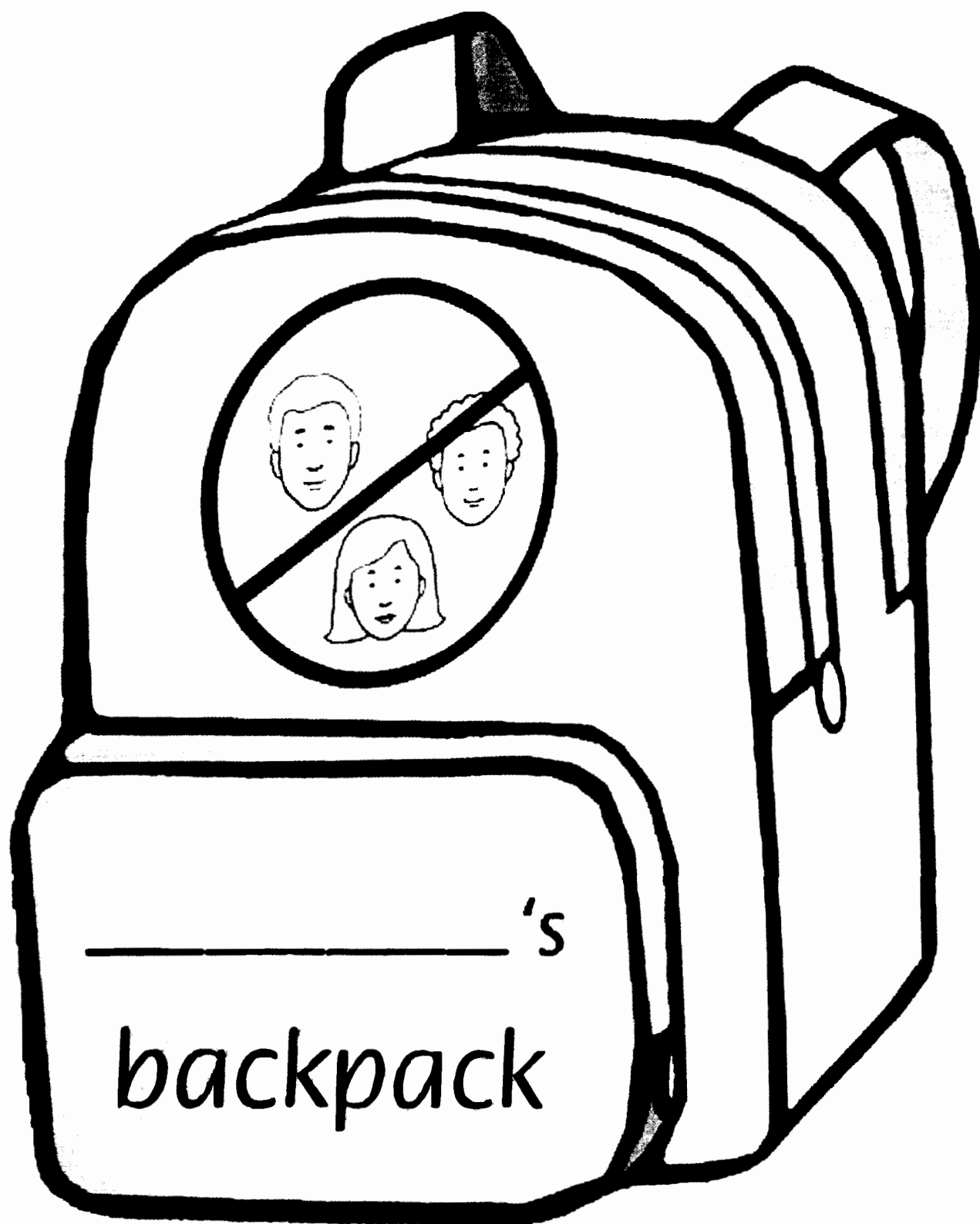
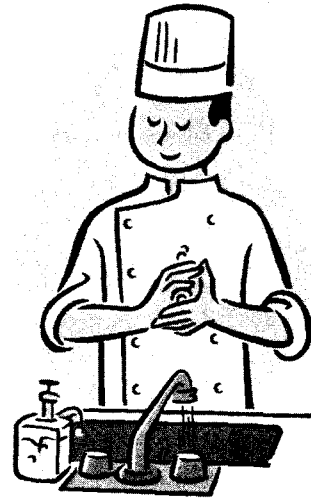
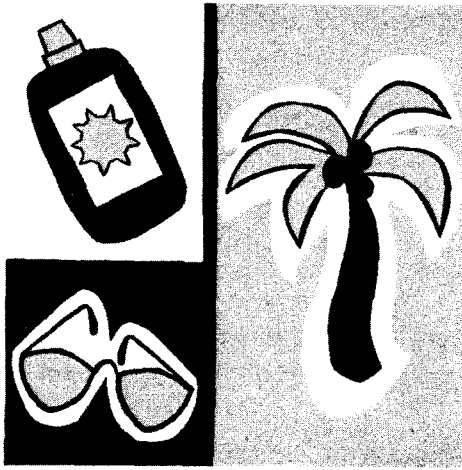
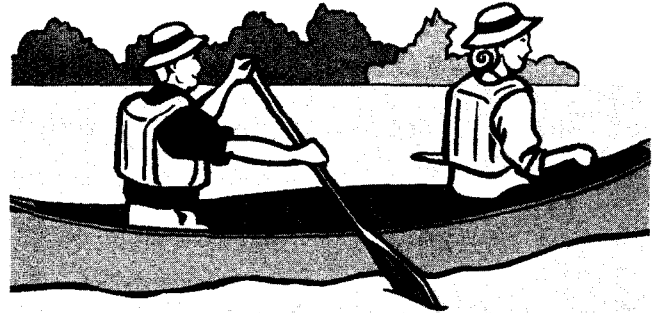
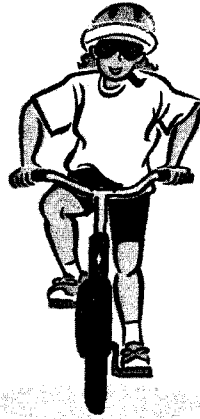


