will, following an overview of HIV/AIDS, discuss the meaning of **Abstinence** as the best way to avoid transmission of HIV. The class will prepare and present a list of 10 ways their lives would be affected if they were infected with HIV/AIDS.

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Outline:

The student will brainstorm about in their lives and in the lives of their family and friends, if they were to become infected with HIV. They will generate a list "10 choices in support of abstinence" and prepare a poster presenting these. Selected students will present their poster and justify their choices, orally. (See handouts)* Each student will then complete a hand-out entitled "How HIV Would Change My Life." A discussion will follow.

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Activity:

A teacher prompted discussion re: What is **Abstinence**? Ideas will be written on the board. A discussion on family values, peer pressure, and decision-making will follow. Students will evaluate how important others' views are in reaction to making the choice for abstinence to prevent HIV transmission, personally. Think of some people in public view who are HIV positive. What changes did they have to make? Do they regret their past choices? What would you do if you were in their circumstances? What are the physical, emotional, mental and social effects of this diagnosis? Students will get into groups of 5 (approximately) and generate 10 choices. Each group will present these to the class. Students will give feedback on the presentations. The handout "How HIV Would Change My Life" will follow. A group grade will be given, and an individual grade for the handout.

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Materials:

Lined paper, dry erase board, markers, poster board, handouts.

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Homework:

- Prepare a draft of 10 reasons to support abstinence.
- Complete handout

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Assessment:

1. Class participation in brainstorming/presenting.
2. 10 choices.
3. Group list
4. Group presentation (teacher made checklist)
5. Handout (homework assignment)

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Adaptations:

- Call a help line to get suggestions (see attached list)
- World Wide Web
- Class presenters
- Library resource: Magic Johnson, Pedro Zamora, Greg Loughanis

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Notes to the teachers:

- Stress that the true definition of abstinence is *not only* unprotected sexual contact, but abstaining from risky behaviors such as IV drug use, tattooing, body piercing by sharing dirty needles.

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10 Choices in support of

Abstinence!

- 1) Find alternative ways of showing affection to your partner: hugging, kissing, and holding hands. (Avoid exchange of body fluids).
- 2) Educate yourself and others about the dangers of not abstaining.
- 3) Avoid compromising situations.
- 4) Hang around peers who have chosen abstinence too.
- 5) Avoid drugs and alcohol. (You always need to be in control of your actions).
- 6) You can be cool and popular amongst your friends even if you don't have sex.
- 7) Just because you've been sexually active in the past it's O.K. to choose abstinence now. You have that right!
- 8) Choosing abstinence eliminates the worry of being a teen-parent.
- 9) 25% of all new HIV cases in the U.S. are between the ages of 13- 22.
- 10) Remind yourself that Abstinence is the only sure way of not contracting HIV or a Sexually Transmitted Infection.

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How Is HIV Infection Prevented?

Directions: The information below will be discussed in class.

Effectiveness of Methods for Protection from Pregnancy and/or HIV

Method	Protects for Pregnancy & HIV	Protects for Pregnancy only	Doesn't Protect for Either
Withdrawal			
Douching			
Hoping			
Rhythm			
Birth control Pill			
Norplant			
Depo Provera			
Abstinence			
Latex Condom			
Contraceptive Foam			

Protect Yourself

Abstinence (not engaging in any risky behavior- including not having sex) is the best way to prevent sexual transmission of HIV.

If you do have sex:

- You can engage in sex that does not put you in contact with someone else's blood, semen or vaginal fluids.
- Use a new latex condom that contains a microbicide and a water-based lubricant every time you have sex.

Abstain from alcohol and other drugs, since they can affect your judgment and using them may lead to unsafe sex or injection or use of drugs.

If you do inject drugs:

- Never share needles or works

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How HIV Would Change My Life

1. If I had HIV, I would have to make the following changes in the way I act with my romantic partners:

- A. _____
- B. _____
- C. _____
- D. _____

2. If I had HIV, it would harm me in these ways:

- A. _____
- B. _____
- C. _____

3. The most difficult thing for me about being HIV-positive would be:

- A. _____
- B. _____
- C. _____

4. If I had HIV, my life would change in the following ways:

- A. _____
- B. _____
- C. _____

M-2-2

Subject: Human Growth & Development

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Topic: HIV/AIDS

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Lesson: Lesson 2: Understanding Risky Behaviors: Activity 2

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Grade: 6

7

8

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CBC#: VII-2-A

VII-5-A

VII-6-E

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Objective:

The student will demonstrate how the spread of HIV occurs in the general population.

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Outline:

There is only one sure way of not contracting HIV and that is abstaining from all *risky behaviors*: unprotected sexual intercourse/sharing of I.V Drug needles/ body piercing and tattooing/ and other behaviors where infected body fluids can be shared. Consistent protection can help reduce and minimize a person's risk of infection. This lesson focuses on the spread of HIV and STD's.

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Activity:

The following steps describe the lesson plan activity:

The teacher will provide an index card to each student. Each index card has been labeled with the following codes on the front of the card. (Do not tell the students the meaning of the codes until after the introductions are completed.)

"S" represents sexually active (All cards will have an S except for four cards which will be marked with an "A")

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"C" represents condom users (1/2 of the "S" cards will also be marked with "C")

"H" represents HIV infection (Two of the cards with the "S" and "C" will also contain an "H": Two of the cards with the "S" alone will be marked with an "H")

"A" represents abstinence (Four cards will be marked with an "A" and no other letters)

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1. Each student is instructed to introduce himself/herself to 4 other students and record the codes from their "partner's" cards on the front of their own card. They should copy not only the original codes but all codes of the previous contacts that are now on the cards are recorded as well. Each "introduction" represents encounters where there was an exchange of body fluid.

2. (Note: The students with an "A" on their card do not copy the codes of their partners on their card)

3. The "S" (sexually active) cardholders are identified and the teacher introduces a brief discussion of STD including HIV/AIDS.

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4. The "C" (condom users) cardholders are identified and the teacher introduces a brief discussion of safer sex.

5. The “H” (HIV infected) cardholders are identified and they are moved to one side of the room.

6. Now all the students without a “C” in their original code and who now also have an “H” on their card are identified and moved to the side of the room with the “H” students.

7. Now the students with a “C” in their original code and who now have an “H” on their card are identified. Half of these students are asked to join the other students on the side of the room. These students represent condom failures. The other half of the “C” students remains seated. The effectiveness of condoms is then discussed.

8. The “A” (abstinence) cardholders are identified and remain seated. At this time, the importance of abstinence is stressed.

9. After everyone is seated. The teacher leads a discussion of what this exercise means in terms of HIV exposure and personal safety.

A worksheet describing STD 's will be handed out and explained, so that students are aware that HIV is not the only thing to worry about if they engage in any risky behavior (i.e. unprotected sex=genital warts, HPV (Human Papilloma Virus), etc.)

Materials:

3x5 index cards/pens/pencils/colored markers/poster board/STI worksheet.

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Homework:

The student will write a conclusion for this classroom activity and will make suggestions on how to prevent the transmission of HIV in the general population.

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Assessment:

1. Besides HIV, the student will list 3 sexually transmitted infections that can be acquired by unprotected sexual encounters.
2. The student will identify 1 advantage and 1 disadvantage of condom use.
3. The student will illustrate 3 benefits of abstinence on poster board.

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Adaptations:

A role -play activity can be designed to demonstrate the same message (without use of index cards) and it may be called “Follow The Virus”.

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Notes to Teacher:

As a supplement to the activity, a “family tree” of the progression of the disease throughout the classroom can be designed. (See attached supplements for variations on the activity).

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M-2-3

Subject:	Health / Life Management Skills	Formatted: Font: 12 pt
Topic:	HIV/AIDS	Formatted: Font: 12 pt
Lesson:	Lesson 2: AIDS PREVENTION-Activity 1	Formatted: Font: 12 pt
Grade:	6 7 8	Formatted: Font: 12 pt
CBC:	VII-2/5-A VII-5/6/7/8/9-B VII-1/3/6/7/8-C/D	Formatted: Font: 12 pt

OBJECTIVE:

The student will simulate an AIDS PREVENTION TEEN HOTLINE by developing questions and answers on AIDS prevention and role-playing HOTLINE "operators" and "callers".

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OUTLINE:

Students will alternately play role of operators and callers and simulate an AIDS PREVENTION TEEN HOTLINE. Students will develop at least 2-3 questions with subsequent answers dealing with a specific topic related to HIV. For example, (Counseling & Testing, referrals, identification of symptoms).

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TEEN-TO-TEEN HIV/AIDS PREVENTION HOTLINE

- Initiate class discussion on each topic.
 - Have students develop 2-3 questions for each topic and then write correct answers.
 - Model proper telephone procedures and telephone courtesy.
 - Inform students that proper telephone procedures, courtesy, voice tone, questions and answers during role-play will be assessed.
 - Have students randomly select role of operator or caller from numbered slips of paper (i.e. **odd numbers = operators; even numbers= teen callers**).
 - Have students form pairs from number selections (1&2, 3&4, etc.)
 - Each pair will role-play.
 - Reverse roles.
 - Have class assess their peers.
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MATERIALS:

Telephones, A/V screen, newsprint, recorder, audio tapes, bell timer
role-play assessment sheets, pencils, pens.

