



MEETING NOTES

Meeting Notes are not official until voted on by the Board of Education at its following Regular Meeting.

- A1 President called the meeting to order at 6:40 p.m.
- A2 Members present: Mrs. Crowley, Mrs. Long, Mrs. Murdoch, Mr. Perry, and Mr. Vorst

B PROGRAMS / PRESENTATIONS

- B1 K-12 Health and Wellness Course of Student Presentation – Curriculum Department
Presenters: Cori Kindl, Executive Director of Curriculum
Herb Higginbotham, Director of K-5 Education
Jacob Grantier, Director of Secondary Education
Kevin Hunt, Teacher Leader K-12 Electives

Good evening everyone. As Dave said, my name is Cori, and I'm our district's Executive Director of Curriculum and instruction. On behalf of the K-12 Health and Wellness Curriculum Revision team, we're excited to present the district's K-12 Health and Wellness Course of Study for adoption.

Herb Higginbotham, Jake Grantier, and Kevin Hunt are joining me for tonight's presentation. Together we will provide you with an overview of the curriculum revision process, a synthesis of stakeholder feedback, student data analysis, health legislation and research, and a summary of the committee's work. In addition, tonight's presentation will include a preview of the course of study with important considerations for you as you take the next 30 days to review before voting for adoption at the February board meeting.

Before we begin, I thank the 40 educators who comprised the district's K-12 Health and Wellness Curriculum Revision team. It consisted of educators from seven elementaries, both sixth grades, all three middle schools, all three high schools, and the online academy. The team included elementary grade level teachers, elementary physical education teachers, secondary health and PE teachers, school counselors, mental health specialists, intervention specialists, school nurses, EL staff, administrators, and directors.

I want to thank our exceptional teacher leaders, Kevin Hunt and Betsy Long, for their leadership and expertise. Kevin and Betsy led our revision teams, providing meaningful professional development, and guided the committee in designing this course of study. I would also like to thank Tanner Atha, our digital content creator for the district, who designed and branded this course of study. Thank you so much to all of those people.

Curriculum revision occurs cyclically to ensure that the learning standards are taught with fidelity, incorporating current legislation and research within health and wellness and using evidence-based instructional strategies and practices to maximize students' knowledge and skills. In addition, resources are evaluated for alignment and intentionality. The curriculum revision process aims to define and communicate what all students will know and be able to do at each grade level and within each course of every content area to ensure that all of our students are ready for tomorrow.

Because we've just gone through the ELA revision process, I will not take time to review the phases of a curriculum revision process. But for this presentation, know that we just concluded phase one of the health and wellness course of study. So I'll share a little bit of the specifics about the things that occurred during that phase.

So, last February, we began this revision with a parent survey asking our community and families if they'd like to provide input about what's important to them in their child's health and wellness education. We had 208 families respond.

Next, we launched a committee application process, inviting our educators to apply to the committee. We selected forty educators representing our diverse background in the schools I mentioned earlier. We provided a survey to all of our health teachers, all grade level teachers, and all secondary health and PE teachers, asking for their input and voice on what is essential in the health curriculum. Over eighty teachers responded to this survey.

We then conducted student focus groups with over 90 students across all grade levels to ask them what was important to them in their health education.

From there, we compiled all that information and launched our curriculum revision team in March last school year.

Several influential factors have been considered in designing this health and wellness course of study, including our stakeholder feedback from parents, teachers, and student focus groups. We also considered and incorporated the most current legislation around health education mandated to us through the Ohio Revised Code. In addition to research from the Centers for Disease Control and Prevention and the Ohio Department of Education, we analyzed data from Ohio students across the state and the correlation between health and academics. This led to the creation of a vision for health education within Hilliard City Schools and instructional commitments adhered to by our teachers. And then finally, we incorporated the National Health Education Standards.

At this time, our team members will share a brief summary of each of those influential pieces.

An important first step in our course of study revision process was eliciting feedback from our stakeholders about what they would like the committee to consider before revisions take place. As Cori shared, we received input from 378 parents, students, and teachers about what they would like to be considered in the revision process. The revision committee reviewed the responses from our stakeholders and summarized common themes to guide the revision process. And we wanted to share some of that feedback with you.