Boy's Backpack



Name _____

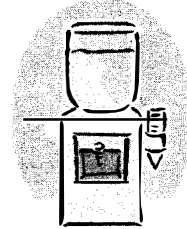
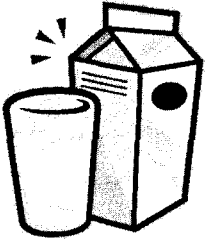
Safety First



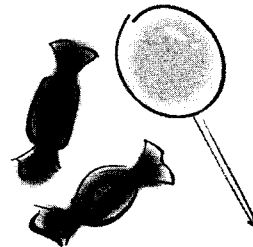
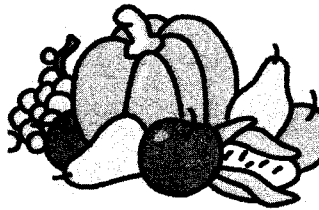
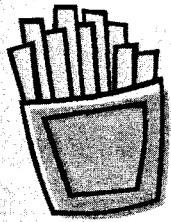
Name _____

Live Long and Strong

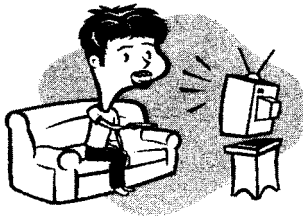
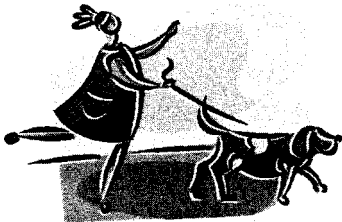
1.



2.



3.



4.



Name _____

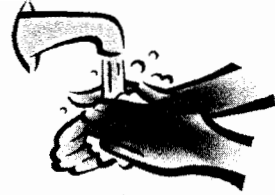
I Can!