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HOMEWORK:

Have students write a paragraph completing this prompt " AIDS prevention is....."

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ASSESSMENT:

- 1. Assessment sheet ratings
- 2. Paragraph completion

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ADAPTATIONS:

Students could role-play poor telephone behavior and typical responses and feelings generated.

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Lesson 2 AIDS PREVENTION

Name _____ Date _____

ROLE PLAY ASSESSMENT
TEEN-TO-TEEN HIV/AIDS PREVENTION HOTLINE

	Poor	Good	Excellent
OPERATOR SKILLS	1	2	3
Greeting			
Voice tone			
Telephone courtesy			
Evaluation of answer provided			
Feelings generated by caller			

	1	2	3
CALLER SKILLS			
Greeting Response			
Voice tone			
Telephone courtesy			
Question evaluation			
Feelings generated by operator			

**Middle School
Lesson Two-A**

TRANSFUSIONS AND HIV INFECTION

Strategies:

Before Reading:

Quick Writes: Students write quickly about the topic. Students are not to be concerned about spelling or grammatical issues. The idea is that they write what they think, believe, or have experienced about the topic. Students are given time to read their Quick Writes to a partner.

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During Reading:

Authentic Questions: As students read, they record questions about the passage they do not understand. These are authentic or genuine questions that come to mind during reading. Questions modeled by the instructor can include difficult vocabulary, why a person did something, how a situation evolved, what will happen next, who did what, etc. Ask students to share questions and discuss possible responses. Students may keep a journal of any unanswered questions.

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After Reading:

GIST: Direct students in writing a summary using 15 or 20 words, paraphrasing the passage. Share summaries with class (you may want to write a few summaries on the board as a model).

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TRANSFUSIONS AND HIV INFECTION

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All blood collected in the U.S. is now screened for many infectious agents including HIV-1, HIV-2, HTLV-1, HTLV 2, hepatitis B virus, hepatitis C virus, and syphilis. All potential donors are interviewed before they are tested and informed that if they have a risk factor for HIV they should not donate. Every unit of donated blood with a positive result from HIV antibody testing is discarded, and future donations are not accepted from those persons.

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Historical information shows that CDC has received reports of a little more than 5,000 AIDS cases (about 300 of these in children under 13) resulting from receipt of blood transfusions, blood components, or tissue. Most of these cases are due to transfusions received before March 1985, when HIV screening of blood and blood products began. Less than 30 cases (out of the total 5,000 plus) resulted from screened (tested) blood. In the last 3 years when the blood supply has been screened with extremely sensitive “NAT” testing, there has been less than a handful of cases of transfusion transmitted AIDS.

Studies estimating the risk of becoming infected with HIV from a blood transfusion screened as negative for HIV antibody have been conducted. The current estimate of risk for receiving a unit of blood that is infectious for HIV is about 1 in 2 million. This is a risk much less than the risk of being hit by lightning in the State of Florida.

It is important to understand that blood transfusion is a life saving medical procedure. Greater than 99% of the time, the benefits of receiving an indicated blood transfusion outweigh the risks of having a bad result (including a disease transmission) from the transfusion.

It is also very important to remember that the risk of getting AIDS (or any infectious disease) from donating (giving) a pint of blood is zero. All the needles and bags that are used are pre-sterilized used once and then discarded.

TRANSFUSIONS AND HIV INECTION QUESTIONS

Directions: Read each question carefully and respond.

Re-read the first paragraph of *Transfusions and HIV Infection*. Then read the sentence below:

Every unit of donated blood with a positive result from HIV antibody testing is discarded, and future donations are not accepted from those persons.

1. What does the word *discarded* mean?

- A. utilized
- B. preserved
- C. eliminated
- D. evaluated

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2. The author's purpose for writing this story is to:

- A. entertain by describing incidents about blood transfusions.
- B. persuade people not to have a blood transfusion if one is needed .
- C. emphasize the need for people to donate blood.
- D. inform readers about the current risk of blood transfusion.

Extended Response

3. How does the writer use statistics to support the idea that blood is usually safe when used for transfusions? Support your answer with relevant detailed facts, statistics and other information from the text.

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TRANSFUSIONS AND HIV INFECTION
ANSWER KEY

1. C – discarded means eliminated. Get rid of or cast out.

2. D – inform readers about current risk of blood transfusions

3. Extended Response: A correct answer may include the risk of getting AIDS from a blood transfusion or from a blood donation. Answers will vary.

**Middle School
Lesson Two-B**

Choosing to say, “NO” ... To SEX

Strategies:

Before Reading:

Making Predictions: Write the title of the article on the board or transparency. Have Students predict what the article will be about based on the title alone. Share with partner, then share with class. Write the predictions on the board and discuss. (Save predictions so you can refer back to them after completing the reading assignment).

During Reading:

Sticky Note Discussion: While the teacher reads the article out loud to the class, direct students to place notes next to the sections in the article that they would like to discuss or explain to others. When finished, select students to share their notes with the class and discuss.

After Reading:

Revisit predictions. Discuss.

GIST: Direct students in writing a summary using 15-20 words. Share summaries with class. (You may want to write a few summaries on the board).

MIDDLE SCHOOL LESSON TWO-B

Choosing to say, “NO” ... To SEX

“So, you’ve heard that everyone is doing it!”

Oh really..... While it is normal to think about having sex, especially if you are in a relationship that seems to be heading that way, you have to decide what is right for you! Having sex when you are not totally ready, whether it’s because you are too young, are feeling pressured, and are not with the right partner, can be disappointing. Any relationship, including a sexual fling, will involve the emotions of both partners. Besides the emotional consequences of a sexual relationship, today there are many other consequences to really think about- unwanted pregnancies, STDs and the transmission of HIV. Choosing to have sex must be a thought out decision and not something that just seems to happen.

51% of students in Miami-Dade County Public schools have had sexual intercourse (Youth Risk Behavior Survey, YRBS “01”).

51%... so not EVERYONE IS doing it but a lot are. Another main reason why people choose to have sex, without taking precautions, is the “it can’t happen to me attitude” that many of us teens portray. Yet, still, approximately one million girls get pregnant every year and millions of teens contract sexually transmitted diseases..

Many young girls (and guys), often want to say, “No” to sex, but once they are in a situation they feel a certain pressure to have sex, so that they would be like everyone else.

There are many reasons for choosing “NO” as your option. Explain to your partner:

- That right now, you want to just express your feelings in a non-sexual manner, (There are many safe alternatives to express your feelings besides activities that exchange body fluids)
- That you want to get to know them for a longer period of time, so that trust between you is better established
- That your long-term goals do not involve the consequences of sex- raising a child while going to college, daily drug therapies if you have HIV, etc.
- That simply, you are just not ready for such a big responsibility
- Etc.

Choosing to say, “NO” ... To SEX QUESTIONS

Directions: Read each question carefully and select the best answer.

LA.A.1.3.2

1. In the following sentence, what does the word “transmitted” mean?

While many kids have the “it can’t happen to me” attitude, about one Million girls get pregnant every year and millions of teens contract sexually *transmitted* diseases.

- A. located
- B. transferred
- C. committed
- D. practiced

LA.E.2.2.1

2. One of the main reasons why teens say “yes” when they want to say “no” is because:

- A. HIV infection among teens is on the rise.
- B. they want to wait for the right person.
- C. there is pressure of wanting to be like everyone else.
- D. they thought that something wonderful was going to happen.

LA.A.2.3.8 – Short Answer

3. According to the article, the author states that choosing to have sex is a decision one makes and not something that should just happen. What are some things kids should consider when making their decision. Select details and facts from the article to support your answer.

**CHOOSING NO... TO SEX
ANSWER KEY**

1. B – transferred

2. C - there is pressure of wanting to be like everyone else

3. Short Answer: A correct answer may include the following: when thinking about having sex, one should determine whether your partner is pressuring you; since sex is never a test of love, there are other ways to express love, like hugging and kissing; talk openly with your partner to learn about your partner's previous relationships and current health, and finally discuss contraception (and the risk of pregnancy) with your partner. Discuss the risk of transmission of infectious diseases through sexual activity. (Answers will vary).

M-3-1

Subject: Human Growth and Development

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Topic: HIV/AIDS

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Lesson: Lesson 3: Medical Testing for HIV: Activity 1

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Grade: 6 7 8

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CBC: VII-I-A VII-5-C VII-4-D

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Objective:

The student will identify the various tests used by the medical community to test for HIV.

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Outline:

Through the use of a Grid Game, (Like "BINGO") the student will become familiar with the terms and reliability factors associated with HIV medical tests. The student will also understand pre and post test-counseling procedures as well as confidential vs. anonymous testing.

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Activity:

1. The teacher will put 16 answers or choices on the board.
2. Each student will be given a grid with nine blocks. The student will choose 9 answers or choices and place one in each space.
3. Each student will be given a highlighter to cover the correct answer.
4. The teacher will ask a question and the student will cover the correct answer.
5. The first student who covers the entire grid is the winner.

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Materials:

AIDS GET THE FACTS/ colored high lighters/ Q & A index cards/
9-block grid

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Homework:

The student will write an essay explaining the reasons for confidential and/or anonymous HIV testing.