Our elementary students were interested in learning more about mental health and wellness strategies. They also requested increased time for movement (physical activity), more recess time, strategies for friendships and sportsmanship, more calming spaces and strategies for dealing with anxiety, focus on the why behind nutrition and wellness and the impact on health, and more information on viruses – what hurts you and why.

At the secondary level, across all secondary grades, students have asked for an equal emphasis on physical and mental health. For example, in sixth grade and middle school, students reported a desire to learn about hygiene, coping strategies to deal with stress and anxiety, and the features of healthy relationships.

At the high school level, our students are looking for spaces where judgment-free conversations can focus on topics most relevant to their lived experiences, including human growth and development, substance use and addiction, and stress and anxiety management.

When we examined the parent input from our 209 stakeholders that submitted that information, our parents overwhelmingly are looking for a focus on scientifically accurate, evidence-based health education with a comprehensive approach addressing physical, mental, social, and emotional wellness. When they think about the development of life on healthy habits and the education that can lead to those habits for their children, they think about nutrition and fitness, physical wellness, mental health, and substance use. In addition, an overwhelming number of our parents want us as educators to normalize discussions about the human body and its functions in an age-appropriate manner.

An example of elementary parent feedback similar to other parents: “It’s important that a comprehensive health curriculum is utilized across all grades that addresses the physical, social and emotional aspects of health through lessons that are age appropriate and scientifically accurate.”

A secondary parent example: “What is important to me is that my children are taught health concepts that are rooted in evidence and research. Ideally, they are being taught concepts using the most current and rigorously vetted studies. Health concepts and information should be presented in an objective format and not attach any type of subjective judgment to the lessons being taught.”

Staff feedback was also an important part of the revision process. For example, the staff asked for age-appropriate topics in grades K-12, research and evidence-based resources in support of the approved curriculum, and district-defined and approved K-12 scope and sequence – what to teach, when to teach it. Staff also asked for areas of emphasis providing equitable access to learning focused on physical, mental, social, and emotional health and well-being, such as nutrition, fitness, body systems and functions, hygiene, mental health, and body positivity, coping strategies and stress management, and substance use and addiction.

And one thing that I hope you were able to see is that overall the committee recognized common themes among all stakeholder groups, such as basing revisions on scientific evidence and research, support for physical and mental health, and information about nutrition and fitness.

So common themes make sense, but there’s also the law we must follow. The committee started with what the law asks all of us regarding the health curriculum and how we incorporate all of the needs and wants of our community into that. One thing that makes Ohio a bit unique is that Ohio law does not permit the State Board of Education to adopt health education standards. However, Ohio law directs schools and

Notable State Legislation

No Standards Adoption Allowed

- ORC 3313.60
- ODE: “Ohio law does not permit the State Board of Education to adopt Health Education Standards in Ohio. Ohio law does direct schools and districts to include health education and other related topics at various times throughout its K-12 curriculum.”
- For decades, the National Health Education Standards have become the accepted reference on health education, providing a framework for the adoption of standards by most states.
 - Our Course of Study is based on these standards

districts to include specific topics, and I'll explain some of those topics here in a second. For decades the National Health Education Standards have been accepted as the reference point in many states and districts across the country. So, our course of study is based on the National Health Education Standards, which are developed alongside the Centers for Disease Control Protection.

So, in terms of what is in the law (state-mandated topics), you see them here by grade band. So in kindergarten through sixth grade, students are expected to encounter the nutrition and the nutritional value of foods, harmful effects of drugs, alcohol, and tobacco, personal safety, assault prevention, and prescription opioid abuse prevention.