1. I can remember to wash my hands after using the bathroom.

No

Sometimes

Yes



2. I can take a bath or shower by myself.

No

Sometimes

Yes

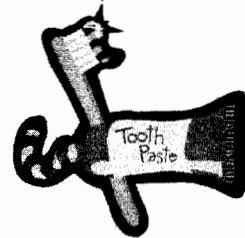


3. I can remember to brush my teeth before bed.

No

Sometimes

Yes



4. I can take time to exercise almost every day.

No

Sometimes

Yes

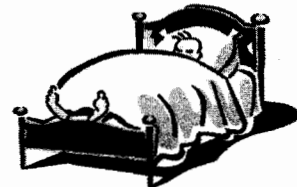


5. I can get a good night's sleep.

No

Sometimes

Yes



6. I can make a healthy snack.

No

Sometimes

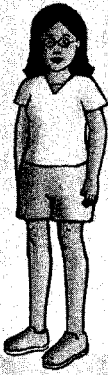
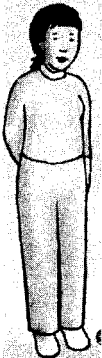


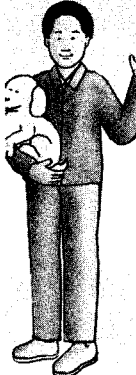

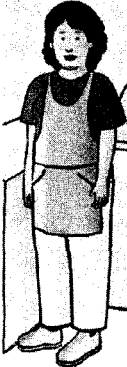
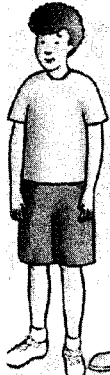


Yes



Male and Female

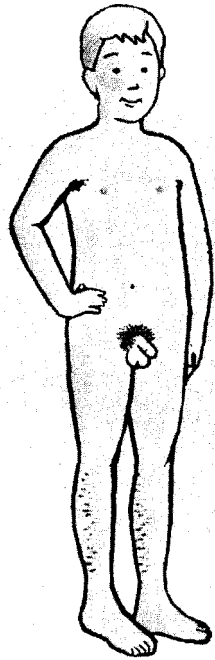
Male

Female

									
girl	aunt	uncle	grand-mother	man	grand-father	woman	boy	Mr.	Mrs.