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Assessment:

1. Discuss 9 answers/choices related to HIV medical testing.
2. Oral presentation of assigned essay.
3. Classroom presentation

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Adaptations:

The same type of activity can be developed for different lessons of the AIDS: GET THE FACTS curriculum. It is important to review the teacher resource section on testing and the Window Period.

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Notes to teacher:

Extra credit may be awarded to students who can conduct in-depth research via the Internet on a specific HIV medical test.

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Supplement M-3-1a

1. The recommended precautions that should be taken whenever there is a significant risk of exposure to blood or other body fluids in a health care setting are called _____.
2. What is meant by informed consent for HIV testing?
3. What is the difference between anonymous and confidential testing?
4. Where is testing performed?
5. ELISA stands for _____.
6. If a person's blood/oral sample tests positive in an ELISA test, a second more sensitive and specific _____ test is usually performed.
7. The HIV test will become positive approximately _____ weeks after HIV infection occurs.
8. When is testing recommended?
9. When should testing be repeated?
10. Regardless of the test used, _____ before and after the test is a necessity.
11. What is the purpose of the pre-test counseling?

12. What is the purpose of the post-test counseling?

13. What does a confirmed HIV positive result mean?

14. What is the difference between an antibody and antigen test?

Answers/Choices

1. Universal Precautions
2. It means that the test cannot be performed until the individual understands the nature of the test and the significance of its results. The individual must actively give consent to have his/her blood tested before testing is performed.
3. An anonymous test is when no personal information is given and the results cannot be associated with a person's identity without an associated number. (Numbers are used in place of names). In confidential testing, the individual's name and/or social security number is used. However, this information is shared only between yourself, the doctor, and medical staff involved in your case.
4. Drs. Offices; health department clinics; private health care settings; hospitals, etc.
5. Enzyme-Linked Immunosorbent Assay
6. Confirmatory (Usually a Western Blot)
7. 3
8. Approximately 3 weeks after there is an exchange of body fluid between an infected and uninfected individual.
9. 3 months after the initial exposure, and 3 weeks after subsequent exposures.
10. counseling
11. To determine the individual's knowledge of HIV, risk factors, and to provide education about the virus.
12. To provide medical and psychological support in the event that the results are HIV positive. If negative, discussing how to stay negative by emphasizing protection, abstinence, and monogamy ,etc.
13. That the person is infected with the HIV virus.
14. The antigen test detects the presence of the virus itself. The antibody test detects the presence of an immune response (antibody) directed against the HIV virus.

M-3-2

Subject: Health

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Topic: HIV/AIDS

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Lesson: Lesson 3: HIV Testing

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Grade: 6 7 8

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CBC #: VII-5-A VII-5-B VII-6-E

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Objective:

To review HIV/AIDS testing, the window period, anonymous and confidential testing, parental consent, etc.

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Outline:

1. The teacher will present facts about HIV/AIDS in a discussion that will explain the process of getting tested, what is being tested, and how long after exposure the test becomes positive (the window period).
2. The students will then create a dialogue of a patient's (case) history. Volunteers will present their reports.

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Activity:

The teacher will present facts about HIV/AIDS testing in a discussion. (See relevant sections of the teacher's resource guide). Then the students will prepare a draft "organizer" sheet to be used to prepare the issues and ideas to be developed in the dialogue. A final dialogue will be turned in at the completion of the lesson.

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The organizer and final dialogue should include:

1. Fictitious name of infected person or identifier if anonymous testing
2. Method of exposure, (What was the risky behavior that the person participated in to cause them to be tested)
3. Why the person decided to be tested
4. Where the person was tested,
5. The name of the test(s) used,
6. Any issues involving the window period,
7. How the results were discussed by the medical professional/counselor to the patient.

Materials:

Board, markers, overhead and transparencies, HIV/AIDS brochures

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Assessment:

▲ The students will answer 15 questions.

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Notes to Teacher:

▲ This lesson can be adapted into separate lessons or in a role-play format.

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PRE- AND POST-TEST DIALOGUE

“Organizer”: Develop a client profile by name or identifier, method of transmission, why the person decided to be tested and where they were tested (specify a clinic, etc.), the name of the test(s) performed, any issues involving the window period, and how the results were discussed by the medical professional/counselor to the client.

1. Name (confidential) or Number (Anonymous) of client

2. Why person decided to be tested

3. Name of test site

4. Test administered (Anonymous, Confidential), (Blood or Orasure sample).

5. How did you explain the window period?

6. What were the test results? (negative, positive or indeterminate)

Create a post-test counseling dialogue involving a client.

Middle School Lesson Three-A

EXPERTS FOCUS ON AIDS CAUSES, CURES

Strategies:

Before Reading:

K-W-L: Three overlapping events will occur. Teacher will have students brainstorm a list of what they know (K) about the topic, record what they want to know or need to know (W) about the topic, and list what they want to learn (L) about the topic.

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During Reading:

Sticky Note Discussion: Direct students in placing sticky notes next to the sections in the article that they would like to discuss or explain to others. After reading the article, select students to share their notes with the class and discuss.

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After Reading:

Revisit K-W-L. Teacher should direct students in discussions on information brainstormed from the know (K) list, want to know list (W), and the learned (L) list. Discussions should compare previous listed information to what was actually discovered from passage.

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Lesson 3A

EXPERTS FOCUS ON AIDS CAUSES, CURES

TRENTON, N.J. (AP) - AIDS is spreading faster among blacks because prevention programs are under funded and lingering stigmas about the disease prevent frank discussions, experts at a three-day summit on the subject concluded Saturday.

Dozens of government and medical officials, clergy and community activists attended "An Honest Perspective on HIV/AIDS 2000" in Short Hills, a Newark suburb.

The experts devised strategies for attacking what they called an epidemic among blacks, including seeking help from churches and universities, lobbying for more money for community AIDS groups, and increasing efforts to encourage blacks to get HIV screenings.

"To bring this cadre of people together in one room was worth as much as any grant, because of all the information and ideas shared," said Debra Fraser-Howe, president of the National Black Leadership Commission on AIDS.

While the number of new AIDS cases in this country each year is ebbing, blacks make up a growing percentage of newly diagnosed patients. Blacks composed 61 percent of the HIV infections reported in 1999 and 54 percent in 1998, according to conference sponsor Glaxo- Wellcome, a drug company that makes AIDS medications.

Conference participants said honest discussions about AIDS are often difficult in the black community because many people still consider it a disease of gay white men, prostitutes and intravenous drug users.

With that and other problems in mind, experts at the summit set several goals:

- ❖ Getting African-American churches to help change attitudes about AIDS
- ❖ Fostering grass-roots projects that train social service providers, peer counselors and other community members to identify people at risk and persuade them to be tested for HIV infection
- ❖ Helping support community AIDS groups that need to compete for and sustain government funding for their services. Experts said stringent federal documentation requirements make it hard for community groups, operating without professional grant writers and attorneys, to get and keep federal funding.

"The ability to provide the best services and the ability to prove how well the service was delivered are not the same," said Rashidah Hassan, a registered nurse and assistant director of Circle of Care, a Philadelphia AIDS services group.

Conference co-moderator Dr. Beny Primm said politicians and activists who attended, plan to lobby for changes in the rules for federal block grants to AIDS programs. That would let communities with high AIDS rates apply even if the rest of their city or state has a lower rate. Rules now are based on an entire state's infection rate.

At a follow-up conference in a few months, the same officials and experts plan to discuss progress and develop new strategies. Primm, executive director of the New York-based Addiction Research and Treatment Corp., also expects future conferences in other regions of the country. "It's going to become a nationwide effort," he said.

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**EXPERTS FOCUS ON AIDS CAUSES, CURES
QUESTIONS**

Directions: Read each question carefully and select the best answer.

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LA.A.2.3.1

1. What is the main idea of this selection?

- A. The number of AIDS cases is declining each year.
- B. Minorities have a higher infection rate due to lack of funding and lingering stigmas.
- C. Minorities do not seek health care

LA.A.1.3.2

2. In this passage, what does the word “activist” mean?

- A. Politician
- B. Campaigner
- C. Terrorist
- D. All of the above

LA.A.2.3.5 – Short Response

3. Why do think the faith-based community needs to be the leader in changing minority’s views toward HIV prevention efforts? Use details and facts from the passage to support your answer.

**EXPERTS FOCUS ON AIDS CAUSES, CURES
ANSWERS**

1. B – Minorities have a higher infection rate due to lack of funding and lingering stigmas. The black community has developed a strong mistrust for government agencies. In the past there have been incidences where governmental agencies weren't entirely truthful with the black community.

2. B- Campaigner

3. Short Answer: A possible answer may include the following: The faith-based community needs to be the leader in changing minority's views toward HIV prevention efforts because they are an integral part of the black community. Many blacks view the church as one of the main leaders in their lives.

(Answers may vary).

Middle School Lesson Three-B

YOUTH & HIV/AIDS-TAKE CONTROL

Strategies:

Before Reading:

Quick Writes: On the board or transparency write the following questions: How many people were living with AIDS in this country, and what age group is mostly at risk? Allow students enough time to answer the questions. Share and discuss with the rest of the class. Write some answers on the board or allow students to come to the board with their answers. You may also want to chart the answers on a graph.

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During Reading:

Jump-in Reading: Allow students to jump in when other students are done reading their sections.