State-Mandated Topics		
<p><u>K-6 Grade Band</u></p> <ul style="list-style-type: none">• Nutrition & nutritive value of foods• Harmful effects of drugs, alcohol, and tobacco• Personal safety and assault prevention• Prescription opioid abuse prevention	<p><u>7-8 Grade Band</u></p> <p>Everything from the K-6 Grade Band, plus:</p> <ul style="list-style-type: none">• Venereal Disease education• Dating Violence prevention	<p><u>9-12 Grade Band</u></p> <p>Everything from the 7-8 Grade Band, plus:</p> <ul style="list-style-type: none">• CPR/AED Education• Process of making an anatomical gift, with emphasis on organ & tissue donation

When we look at the seventh and eighth-grade band, the mandates say everything from the first column and venereal disease education and dating violence prevention. Then in the ninth through the twelfth-grade band, we're looking at everything from the left and incorporating CPR/AED education and organ and tissue donation.

I want to note that these are the state-mandated topics by grade band. Our educator's committee thought that many of these topics are not just a one-stop in kindergarten through sixth grade but are probably better off being revisited many times in that grade band, not just the mandated one time.

Venereal Disease Education is one state mandate that must be part of the curriculum. In addition, the curriculum must emphasize abstinence as the only protection 100% effective against unwanted pregnancy, sexually transmitted diseases, and HIV/AIDS. This is the explicit instruction every student receives regarding sex education.

The committee also incorporated the new state law, the SAVE Students Act (House Bill 123). It takes effect on July 1, 2023. And so, essentially, this impacts grades six through twelve. The law requires either one standard class period or one hour of instruction each year in grades six through twelve on suicide awareness and prevention, safety training and violence prevention, and social inclusion. As you may have noticed, violence prevention is part of the state mandate for all grades, but this law requires these topics to be hit every year in grades six through twelve, regardless of whether the student is in a health class.

So, the chart below shows the overall learning progressions and when students would encounter these topics over their K-12 career.

Health Education Topics	K	1	2	3	4	5	6	7	8	9	10	11	12
Alcohol, Tobacco, & Other Drugs													
Body Systems													
CPR/AED													
Exercise / Physical and Personal Health													
Growth and Development													
Interpersonal Relationships													
Nutrition													
Personal Safety (Violence Prevention)													
Prescription Opioid Abuse Prevention													
Social Inclusion Instruction													
Suicide Prevention / Awareness													
Organ Donation													
Well Being													

BOLDED topics denote a state mandate
 ★ indicates grade level that includes Venereal Disease mandate

As noted at the bottom of the slide, the bolded topics are state-mandated, and then the star indicates the grade level that would include the venereal disease mandate. If you look right in the middle, the pink line for nutrition is shown every year in grades K through five, even though nutrition is only really mandated to be taught once in the K through the sixth-grade band. The committee thought there were things that we should be teaching each year. Although sixth-grade is not shaded, that doesn't mean no sixth-grader will hear about nutrition. Sixth graders get to choose elective classes, and some of those classes may incorporate nutrition. So, the grade levels that are shaded in notes that every student in the grade level will receive that instruction.

Regarding student data, there wasn't much as far as what we had other than our focus groups that incorporated students, parents, and community members. However, the Centers for Disease Control's (CDC's) research found that providing health education as early as possible can help youth to develop positive well-being, academic success, and healthy outcomes into adulthood. They also found that the most relevant areas to adolescents today are:

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections, including HIV infection
- Alcohol, tobacco, and other drug use
- Unhealthy dietary behaviors
- Inadequate physical activity

If you think back to the slide that had the state mandates on it, those are all the things the state has said need to be part of the health curriculum. And it's all of the things our feedback has shown as well. So, for example, the Society for Health and Physical Educators (SHAPE) stated, "when we include health education in our efforts to decrease absenteeism, reduce bullying, promote social-emotional health, and increase student ability to be college and career ready, we provide a platform for success." So it starts with the idea of health in all areas for all students and then creating a successful model for them throughout any content areas of their education.

The CDC conducts the Youth Behavior Risk Survey, which was last given in Ohio in 2019 and included about 10,000 students. Hilliard students did not participate in this survey. However, we thought it was a good way to show that what is being seen nationally is also what's being seen on the state level and in our community.

This slide shows some of the choices that students make. And all of these numbers are included on page 11 of the course of study. All of these survey results match what our curriculum recommends.