Name _____

A Boy's Body



head

neck

arms

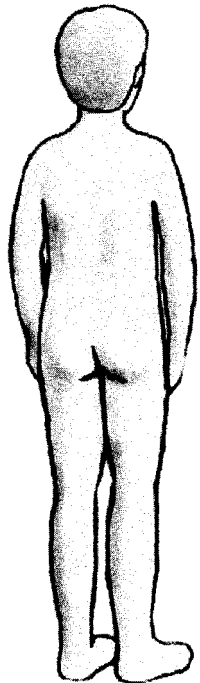
chest

pubic area

penis

scrotum

feet

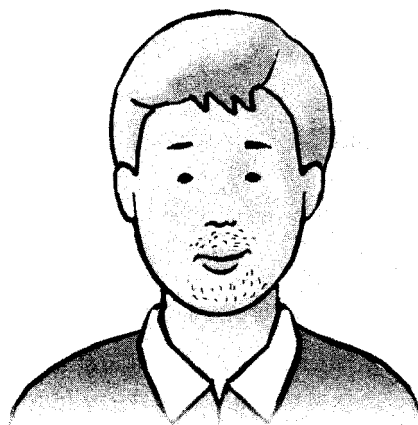
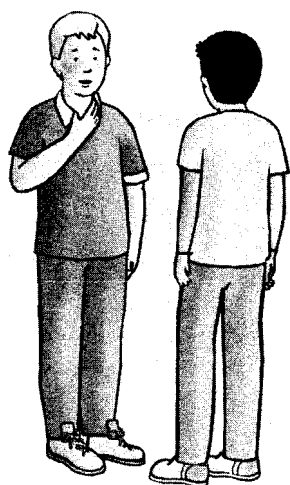
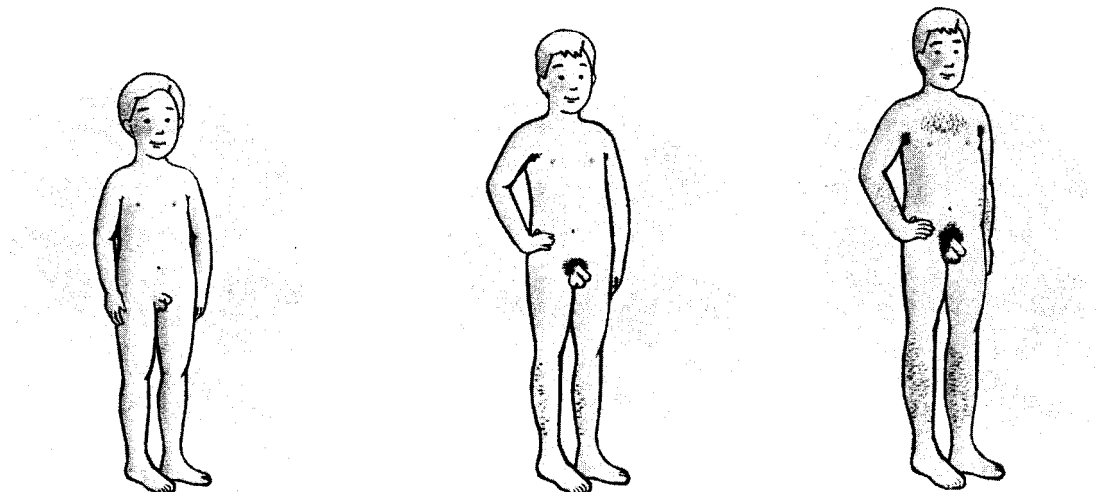