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Marginal Note-taking: As students are reading, have them take notes on either the margin of the article or in their notebooks. Allow students to share their notes when finished. Share with class.

After Reading:

Problem-Solution Two Column Notes: Have students divide their paper in half. On one side write the word "problem" and on the other side write the word "solution." On the problem side, write the following questions:

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- ❖ What is the problem/issue?
- ❖ What are the effects of this problem?
- ❖ What are the causes of this problem?

On the solution side, have the students write the following questions:

- ❖ What is the solution/resolution top the problem?
- ❖ Is the solution possible?
- ❖ What would be needed to implement the solution?

Share with class. Discuss.

LESSON 3-B

Youth and HIV/AIDS-TAKE CONTROL

Despite the gains being made by current AIDS therapies, the HIV/AIDS epidemic is far from over - especially among young people and racial and ethnic minorities.

The Centers for Disease Control and Prevention (CDC) estimates that 850,000 to 950,000 Americans are living with HIV, including more than 300,000 living with AIDS, and roughly one in three of those people don't know they are infected. It is estimated that at least half of all new HIV infections in the United States are among people under age 25, and the majority of young people are infected through sex.

Every hour, two Americans under the age of 20 become infected with HIV. One in four new HIV infections occurs between the ages of 13-22. Teenage girls represent almost half of new AIDS cases between the ages of 13-19.

Each year, 640,000 youth between the ages of 9 to 20 are admitted into the juvenile justice system in the United States, with an average daily population of over 53,000. The majority of these youth are between the ages of 15 and 17. Youth living in correctional care facilities represent a high- risk, under-served vulnerable, and population in need of effective risk reduction interventions. These same youth are likely to be disproportionately at risk for HIV, STD's and other health problems linked to substance abuse, unprotected sex, and poor access to health care.

Although the number of AIDS cases diagnosed each year is declining, there has not been a comparable decline in the number of newly diagnosed HIV cases among Youth.

The HIV/AIDS pandemic continues to disproportionately affect specific populations of teenagers and adolescents. These specific groups, especially those at risk for becoming infected, include young men who have sex with men (MSM), African-American and Latino teenagers and young adults, and young women between the ages of 15 and 24.

YOUTH & HIV/AIDS-TAKE CONTROL

QUESTIONS

LA.A.2.3.1

2. What is the main idea of this selection?

- A. The number of AIDS cases is declining each year.
- B. Although there have been gains made in AIDS research, the epidemic is far from over, especially among young people and minorities.
- C. Teenage girls represent half of the new AIDS cases between the ages of 13-19.
- D. There are thousands of kids admitted to the juvenile justice system each year.

LA.A.1.3.2

2. In this passage, what does the word “epidemic” mean?

- A. plague
- B. symptom
- C. number
- D. population

LA.A.2.3.5 – Short Response

3. Why do youths living in correctional care facilities need effective risk reduction interventions? Use details and facts from the passage to support your answer.

YOUTH & HIV/AIDS-TAKE CONTROL
ANSWER KEY

1. B – Although there have been gains made in AIDS research, the epidemic is far from over, especially among young people and minorities.

2. A - plague

3. Short Answer: A possible answer may include the following: These youths need interventions because they are likely to get HIV, STD's and other health problems linked to substance abuse, unprotected sex, and poor access to health care. Also, it has been estimated that at least half of all new HIV infections are among people under the age of 25 and according to the article, each year thousands of youths between the ages of 9 and 20 are admitted to the juvenile system.
(Answers may vary).

M-4-1

Subject: Health/Life Management Skills
Topic: HIV/AIDS
Lesson: Lesson 4: Psycho-social Aspects-Activity 1
Grade: 6 7 8
CBC#: VII-1-A VII-6-A VII-1-D

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Objective:

The student will demonstrate through role-play, the emotional and psychological impact of infection with the HIV virus.

Outline:

The emotional well being of a person with HIV infection can be undermined in many different ways. Psychological problems such as anxiety, depression, and isolation are often experienced. This activity will allow the student to understand these psychosocial problems.

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Activity:

The following steps describe the lesson plan activity:

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1. The teacher will show a ten-minute segment of the video, "Just Like Us"

2. A student will be asked to read a real life testimonial (gathered by the teacher) detailing the experiences of a HIV positive person who contracted the disease.

3. The teacher will ask the students the significance of listening to the testimonials and watching the video.

4. The teacher will assign roles to random class members. Some students will be assigned to portray people who are "unlikely" candidates for HIV/AIDS, but who are positive. Other students will not have prior knowledge of which students these are. The teacher will also assign some students to portray individuals who are filled with prejudice.

5. Role play situations will be set up which instigate conflict amongst the characters.

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6. A discussion will be promoted to discover student reactions to the role-plays.

Materials:

AIDS GET THE FACTS/ TV-VCR / "Just Like Us" video/ 4 true-to-life testimonials.

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Homework:

The student will write an essay describing his/her experience as one of the role-played characters.

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Assessment:

1. Class participation through role-play characterization
2. Testimonials/Video Responses
3. Written student reaction to the role-play (HW)

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Adaptations:

Align activity with a discussion regarding "Prejudice in America" presented in American History class (CBC #V-6-C).
Compare/contrast with other societal prejudicial issues existing in America and coping strategies.

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Notes to teacher:

Interdisciplinary lesson plan with Language Arts
Applicable to Grade 9 - Health CBC(I-7-B)

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Supplement 1:

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The face of AIDS has changed. It has crossed social, ethnic, cultural, and religious boundaries. It has touched our society in a way no other illness has in our history. The way we address those who are personally infected and affected should be from a compassionate and holistic approach. The key is to be honest with our feelings about our lack of understanding of this disease.

In teaching any curriculum on HIV, provide empathy with reflective listening technique keeping in mind that there may be a member of the audience who is infected or affected. Give individuals informative resources such as pertinent literature, clinical resources, and support groups.

We should always come from an area of compassion and love, and be mindful that understanding the disease may not be comfortable. We also need assistance from those who are working in the field that have hands on experience with the disease. In conclusion, HIV/AIDS will continue to have the stigma of shame and guilt until we make a commitment to break the silence by staging real discussions and compassionately providing information to all that are affected or infected by this disease.

**Petera Johnson-Hopson
(1955-2002)**

M-4-2

Subject: Health/ Life Management Skills

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Topic: HIV/AIDS

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Lesson: Lesson 4 Psycho-social Aspects of HIV/AIDS-Activity 2

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Grade: 6 7 8

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CBC: VII- 4- A VII-3-6-A VII-1-2-D

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OBJECTIVE:

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The student will write a fictitious letter to a friend who has just revealed he/she is HIV positive. The letter should demonstrate knowledge of ways to assist someone who is ill.

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OUTLINE:

Discuss Issues confronting a person with HIV. These should include: compassion, discrimination, financial burden, insurances, medications, compliance, friendship, education, support groups, etc.

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ACTIVITY:

1. Teacher begins activity by posing question, "How would you respond if someone you knew told you that they were HIV positive?"

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2. Distribute Lesson 4 Activity Sheet, "YOU ARE STILL MY FRIEND."

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3. Instruct students to imagine that they have just been told by a friend that he/she was HIV positive. Think about how they would feel and how you could assist this friend.

4. Write a letter to this imaginary friend detailing these feelings.

MATERIALS:

Lesson 4 Activity Sheet.

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HOMEWORK:

1. Use telephone directory and list at least three agencies and/or organizations that provide assistance to persons with HIV/AIDS.

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2. Contact these agencies and make a list of their services.

ASSESSMENT:

1. Student will make a list of at least 3 agencies/services.

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2. Allow student to read, "YOU ARE STILL MY FRIEND" letter and assess content and expression.

TEACHER ADAPTATIONS:

This activity would adapt well to a role-play. Instead of written responses, students could act out a scene between two friends.

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ACTIVITY SHEET
LESSON 4 PSYCHO SOCIAL ASPECTS OF HIV/AIDS

Name _____ Date _____

YOU ARE STILL MY FRIEND

A FRIEND HAS JUST TOLD YOU THAT THEY ARE HIV POSITIVE. COMPOSE A LETTER EXPRESSING YOUR FEELINGS OF SUPPORT AND FRIENDSHIP.

Dear _____

M-4-3

SUBJECT: Health / Life Management

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TOPIC: HIV/AIDS

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LESSON: Lesson 4: Psycho-social Aspects of HIV/AIDS-Activity 3

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Grade(s): 6 7 8

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CBC: VII-4-A VII-3, 6-A, C VII-1-2,7-D

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OBJECTIVE:

The student will describe different ways HIV/AIDS prejudice might affect the school, community, and workplace environment by completing the chart "HIV/AIDS and PREJUDICE."

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OUTLINE:

Persons living with HIV/AIDS encounter many prejudices. Students will brainstorm in groups and list and describe 3 acts of prejudice directed toward someone infected with HIV/AIDS.

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ACTIVITY:

1. After placing the word prejudice on the board, the teacher will lead the class in a discussion about prejudice.
2. Have students talk about reasons or motives people may have for certain prejudices and possible misconceptions associated with them.
3. Pass out copies of the HIV/AIDS and PREJUDICE ACTIVITY sheet.
4. Students may work in groups and allow one student to record.
5. Have groups discuss their responses upon completion.