56.9%	Not active for 60+ minutes for 5 out of 7 days	7.4%	Been part of sexual dating violence
80.9%	Did not get 8+ hours of sleep on school nights	37.7%	Ever had sexual intercourse
49.1%	Texted or emailed while driving	26.5%	Currently sexually active
47.7%	Tried a vape product or e-cig	55.3%	No condom use during last intercourse
25.9%	Currently drinking alcohol	33.0%	Felt sad or hopeless within previous year
65.3%	Drink soda/pop	15.6%	Seriously considered suicide
19.0%	Involved in a physical fight in past year	10.2%	Made suicide plan
10.0%	Been part of physical dating violence	6.8%	Attempted suicide

So, we wanted to ensure we included the SAVE Students Act (part of the new law effective in July) in our curriculum. These numbers and the state mandates speak to this also.

The last thing I'll mention is the committee's work and our timeline. We started the process in March of 2022 and worked our way through ensuring that we had all of the state mandates. Then, in May, we began looking at each of the great bands and examining our current practices. In June, we created our vision, mission, and learning progressions to define and determine how often we should visit these topics. Next, we spent the summer developing possible lessons and what those would include to meet the mandates and student needs. Then in August, we met as a committee to review our accomplishments and determine the next steps. Since then, Cori and the rest of the team have completed the course of study for your review.

I want to end by saying a huge thank you to the committee. They all worked tremendously hard, some of whom had been at it before we formed the committee.

You can access the course of study and this presentation in your board canvas course. The major sections include our district philosophy and vision statements, educational goals, health and wellness vision, and teacher instructional commitments. It also consists of the K-12 National Health Education Standards, the scope of sequence for each grade band, and an overview of our assessment practices. As Kevin mentioned, a large portion of this course of study is explaining and defining the Ohio Revised Code and the legislation that we are required to teach, as well as research and evidence-based practices within health and wellness.

The course of study also further defines the eight national health education standards and the performance indicators associated with each standard by grade band. I want to note that the national health education standards have been in effect for over 20 years. They were first developed in the early two thousands with support from the American Cancer Society. A joint committee was formed, including American Public Health Association members, the American School Health Association, and the American Association for Health Education. Virtually every state except ours, because legally we're not allowed to do so, have adopted those national standards as their state standards for teaching their students.

A couple of special notations about the scope and sequence of the course of study: on page 35, you'll see an optional sex education parent opt-in curriculum. So, the Ohio Revised Code allows school districts to offer sex education to students whose parents submit written permission. This curriculum would only be available to students whose parents want a more comprehensive curriculum for their child about sex education. As Kevin mentioned, the district only provides venereal disease instruction to students prescribed by Ohio Revised Code, which emphasizes abstinence as the only protection 100% effective against unwanted pregnancy and sexually transmitted diseases.

A student may also be excused from the mandated venereal disease instruction by written request from their parents. So, parents can opt their child out of the state mandate if they're uncomfortable with that. But, also, we heard from about a third of our parents on their survey requesting a more comprehensive sex education curriculum. And because the law allows us to provide parents with that opt-in instruction, the curriculum committee is recommending that we have the ability to do so for our parents.

The next step would be for you to review the course of study during January before voting for possible adoption at the February 13 board meeting. There is a draft of this course of study on the district website. We are also providing parents the opportunity to provide feedback through January 31.

After approval, we will begin exploring the other curricular pieces, such as what that opt-in sex education would entail. So, again, thank you, and I'm happy to answer any questions.

Mrs. Murdoch said she wanted to ensure she's using her financial background in opt-in like affirmative consent and that it's the same thing here. So, if a parent wants their child to have education beyond abstinence and forgets to opt in, then their child will not get that education. Mrs. Kindl replied that is correct. Every student enrolled in a secondary health class receives a letter at the beginning of the year to inform our parents about all the topics taught in that class. We explicitly discuss the venereal disease instruction, which is the state mandate. If we approve this course of study, we will create a process that communicates that optional sex education curriculum and provide parents with a way to opt into that curriculum. So, no student will receive that optional sex education curriculum unless their parent provides written consent requesting that instruction.

Mrs. Murdoch added that the key difference is that the venereal disease is opt-out, and the additional sex education is opt-in. Mrs. Kindl replied correct.

