



WEST CENTRAL ELEMENTARY  
 1514 OLD US ROUTE 34  
 BIGGSVILLE, IL 61418  
 Phone 309-627-2339  
 Fax 309-627-9919

**The Growth and Developmental Changes Presentation**

Dear Parent(s) or Guardian(s),

West Central 4th grade students will be given the opportunity to participate in a puberty education program called *Growth and Developmental Changes*. The videos talk about the normal changes the body goes through during puberty. Boys will be shown the boys section of the video only and the girls will be shown the girls section only. After the video, Mrs. Torrance may answer questions and talk to the students about hygiene. Due to the topic being discussed, we are obtaining parental permission prior to having your child participate in these informational sessions. Please mark your choice below and return the bottom portion of the form by

**December 13th with your signature.**

In order to make an informed decision, we are providing the links to the videos that will be used as a part of the presentation: (The links can also be found on the West Central website under "health information" or scan QR code below.)

- **Personal Hygiene** - <https://www.youtube.com/watch?v=jQ2e0KH5WrI&t=26s>
- **Always Changing and Growing Up for GIRLS**  
<https://www.youtube.com/watch?v=gV21b3ZpSLg>
- **Always Changing and Growing Up for BOYS**  
<https://www.youtube.com/watch?v=2XF0awGRTWs>



In addition, here is the link to the slides that will be used as a part of the presentation being given by our school nurse, Paige Torrance.

[https://www.canva.com/design/DAFesEQB8z4/qels2ghWMC-1OC\\_Q0hVJ\\_g/view?utm\\_content=DAFesEQB8z4&utm\\_campaign=designshare&utm\\_medium=link2&utm\\_source=sharebutton](https://www.canva.com/design/DAFesEQB8z4/qels2ghWMC-1OC_Q0hVJ_g/view?utm_content=DAFesEQB8z4&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton)

Please mark your choice below and return the bottom portion of this form to the elementary by December 13th, 2024. We will plan to present this information during the week of December 16, 2024.

	As the parent or guardian of _____, I give my permission for him/her to participate in the puberty education program called <i>Growth and Developmental Changes</i> .
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	As the parent or guardian of _____, I DO NOT give my permission for him/her to participate in the puberty education program called <i>Growth and Developmental Changes</i> .
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_