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MATERIALS:

Paper, pencil, ACTIVITY worksheet

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HOMEWORK:

Find an article (hard copy) or print one from the internet that deals with prejudices.

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Explain how this might affect the school, community and/ workplace environment.

ASSESSMENT:

Evaluate homework assignment

Evaluate Activity sheet responses

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ADAPTATIONS:

| Role-playing game on “labeling” others

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LESSON 4 ACTIVITY

HIV/AIDS and PREJUDICE

Describe 3 acts of prejudice that could be directed toward someone infected with HIV/AIDS. Give at least one example from each of the following settings:

1. School

Act of Prejudice
Motive(s)
Misconception
Effect upon HIV/AIDS infected person
Ways to address prejudice

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2. Community

Act of Prejudice
Motive(s)
Misconception
Effect upon HIV/AIDS infected person
Ways to address prejudice

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3. Workplace

Act of Prejudice
Motive(s)
Misconception
Effect upon HIV/AIDS infected person
Ways to address prejudice

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Middle School Lesson Four-A

COUSIN'S DEATH LEADS TEEN TO FIGHT FOR AIDS EDUCATION

Strategies:

Before Reading:

Making Predictions: Write the title of the article on the board or transparency. Have students predict what the article will be about based on the title alone. Students should share with a partner, then share with the class. Write the predictions on the board and discuss. Teacher should save predictions until the end to refer back to.

During Reading:

Selective Underlining: Use to organize information during the reading process. The teacher should model the process the first few times until the students are use to identifying key concepts before working on their own. After reading the selection through the first time, students reread, and begin underlining key ideas in the sentences. It is important to note that students should not underline complete sentences. Only key thoughts should be identified.

After Reading:

Revisit Predictions, and Discuss.

GIST: Direct students in writing a summary using 15 or 20 words, paraphrasing the main idea of the passage. Share summaries with the class.

Cousin's Death Leads Teen to Fight for AIDS Education

Anonymous Author

It was in a diner, on a winter night in 1999 that I learned my cousin was dying of AIDS.

I was in seventh grade, and AIDS meant almost nothing to me. Sure, I knew it was a disease, but that was about it. Questions ran through my mind. Why him? Why our family? Would I catch it? Is he going to die soon?

I had heard about AIDS in the news before, but only associated with hemophiliacs and the gay community, and that just confused me even further. Was my cousin gay? No he couldn't be. He loved his wife. Did my cousin have a blood disorder? No, it wasn't that either. My cousin, I learned, became infected with HIV by sharing hypodermic needles. He had been using drugs for a long time.

I knew he needed love, but I had so many questions. I thought about going and talking with him, but I was scared. Other family members just seemed too distant. I thought about going to friends, but what could one 12-year-old tell another when he says, "I need to talk... my oldest cousin is dying...he has AIDS."

I was terrified and felt like I was trapped in a place where no one can hear you scream.

Finally, a few months later, I found the courage to make an appointment at school. I trembled as I finally went into the counselor's office, but I needed to talk to someone. I felt like I had a dirty secret and I needed help. The counselor convinced me to talk to the school health teacher about AIDS. That helped me understand the truth about the virus ---not all the half-truths and misconceptions you hear.

It took me months to fully understand what this virus really means --- emotionally and physically. Most important, I realized my cousin was a person who needed unconditional love and support from the people who mattered most --- his family; including me. I can't lie. It took me about one year before I could hug my cousin without worrying about getting infected. And I realized that those hugs were something he needed even more than the medicine the doctors prescribed.

Three years later, I got that phone call. It was in the summer of 2002. My Grandmother called and told us that our cousin had passed away. We all knew it was coming, but no matter how much you prepare for the inevitable, it still hurts terribly. He was my oldest cousin and the first person close to me I had ever lost.

When I look back, I'm glad I had the courage to hug the man who helped make me the strong individual I am today. And when I remember my cousin, I remember him as the big brother I never had who encouraged me to do the best that I could. He contracted the virus through drug use, but that didn't make him any less of the person I knew.

I've found strength, understanding and compassion in my cousin's passing. I've become involved in AIDS activism --- organizing assemblies, campaigns and fund-raisers and teaching younger children about the virus as part of the school system's speakers' bureau. I don't want anyone to have as many unanswered questions as I had about HIV.

If you have any questions about the disease, don't be afraid to ask. Talk to friends, family, professionals -- anyone willing to listen. HIV transmission can and does happen to good people all the time.

I learned that the hard way. And I learned that people with HIV aren't gay or drug users. They're people who need love.

COUSIN'S DEATH LEADS TEEN TO FIGHT FOR AIDS EDUCATION QUESTIONS

Directions: Read each question carefully and select the best answer.

LA.E.2.3.1 – Extended Response

Even though the writer is fond of their cousin, as the story develops, a conflict is created about the cousin. What is the conflict and why has it happened? Support your answer with relevant details and information from the passage.

LA.A.1.3.2

2. Which happens LAST in the story?

- A. writer becomes an activist for HIV.
- B. writer visits the counselor's office.
- C. The cousin passed away.
- D. cousin encouraged the writer's artistic abilities.

LA.A.2.2.7 – Short Response

3. Compare and contrast how the writer's tone changed from the beginning of the passage to the end of the passage. Support your answer with relevant details from the story.

COUSIN'S DEATH LEADS TEENS TO FIGHT FOR AIDS EDUCATION

ANSWER KEY

1. Extended Response: A top-scoring response would include but not be limited to the following: The writer had a problem with understanding why and how the cousin became infected with HIV. The writer then struggled with the thought of the family alienating the cousin. It was not until after the writer decided to put all fears aside and seek counseling did the situations get better.

Knowledge about the virus helped the writer to continue a fulfilling relationship with the cousin and to become involved in AIDS activism.

Answers may vary.

2. A- The author became involved in AIDS activism.
3. Short Response: A top-scoring response would provide various descriptions of tone throughout the passage. Initially the writer's tone was one of confusion of why it had to be his cousin that was infected with HIV. Recognizing the cousin needed love and the family failing to render support, switched the tone to empathy. Learning of the cousin's death created a mood of sadness. In retrospect of the cousin's contributions to the writer's life, a feeling of gratefulness was revealed. This led the writer to the tone of courage and strength for the writer to educate others about the virus. Answers may vary.

Middle School Lesson Four- B

Two poems

Strategies:

Before Reading:

Quick Write: Write the following question on the board or transparency: What is your idea of the perfect date? Allow enough time for students to answer the question. Make sure to tell them to include details/reasons in their answers. Share with partner. Discuss with class. (Some students may mention having a condom for safe sex and you may allow this). Tell students that they will be reading two poems.

During Reading:

Choral Reading: Allow students to read in unison.

After Reading:

Authentic Questions: Students may write questions about the poems concerning the conflict, resolution, etc. Teacher may want to model examples of questions first. Have students share with partner, then discuss with class for possible answers to students' questions.

Visualize (part of reciprocal teaching): Allow students to visualize what they have read and draw pictures representing what they thought to be the most critical parts of the poems. Share with class. Discuss.

MIDDLE SCHOOL LESSON 4-B

AIDS: The Story of One Boy

By: Evan B. Rosen
Coral Reef Senior High

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A long time ago in a land far away
There lived a little boy, who went out to play
He danced in the meadows and jumped in the street
Polite to everyone and quite nice to meet
The boy grew older into a young man
He went back and forth to school to learn what he can
The boy met this girl dressed in white
They went out on a date and then she spent the night
One night of fun for a life long regret
There was just a little something they seemed to forget
No condom for the boy and the girl, well you see
She had just been diagnosed with the disease HIV
The girl said AIDS, the boy with no reply
Turned to the girl with confusion in his eye
The girl spoke quick, lacking hesitation
So the boy could understand his ill situation
The boy walked away with a new goal in mind
He would not allow HIV to keep him confined
He would dedicate his life from now on to give
AIDS: End the silence. Listen, learn and live.

BROKEN PROMISES

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Page Break

By: Latoya Vickers
North Miami Senior High

A fair amount of time has passed
She knew it must be love,
That filled her soul each day and night,
an angel from above.
The couple talked of their emotions and
all had been made clear.
The relationship would be monogamous,
they'd hold each other near.
She decided one afternoon to show him
a deeper affection.
She bought a new dress and a rose, she
did not buy protection.
In him she had placed her utmost faith
In him she had placed her trust.
She never in a million years, thought he
would be overcome by lust.
He did confess one stormy night,
she met his icy stare.

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He had found another love,
of this she was now aware.
The days crept by so slow and dreary.
She'd lie in bed and cry.
He'd broken all their promises
and never told her why.
As the months went by her heart began to heal,
but she was very afraid.
It was only that she realized
what a grave mistake she had made.
Full of curiosity and fear,
she went to the doctor the next day.
And as she drove she prayed and hoped
That all would be O.K.
The doctor walked in with results in hand.
He told her to take a seat.
At the sound of the news he told her,
her heart had skipped a beat.
She was now HIV positive.
It felt like she had been cursed.
Why did this have to happen?
the prognosis couldn't be reversed.
There had to be something she could do.
She truly wanted to live.
She took cocktails daily to ease the symptoms
and gave all she had to give.
The effort would have to be made,
if she wanted to prolong life.
To date she learned that a moment of passion
was not worth such pain and strife.