back

bottom

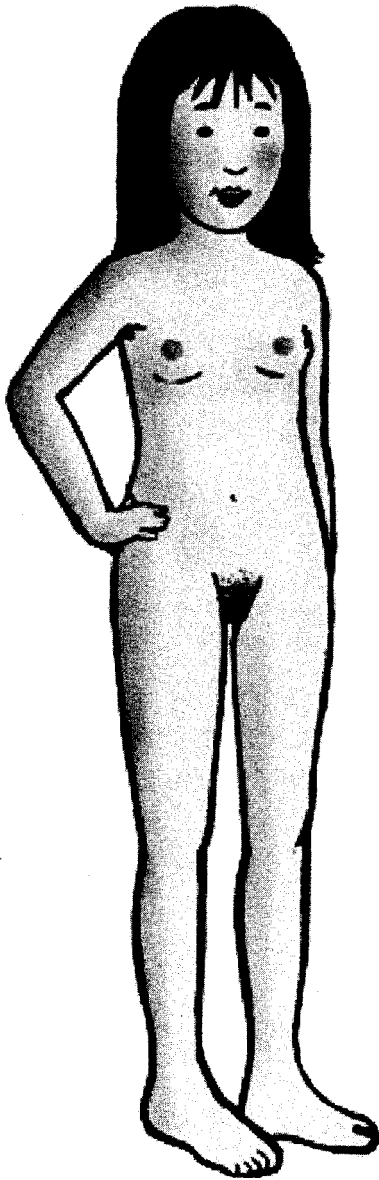
anus

See Josh Grow



Name _____

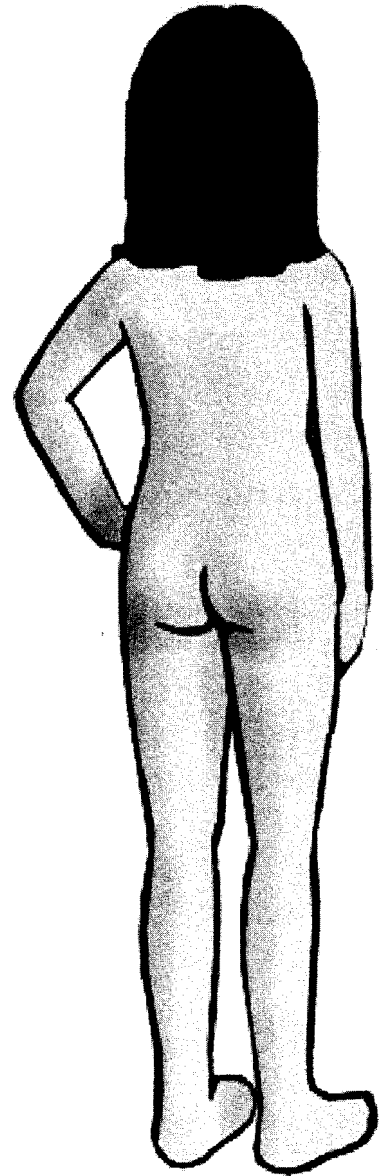
A Woman's Body (on the outside)



