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## **Choctaw Nation Better Beginnings**

### **SMART Program**

PO Box 88 Hugo, OK 74743

580-326-8304 Fax: 580-326-2410

Dear Parent or Guardian:

The Choctaw Nation **SMART** Program will be implementing an evidence-based educational curriculum Positive Potential in **School Districts located in Choctaw, McCurtain, Bryan, Atoka, Pittsburg & Pushmataha counties.** The Positive Potential curriculum will be taught to Middle School students in grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup>. This program is funded by the Department of Health and Human Services Office of Population Affairs. The project goal is to have a significant impact on reducing rates of teen pregnancy by replicating evidence-based teen pregnancy prevention programs in middle schools. The Counties of Choctaw, McCurtain, Pushmataha, Bryan, Pittsburg and Atoka counties have some of the highest teen pregnancy rates in Southeast Oklahoma. This program helps students learn ways and practice ways to get out of risky situations. Each grade level will receive age-appropriate lessons that progress with the students as they move on to the next grade level. All lessons will be taught by trained instructors from the Choctaw Nation SMART Program during the school day. **In 6<sup>th</sup> grade, students will receive 5 lessons.** The lessons focus on peer pressure and how to set boundaries. The Positive Potential program includes several homework activities to help parents and children talk about personal limits. This homework is voluntary, and students will not share their parent's answers in class. You are welcome to preview the Positive Potential materials. Please contact **Christi Hammons** at **580-326-8304** to arrange a preview time and answer any questions you may have about the program.

Please review the information below, sign and return this form to the school.

Thank You for Your Support

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### **6<sup>th</sup> Grade Curriculum Positive Potential Goals:**

The primary goal for the Positive Potential program is to provide information that will enable students to understand that they are valuable and that attached to that value is purpose. We believe that each one of the students has a significant role to play in society. Furthermore, we want them to acknowledge that if they can just catch a glimpse of who they really are and discover what they are capable of doing, they can have a vision to succeed, thereby creating a positive legacy. When a student has the understanding that every decision, they make can have an effect on one if not all of The Five Parts to their Whole Person (Physical, Emotional, Mental, Social, and Spiritual) combined with their understanding of value and legacy, their chances of success in life are greatly improved. But how will they know what to do? Positive Potential provides them with the necessary skills and tools to use when faced with common everyday challenges. By incorporating refusal skills and reinforcing positive youth development, the

students can become more confident in themselves and in their ability to take on life's greatest challenges.

**Informed Consent 6<sup>th</sup> Grade Positive Potential:**

It is the Choctaw Nation's interest to analyze all the aggregated data collected from the total student body and share those results with the Office of Population Affairs, Choctaw Nation of Oklahoma and School Board Professionals upon request if they so desire. Data will represent the total study population which includes targeted schools in Choctaw, McCurtain, Pushmataha, Pittsburg, Bryan and Atoka counties with similar demographics, but could be drafted by individual school districts to inform school professionals of future curricula materials that may be beneficial to their individual school.

**Please check one of the choices below, sign and return to school.**

**I give permission** for my child to participate in the Positive Potential Program, in which study personnel will gather the data necessary to evaluate the program's success from my child's participation. It is further understood that precautions will be taken to protect my child's confidentiality.

**I do not give my permission** for my child to participate in the Positive Potential Program.

\_\_\_\_\_  
Parent or Authorized  
Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date