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AIDS: THE STORY OF ONE BOY AND BROKEN PROMISES

QUESTIONS

LA.A. 2.3.2

1. What is the author's purpose in "AIDS: The Story of One Boy?"

- A. to entertain the reader by describing an unimportant event.
- B. to persuade the reader to meet new people at school.
- C. to emphasize the need to practice safe sex.
- D. to inform the reader of the dangers of dating.

LA.A.1.3.2

2. In "Broken Promises," what does the word "grave" mean?

- A. funny
- B. serious
- C. important
- D. deep

LA.A.2.2.7

3. The poems "AIDS: The Story of One Boy," and "Broken Promises" share a common theme of AIDS. Discuss the similarities as well as differences found in these two poems. Use details and facts from the poems to support your answer.

***AIDS: THE STORY OF ONE BOY
AND
BROKEN PROMISES***

Answers

1. C - To emphasize the need to practice safe sex.
2. B - serious
3. Extended Response: A possible answer may include the following: These poems are similar in that they discuss relationships, dating and one of the partners having HIV and not informing the other. In the first poem, "the girl said AIDS, and the boy with no reply turned to the girl with confusion in his eye." In the second poem, the boy confessed he found another love and spent "one stormy night." Both of the infected people withheld the fact that they were infected with the virus

from their partners. These poems are different because in the first poem the girl had the virus and in the second poem, the boy had the virus. The first poem discussed having unprotected sex with someone you barely know and the second poem discussed being in a relationship for a while and learning about a partner's infidelity.
 (Answers may vary).

M-5-1

Subject: Human Growth and Development

Topic: HIV/AIDS

Lesson: Lesson 5: Essay/Debate: Activity 1

Grade: 6 7 8 10

CBC: VII-1-A VII-4-5 VII-1-D X-2/3

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Objective:

The student will create a point-of-view essay that pin-points a specific area of impact on the economy by HIV/AIDS. Utilize the diagram provided to focus on one area. State the area of economic impact, economic solutions, and who you think should pay for services of patients. Completed essays will be presented in class.

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Outline:

Utilize board to brainstorm areas of economic impact

1. List different groups of AIDS patients. (gender, pediatric, IV drug users, hemophiliac, etc.)

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2. Focus on the following: Drug Companies (Research & Development), Medical Care Providers, Health Insurance Companies, State Funding, Federal Funding
3. Focus on a specific area to create essay.

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Activity:

Following teacher led brainstorming; the student will cooperatively place ideas on poster board, to visualize how HIV/AIDS affects the economy.

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1. The student will copy this information.
2. The student will use supplement 1, to choose an area of focus from which to develop their essay: Economic Impact/Economic Solutions.
3. From the above handouts, the student will develop their essay.
4. The student will include a list of resources used, and will label this sheet "Resources." Books, web sites, etc. will be listed by name and grouped.

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Materials:

Overhead and transparencies/ markers/ handouts/ list of statistics and

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Homework:

Compile and review materials.

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Assessment: (see supplement 1)

Working in groups.
Written essays.

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Adaptations:

Internet, graphics program, computer & printer.
Use individual dry-erase boards & markers to brainstorm a web following topic presentation. Media center resources. Overhead and transparencies.

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Notes to Teachers:

A transparency may be made.

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**For high school, this lesson may be used for a debate.

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Students will be pro or con, present their view points and then switch sides and debate from the other view point.

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Supplement 1

**POINT-OF-VIEW ESSAY
DRAFT**

ECONOMIC IMPACT

ECONOMIC SOLUTIONS

1. _____

1. _____

1. _____

2. _____

1. _____

3. _____

1. _____

4. _____

1. _____

5. _____

M-5-2

Subject: Health

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Topic: HIV/AIDS

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Lesson: Lesson 5: Graphing Data: Activity 2

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Grade/Course:

6

7

8

10

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CBC#:

VI-1&2-A

V1-2-A

VII-6-E

X - 5 -A

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Objective:

Create a bar-graph or pie-chart depicting various STD's and the percentage (or number in thousands) of people affected by each disease. The target population can be a figure from a global, continental, state or a county population.

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Outline:

*Listing of STD'S and % or number of those affected in the population.

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*Population List

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*Determine area of focus (diseases, gender / population).

*Generate Graph (Label X- and Y-axis)

*Color Code Information in a legend format that corresponds to the disease.

*Provided set of statistics.

Activity:

1. The teacher will direct a discussion on the epidemic of STD's and the continual spread of viral diseases.

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2. The teacher will stress the ways that STD'S are transmitted with student participation.

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3. The teacher will show an example of a bar-graph, and will explain the X- and Y-axis, and how they are generated using information from the population and STD'S selected for the graph (a minimum of five).

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Each student will create their own graph using the demographic area of their choice.

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**For Middle school, choose a state or county to base study.

**For High school, choose a continent or global focus.

Materials:

Graph paper, rulers, pens/pencils, markers, demographic information.

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Handouts: *Dept. Of Health Surveillance Reports *World Health Organization

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*Center for Disease Control *Bar Graph Format

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Homework:

Determine focus area and diseases. Research population handout.

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Assessment:

Students will be graded individually based on the following points:

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1. Neatness / Presentation

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2. Application of Research Information

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labeling graph

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x- and y- axis data

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bar graph column set-up

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3. Target Group and Population Legend

State or County

Continent or World

Adaptations:

Use of Internet resources, graph utilizing computer program

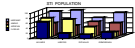
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Notes to Teacher:

Can teach as a Math, Social Studies, or Health lesson. See Statistics.*

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Target Population by County State Continent



M-5-3

Subject: Human Growth and Development
Topic: HIV/AIDS
Lesson: Lesson 5: Societal Issues-Activity 3
Grade: 6 7 8
CBC#: Vii-2-B Vii-5-A VIII-3-D

Objective: The student will discuss the socio-economic and psychological Implications/consequences if a family member tested HIV-positive.

Outline: This activity will allow the student to interact with other students and discuss issues relevant to a possible real-life scenario. The student will pretend that a family member has just tested HIV-positive. Questions are posed to analyze the impact of HIV and AIDS upon this person's family and friends.

Activity:

1. The teacher will give each student the handout describing the scenario.
The situation depicts a family member who has just tested positive for HIV. Three questions are presented.
2. The teacher assigns groups of students. Each group is responsible for discussion and written responses for each question.
3. Each group will present an oral report including the questions and responses.

Materials: AIDS: GET THE FACTS/Scenario Paper/Pencils/Pens

Homework: The student will write a simulated letter to an HIV-infected loved one (family member) illustrating love and support towards his/her well-being.

Assessment:

1. Student group discussion.
2. Responses to scenario questions.
3. Student participation of oral report.
4. Simulated letter (HW).

Adaptations:

Interdisciplinary unit with Language Arts

Notes to teacher: The teacher must be reminded that the scenario presented may be a real-life situation for some students. Real family/friend names should not be mentioned.

HIV-Infected Family Member: A Case Study

James K. is a husband and a father of two children, Joey, age 5 and Angela, age 11. James is a construction worker and is the sole provider of the family. James had been healthy throughout most of his life until two months ago. He had been experiencing episodes of shortness of breath, fatigue, constant dry cough and chest pain. He visited his physician and had a general medical check-up. James had lost about 22 pounds in the last four months and was still recuperating from a mild case of pneumonia.

Upon reviewing his medical lab results, his doctor insisted that he take an HIV test. After the doctor received the results, he asked James to come to his office for a private consultation. Unfortunately, the news was a somber one for James. He tested positive for HIV. James requested a second test to be sure, and the results came back positive again.

Assignment

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1. If you were a close friend of James, and he sought help and advice from you about the following issues what advice would you give him?
At this time, he has not informed any of his family members.
 - a.) Who shall I tell?
 - b.) What should I do at work?
 - c.) What shall I tell my sexual contacts?
 - d.) How do I protect my family from being infected?
2. If you were one of his family members and you are told by James that he is HIV-infected, How would you respond? Choose a character and explain.
3. What plans must the family make?
 1. financial?
 2. medical?
 3. social?

AIDS poses biggest threat to Botswana - study

GABORONE, - AIDS is the biggest threat to development in Botswana, where about one in five of the 1.5 million population are HIV positive, a government-sponsored study said.

The report, prepared for the finance ministry by the Botswana Institute for Development Policy Analysis (BIDPA), said nearly half of all households in the southern African country probably had at least one member infected with the virus.

" HIV is the single greatest threat to human welfare and development in Botswana, and the rigorous planning and monitoring of interventions against it should be given the highest priority,' it said.

Around one-quarter of households could be expected to lose an income earner during the next 10 years, fuelling a rapid increase in poverty, the report said.

The increasing number of Botswanans who will die of AIDS will reduce economic growth in the diamond-rich country by 1.5 percentage points a year and result in a major skills shortage among the workforce, it said.

The BIDPA warned that many private sector companies were taking no steps to plan for the loss of workers to AIDS, "The key area for government intervention is in the areas of skilled labor supply, investment and productivity,' BIDPA said.

The United Nations estimates that 33.6 million people worldwide are carrying the HIV virus and that 70 percent of them live in sub-Saharan Africa.

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**Middle School
Lesson Five-B**

AIDS POSES BIGGEST THREAT TO BOTSWANA – STUDY

Strategies:

Pre-Reading:

Making Predictions: Read the title to the students and have them write their predictions. Share with class. Discuss.