breasts

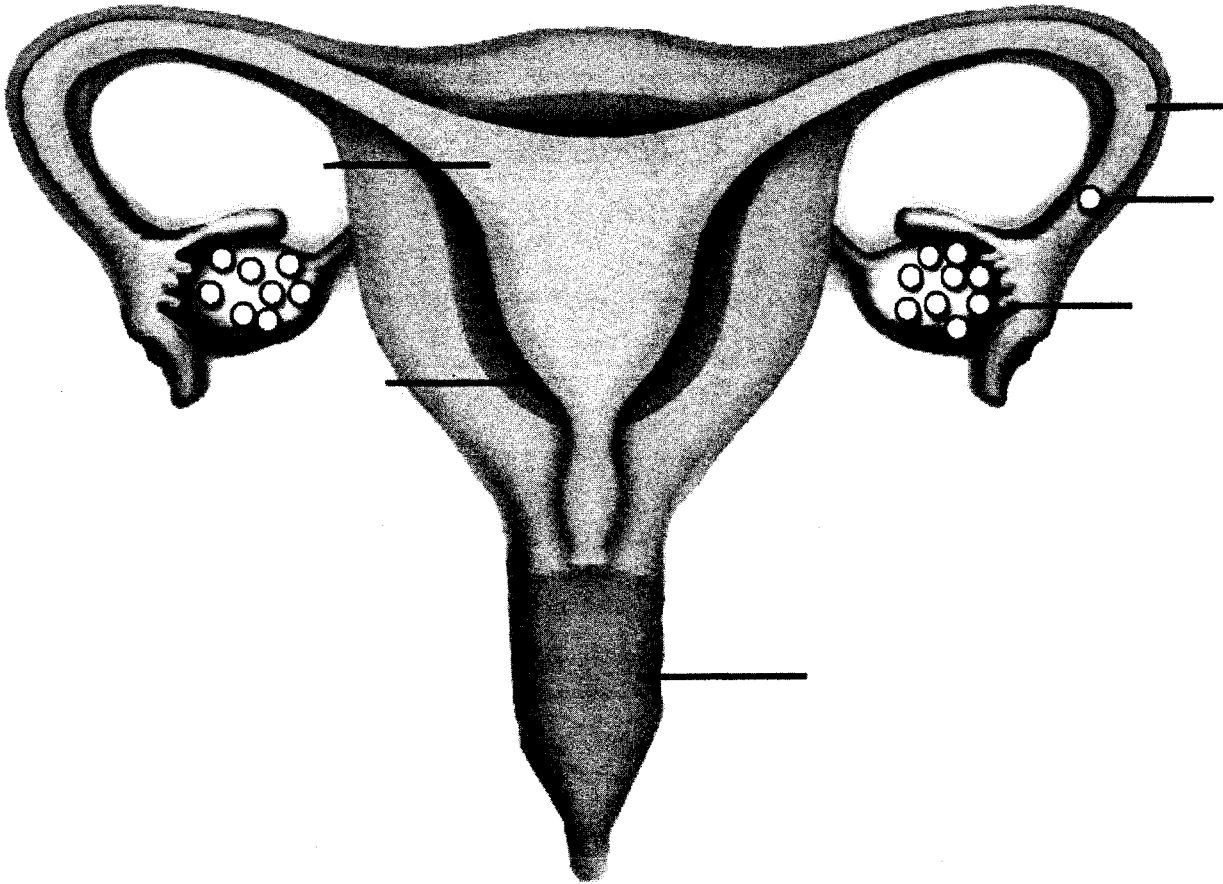
pubic area

bottom



Name _____

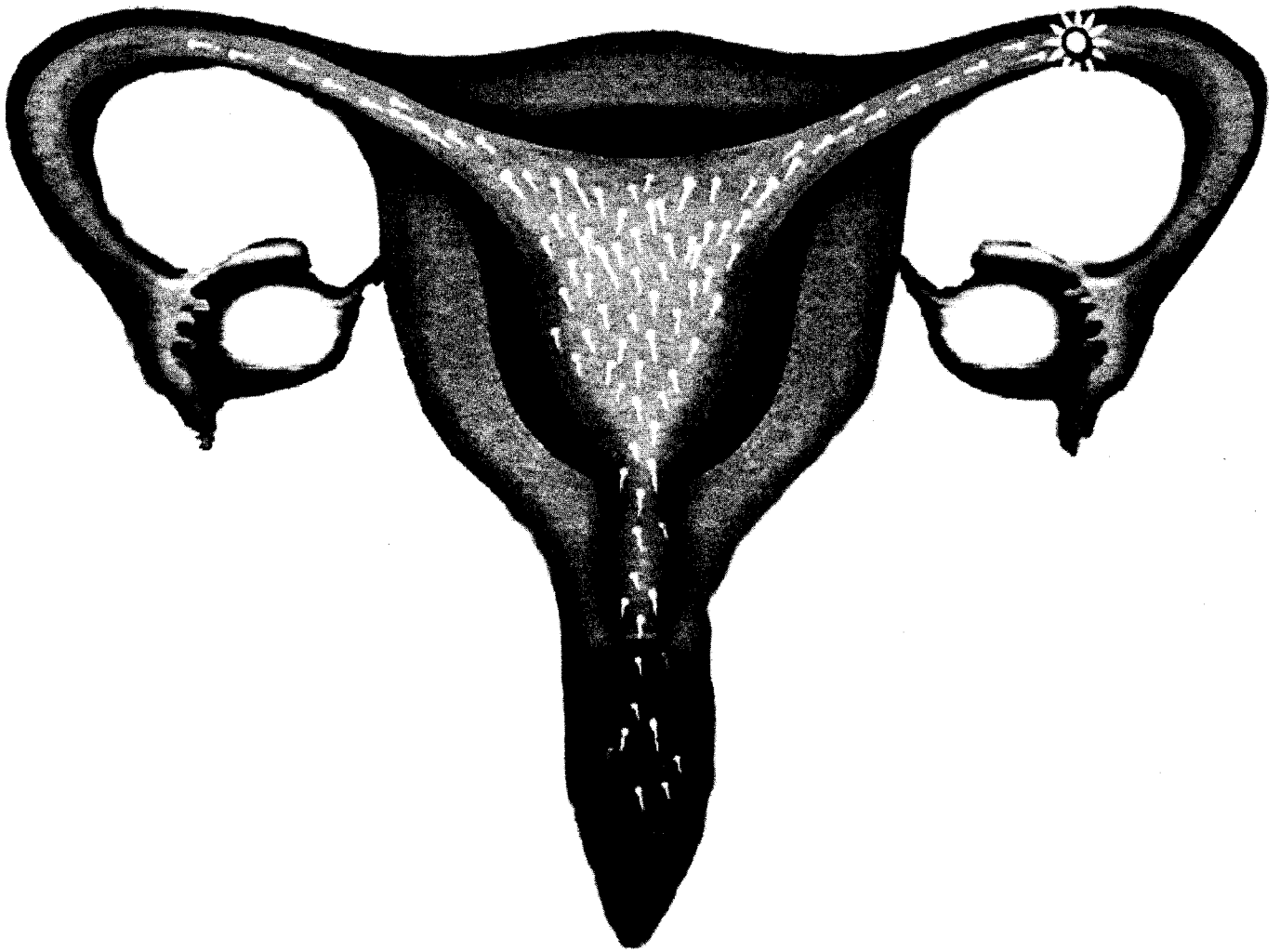
A Woman's Body (on the inside)



ovary	egg	tube	uterus	lining	vagina
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Name: _____