During Reading:

Silent reading: Have students read the passage silently. Direct them in taking marginal notes either on the passage or in their notebooks.

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After Reading:

Predictions: Refer back to the students' predictions and compare them to the passage.

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Marginal Notes: Have students share their notes with class. Discuss.

FCAT Task Cards: Select benchmark LA.E.2.2.1 (cause and effect). Have students work in pairs to develop their questions based on this benchmark. Share and discuss the possible answers.

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**AIDS POSES BIGGEST THREAT TO BOTSWANA – STUDY
QUESTIONS**

LA.A.1.3.2

1. In the following sentence, what does the word “rigorous” mean?
“HIV is the single greatest threat to human welfare and development in Botswana, and the *rigorous* planning and monitoring of interventions against it should be given the highest priority,” it said.
- A. severe
 - B. private
 - C. skilled
 - D. rapid

LA.A.2.3.8

2. Which of the following statements is a fact?
- A. Everyone living in Botswana will eventually become infected with HIV.
 - B. AIDS is not the biggest threat to development in Botswana.
 - C. The United Nations estimates that 33.6 million people worldwide are carrying the HIV virus.
 - D. Ninety-five percent of the people living in Botswana carry the AIDS virus.

LA.E.2.2.1- Short Answer

2. What are some of the effects of the increasing number of Botswanans who will die of AIDS? Use details and facts from the passage to support your answer.

**AIDS POSES BIGGEST THREAT TO BOTSWANA – STUDY
ANSWER KEY**

1. A – severe
2. C – The United Nations estimated that 33.6 million people worldwide are carrying the HIV virus.
3. Possible answers may include the following: There are a few effects of the increasing number of Botswanans dying of AIDS. First, the economic growth in the diamond-rich country will be reduced by 1.5 percentage points a year which will result in a major skills shortage among the workforce. Also, around one quarter of the households could be expected to lose an income earner during the next ten years which will increase the poverty level.
(Answers will vary)

M-6-1

Subject: Health Education

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Topic: HIV/AIDS

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Lesson: Lesson 6: Clinic Services: Activity 1

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Grade: 6 7 8

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CBC#: VII-2-A VII-6-A VII-3-E

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Objective:

Students will research three clinics and role-play as if they were seeking medical advice following suspected exposure to HIV/AIDS.

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Outline:

Following a brainstorming session, three local clinics or health centers will be located and one will be called (using the phone book). Information regarding their services, costs, and confidentiality will be solicited. Students will (in groups) generate and present this information. A role-playing session (supplement 3) will follow in which one person is requesting advice from a clinic, and the other is a clinic employee. The teacher will observe to check for accuracy of advice.

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Activity:

1. Teacher led discussion on "How is HIV transmission prevented" is conducted. Various prevention methods will be discussed, as well as their effectiveness. The window period will be reviewed.
2. Abstinence will be stressed. (sexual risk behavior/ I V drug user/sharing of dirty needles, tattooing, body piercing)
3. Risk Behaviors will be presented (supplement 3)*, following brainstorming and writing of ideas on board.
4. Students (in groups of 2), will select one clinic or health organization to request information from after locating and documenting three on Clinic Handout. (supplement 2)
5. Upon completion, students will role-play (supplement 4) as a Hotline offering information regarding clinics, services, testing, privacy issues, etc. The class will divide into groups of callers and hotline personnel. Students will choose a Risk Behavior (supplement 3) that they are concerned about to role-play.

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Materials:

phone book, board, markers, handouts, note paper

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Homework:

My HIV Risks (supplement 1)

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Assessment:

1. Three clinics -address and phone number
2. Clinic worksheet completed
3. Role-play
4. Homework

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Adaptations:

Call a real Hotline, Tape role-play for school announcements

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Notes to teacher:

** See handouts

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Supplement 1

Name _____

My HIV Risks

Issue: *Suppose you have reasons to believe you have been exposed to the HIV/AIDS virus:*

1. What would you do first?

2. Who would you confide in?

3. How long must you wait before being tested, and where would you go for testing?

4. If your test results were positive for HIV, how would this affect your immediate plans/goals?

5. List three reasons why you do not want to become infected with HIV:

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Supplement 2

Name _____

Visit A Health Clinic

A. List the name, address and phone number of three clinics/health facilities.

Choose one of the clinics to get the following information:

(Name of Clinic)

B. What hours and days are they open?

C. The following services are offered :(check)

- Birth control STD treatment Pregnancy testing
 HIV antibody test Counseling Prenatal care

D. A routine examination or consultation about birth control costs \$_____.

E. What laws are in effect regarding age to receive information or to visit clinic as a minor regarding written consent, "client confidentiality policy."

F. What languages are spoken at the clinic?

G. Would you refer some one to visit this clinic?

Comments: _____

Risk Behaviors and HIV

No Risk	Some Risk	Risky
Message	French Kissing	Intercourse using oil-based lubricant and a condom
Dry mouth kiss	Cleaning blood without gloves	Sharing IV needles
Hugging	Sharing needles cleaned with bleach	Anal sex
Abstinence	Breast feeding while infected with HIV	Sharing needles/ Ink from tattooing
Donating blood		Sharing needles from body-piercing
Masturbation		

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ROLE-PLAY PHONE CALL

Names of partners: #1. _____
#2. _____

Create an imaginary AIDS Hotline.

Begin with this dialogue:

1: "Hello, this is the _____ hotline. How may I assist you?"

2: "I am calling to find out....."

3: "This is my advice...."

Now continue the dialogue on your own:

M-6-2

Subject: Human Growth and Development Formatted: Font: 12 pt
Topic: HIV/AIDS Formatted: Font: 12 pt
Lesson: Lesson 6: Community Resources: Activity 2 Formatted: Font: 12 pt
Grade: 6 7 8 Formatted: Font: 12 pt
CBC#: VI-I-A VII-7-A VII-6-E Formatted: Font: 12 pt
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Objective:
The student will create a questionnaire to interview a medical professional regarding HIV/AIDS services. Formatted: Font: 12 pt

Outline:
This activity enables the student to develop approximately ten questions that he/she will ask a medical professional who visits the classroom as either a district-approved speaker or as a community professional during Career Day/Week. The student findings are later shared with the class. Deleted: .
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Activity:
The following steps describe the lesson plan activity: Formatted: Font: 12 pt
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1. The teacher will discuss various HIV/AIDS-related services provided within a medical/health setting. Formatted: Font: 12 pt
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2. The student will develop 10 questions regarding the services (local, state, national, i.e.) that the medical facility/profession specifically provides. Formatted: Font: 12 pt
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3. The student will interview the invited medical professional (one-on-one/group). The questionnaire must be reviewed and approved by the teacher prior to the interview. Deleted:
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4. The student will write a report based on his/her findings.

Materials:
AIDS: GET THE FACTS
pens/pencils Formatted: Font: 12 pt

Homework:
The student will submit the report based on the questionnaire responses. Formatted: Font: 12 pt

Assessment:

1. The student questionnaire.
2. Student participation of interview process.
3. Report assigned as HW

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Adaptations:

A classroom collage may be designed including magazine, journal, newspaper cut-outs and medical services collected through questionnaires created by all students.

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Notes to teacher:

The student may share information with parent/guardian and may even invite them (assuming they are in the medical profession) to class. (Refer to Work-Site AIDS Package and Speakers' Bureau policy and procedures).

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M-6-3

Subject: Health/Life Management Skills

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Topic: HIV/AIDS

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Lesson: Lesson 6: Community Resources Using Internet: Activity 3

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Grade: 6 7 8 10

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CBC: VI-2-A VII-7-A VII-6-E X-6-A

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Objective:

Locate and research various on-line health information web sites on the Internet. Prepare a pamphlet that promotes HIV/AIDS from a specific web site. List its benefits, services and important information available.

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Outline:

The teacher will present to the class a list of web sites to locate HIV/AIDS information. Upon viewing three sites, the students will choose one to focus their pamphlet on. The pamphlet will explain various benefits of this site and promote it to web users.

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Activity:

Students will choose three sites to view and one to focus on. From the chosen site, students will locate information that is useful to a person searching for medical or patient information. The pamphlet will have six sections. The cover will announce the name of the site and its' location, the remaining sections may be placed in any order.

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****Sections:**

- | | |
|----------------------|------------------------------------|
| * Cover | *AIDS information / Support Groups |
| *Detection / Testing | *Medical (Research & Development) |
| *Research / Reports | *Journals / Periodicals |

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Materials:

Board / markers / computer / printer / Internet / word processor / typewriter.

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Homework:

Additional web sites may be used when research is conducted by student, at home. If no computers or Internet are available, class volunteers may print sites from home and teacher can copy them in class sets. Students will use these to choose their focus site for the assignment.

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Assessment:

- 1. Students shall be graded on various aspects of this project.
- 2. Organization, preparation and selection of information.
- 3. Information retrieved from focus cites (print to turn-in with pamphlet).
- 4. Draft of selected information to be presented in pamphlet.
- 5. Final pamphlet. (Include 6 sections) see above**

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Adaptations:

- Resource books, Web site Yellow Pages, see Homework.

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Notes to Teachers:

Web sites to research:

www.cdc.gov www.fda.gov/default.htm www.encarta.com
www.rxlist.com www.infoweb.org www.os.dhhs.gov

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**Middle School
Lesson Six-A**

THE AIDS CRISIS IN OUR COMMUNITY

Strategies:

Before Reading;

Quick Writes: Students write about a topic that the teacher has discussed briefly. Students are not to be concerned about spelling or grammatical issues. The idea is that they write what they think, believe, or have experienced about the topic. Students are given time to read their Quick Writes to a partner.

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During Reading:

Authentic Questions: As students read, they record questions about material they do not understand. These are authentic or genuine questions that come to mind during reading. Questions modeled by the instructor can include difficult vocabulary, why a person did something, how a situation evolved, and discusses possible responses. Students may keep a journal of any unanswered questions.

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After Reading:

Learning Logs: To be used for free writing, explanations, and notes about the reading, scientific observations, and collecting personal thoughts. Students may be asked to write on the specific topic; log may be used to share observations. Other times it may be just a way to record the student's thoughts and questions. The entries may have a focus and other times they may be completely open-ended.

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LESSON 6-A

The AIDS crisis in our community **by Marian Wright Edelman**

A little over a year ago I joined with about 90 others to talk about the AIDS crisis in our Black community at a conference sponsored by the Harvard AIDS Institute. The conference's primary organizer was Mario Cooper, a remarkable and dynamic leader, who is a member of the board of the Harvard AIDS Institute and also works with the National Minority AIDS Council and the Balm in Gilead organization. Mario is Black, HIV-positive, and passionately continued to stopping this growing tragedy.

The conference raised an alarm tocsin which is still being largely ignored in the halls of government and in the streets, churches, and neighborhoods of our people. "AIDS has overtaken homicide to become the number one killer of African Americans aged 25 to 44," Mario reports. "Most agonizing is that the Black community is being ravaged though we know that prevention works."

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It is estimated that, around, a half a million African Americans are infected with HIV. One in five deaths among Black women ages 25 to 44 and one in three deaths among Black men in that age group is from AIDS. These are overwhelming statistics. Here's another that breaks my heart: it is estimated that by the year 2000 as many as 125,000 children in the United States will have been orphaned due to AIDS. Most of these children will be poor and Black.

The numbers of newly reported AIDS cases are increasing for Black and Hispanic men and women, as well as for White women and all children. Only in White men is the rate declining. More than 10 million of the estimated 30.6 million adults infected with HIV worldwide are women, and ninety percent of women with HIV/AIDS have been infected through heterosexual intercourse. Because of these staggering numbers, infants are today increasingly in jeopardy of being born HIV-positive. What can we do? A lot. One thing is that a major effort must be directed at HIV-infected pregnant women who can cut the chance of transmission to their babies by two-thirds if they receive AZT during pregnancy.

Mario Cooper suggests that Black people, especially Black women, must begin to value ourselves more. Black women must be "empowered to say to a drug-using boyfriend, 'Use a condom, or you're out of here!'" We must call on our Black churches, businesses, community-based organizations, schools, and journalists to join together in a national emergency effort to better inform Black families about HIV/AIDS prevention, education, care, and treatment. We must insist that elected officials are responsive to the Black community and become actively engaged in HIV/AIDS prevention and public policy issues.

Another thing we must do is talk to our children. You can begin by asking them what they've learned in school about HIV/AIDS. Start a conversation about choices and consequences, and about taking responsibility for decisions and control over their lives. Learn more yourself so you can teach your children. Take part in local events, such as AIDS walks or benefits, and involve your children. Rent a movie about HIV/AIDS, such as Magic Johnson's educational video, and watch it with your children. And while we're teaching our children about what not to do, teach them about what to do, like valuing themselves and their good health. This is a good time to talk about drugs, teen pregnancy, and even nutrition as well. Make sure you teach these lessons in a positive, non-judgmental way. Let your children know that discrimination against people with HIV/AIDS is wrong, and that it's okay to be friends with HIV-positive kids because HIV is not spread through casual contact. In a recent column I suggested you could volunteer in your community to help a family afflicted with AIDS be a driver, a baby-sitter, a friend in need. When you do this, take your child along, and use it as an opportunity to educate them about the disease as well as to help them learn that service is the rent we pay for living on God's beautiful earth.

Marian Wright Edelman is president of the Children's Defense Fund and a working committee member of the Black Community Crusade for Children (BCCC). In 1998, CDF celebrated 25 years of advocacy, service, and leadership to build a movement to Leave No Child Behind.

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Marian Wright Edelman is an EPN Featured Columnist.

THE AIDS CRISIS IN OUR COMMUNITY QUESTIONS

Directions: Read each question carefully and select the best answer.

LA.A.1.3.2

1. Read the sentence below.

“Most agonizing is that the Black community is being *ravaged* though we know that prevention works.”

What does the word *ravaged* mean in this sentence?

- A. idle
- B. ruined
- C. commented
- D. elated

LA.A.2.3.1 – Extended Response

2. According to the information in the article, what were the main reasons why Mario Cooper considered AIDS to be a crisis in the Black community? Use details and information from the article to support your answer.

LA.A.2.3.8

3. How does the writer of *The AIDS Crisis in Our Community* argue her case?
 - A. by establishing a cause-effect relationship.
 - B. by giving statistics to support her viewpoint.
 - C. by describing the current situation with women.
 - D. by making comparison between Black men and Black women.

THE AIDS CRISIS IN OUR COMMUNITY ANSWER KEY

1. B – ruined
2. A top-score response will include at least three of the following:

Main Reasons: (1) AIDS is the number one killer of African Americans; (2) Black women must value themselves; (3) involvement of Black community base organizations; (4) risk of infants and children.

Answers may vary.

3. B – the agonizing data gives credence to the AIDS crisis.

**Middle School
Lesson Six-B**

HIV AND MIAMI'S YOUTH

Strategies:

Before Reading:

KWL – On the board or transparency write the KWL chart. Have students fill out the K and the W. Discuss.

During Reading:

Jump In Reading: Have students jump in when other students are finished with their reading.

After Reading:

Refer back to the KWL chart. Discuss the K and W, and select certain students to share what they have learned from the article. Complete the chart.

One Sentence Summary: Have students use the information from the article and write a summary.

HIV and Miami's Youth

In Miami, approximately three percent of all new HIV cases are between the ages of 13 and 19 (cumulative data through September, 2002).*

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Since many people who become infected will not develop AIDS for years, it is quite likely that people receiving an AIDS diagnosis in their early or mid-twenties were infected in their teens. Reported AIDS cases in young adults also reveal information about teens participating in behaviors that place them at risk for HIV and STDS.

It is unknown how many additional Miami teens may be infected with this virus. What is known about adolescents in general is that youth are risk takers and tend to believe bad things will not happen to them. Doubting one's self to be at risk translates into not using protection or not using protection correctly and every time. Since many teens do not see themselves at risk few are getting tested; it is perhaps surprising that we know about as many infected teens as we do.

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Teens having sex are also at risk for acquiring sexually transmitted diseases (STDs). While both girls and boys are being diagnosed with Chlamydia and Gonorrhea, teenage girls have by far the highest rates of both STDs of any age group.

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- Having an STD makes it easier to become infected with HIV.
- Anyone who has HIV and has an STD can more easily pass HIV to a sexual partner.

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The National AIDS Hotline has created two programs, "Parent Calls" and "Classroom Calls." Conference calls can be organized for any group, if they have a speaker telephone and call to arrange for the call ahead of time.

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English service: 1-800-342-2437 (24 hours a day, seven days a week)

Spanish service: 1-800-344-7432 (7:00 a.m. - 1:00 a.m. CST, seven days a week)

TTY for the Deaf service: 1-800-243-7889 (9:00 a.m. - 9:00 p.m. CST)

HIV AND MIAMI'S YOUTH
QUESTIONS

LA.A.2.3.2

1. What was the author's purpose for writing this passage?
 - A. to entertain the reader about Miami's youths
 - B. to persuade the reader to become an AIDS activist
 - C. to inform the reader of the AIDS issue among Miami's youths, and teens in general
 - D. to emphasize the importance of the AIDS hotline

LA.A.2.3.1

2. What is the main idea of this passage?
 - A. The National AIDS Hotline created many programs for youths.
 - B. Having an STD makes it easier to become infected with AIDS.
 - C. "Parent Calls" can assist parents in helping their children.
 - D. Miami teens and youths, in general, are at a higher risk of getting the AIDS virus because of their perception that nothing bad can happen to them and because of the increasing numbers of STDs among teens.

LA.A.2.3.5 – Short Response

3. What is some of the reasons why there is a higher rate of the AIDS virus among teens? Use details and facts to support your answer.

HIV AND MIAMI'S YOUTH ANSWER KEY

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1. C – to inform readers of the AIDS issue among Miami's youths and teens in general.

2. D – Miami's teens and youths, in general, are at a higher risk of getting the AIDS virus because of their perception that nothing bad can happen to them and because of the increasing number of STDs among teens.

3. Short Answer: A correct answer may include the following: There is a higher rate of the AIDS virus among teens because adolescents are risk takers. They don't believe anything bad will happen to them, therefore they don't use protection or they don't use protection correctly. Teens having sex are also at risk for STDs and when they become infected, it becomes easier for them to get the AIDS virus.