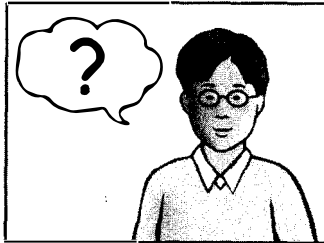
The Makings of a Baby



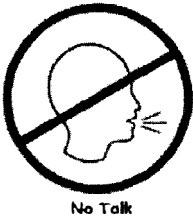
Good Rules About Sex



Sex is very private business.



Thinking about sex is okay.



Talking about sex in public is not okay.

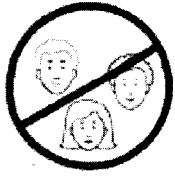


Having sex is how babies are made.

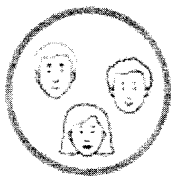
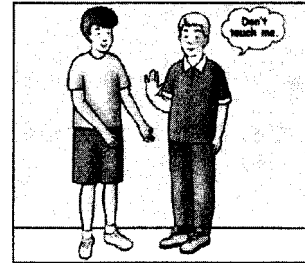


Babies need special care by responsible adults.

Name that Icon



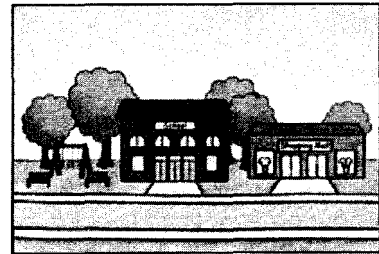
No Look



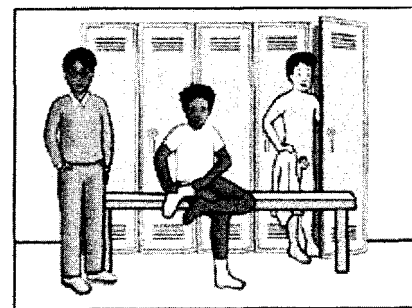
Public



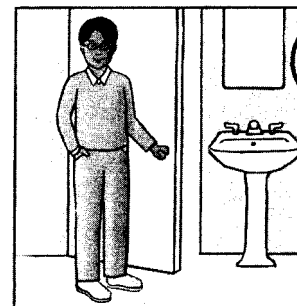
No Touch



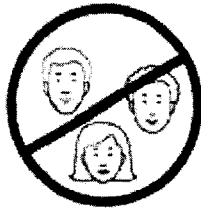
Private



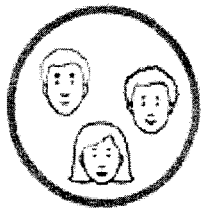
No Talk



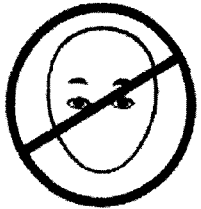
Icon Index



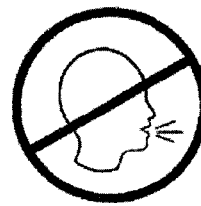
Private



Public



No Look



No Talk



No Touch

Name _____

Someone to Talk To

Name: _____

Place: _____

Daytime phone: _____

Nighttime phone: _____

Cell phone: _____

Name: _____

Place: _____

Daytime phone: _____

Nighttime phone: _____

Cell phone: _____

Name: _____

Place: _____

Daytime phone: _____

Nighttime phone: _____

Cell phone: _____