Mr. Perry said that's what he understood as well. This is the baseline; you can go down or up from there, and we love giving parents options whenever possible. He also appreciates that we're listening to parent and community feedback.

Mr. Perry stated that a scientifically driven course of study and appropriate resources were mentioned several times. He asked what resources we would use and how those resources would be vetted. Mrs. Kindl explained that this would occur in phase two of the curriculum revision process. Right now, we have a draft of the course of study to understand what topics we are required to teach, topics requested by parents, and the associated standards. Once the course of study is approved, we will move on to resource alignment and application. We will review the topics we teach, the grade levels in which they will be taught, and the best resources available. The Ohio Department of Education provides a list of many suggested and already vetted resources around all of those mandated topics. So, that will be our starting point.

Mr. Perry then stated it's almost like we thought this through. Thanks to the whole team who put a lot of work into this; it shows.

Mr. Stewart added his thanks to Cori and her team. Obviously, one of these course revisions is a huge lift. They've already delivered two in this school year alone and are ready to jump into a third. So it's an enormous amount of work for this team and the entire committee. And I wanted to thank them publicly for that.

Mrs. Crowley seconded his thanks. I had a lot of background knowledge for the ELA one, but this presentation included a lot of new information for me, so I appreciate the comprehensive overview.

Mr. Vorst said he wanted to echo my thanks to you and your team for all your hard work. It's apparent that you put a lot of time and thought into this, and it looks great. He was pleasantly surprised to see that we mandate teaching CPR and AED skills and asked if it's a general course or if students will be certified. One of the graduation requirements is that all high schoolers complete a semester of health, generally taken during their tenth-grade year. Therefore, the CPR and AED skills curriculum is embedded into that tenth-grade health class. Unfortunately, due to being a huge undertaking, we do not currently offer certification but are looking at how we could make that happen.

Mr. Vorst then referred to the recent incident during a Cincinnati Bengals football game where CPR saved a young man's life. So, it absolutely does matter. He's also glad we're giving our young people baseline knowledge about organ and tissue donation.

Mr. Vorst said that state-mandated venereal disease education is an opt-out for families. He asked if we warn parents that the subject is being taught. He doesn't want anyone to be unprepared for that conversation. Mrs. Kindl explained that at the beginning of the semester, students receive a welcome letter explaining all of the content that will be taught in that class, including venereal diseases. The letter is also available in other languages for families where English is their second language.

Mr. Vorst also saw that you would educate students on illegal drug use. Do you find that the materials you're given to teach are current with what's actually happening? For example, if we have a fentanyl problem but focus on heroin because that was the deal three years ago, do we roll with what's happening in this arena? Mrs. Kindl replied that we try to tie current events into every class. So, we expand upon the curriculum and the most relevant topics for 2022. I don't teach health, but I can find out specifically what that looks like. But, if we know that there's a fentanyl problem, we're not focusing on just marijuana. We try to provide instruction about substance abuse and addiction in a comprehensive way that includes the most relevant information.

Mrs. Long said that goes to my question too. It sounds like the state mandate is to teach about the harmful effects of drugs, alcohol, and tobacco. But, do we also embed if you find yourself in a situation, this is what you can do? I would hate just teaching effects and not teaching prevention and what you can do to get help. Mrs. Kindl answered that when our health curriculum and research talk about skill-based education, it's not simply relaying information. But, still, it's helping kids develop strategies on how to make healthy choices and how to get out of risk in using choices. So, one of the national health standards is helping students navigate how to avoid health risk behaviors.

C ROUTINES

- C1 The agenda is correct, as presented.
- C2 The Board of Education adopted the agenda as presented.
- C3 The Board of Education approved the December 2022 Treasurer's Report.
- C4 The Board of Education approved the minutes from the following meetings:
 - a. December 12, 2022 – Regular meeting minutes
 - b. December 12, 2022 – Meeting notes

D PUBLIC PARTICIPATION

The Board of Education appreciates citizen interest in meetings of the board. This place on the agenda is set aside to hear comments from visitors. When called, please go to the microphone so that remarks may be clearly heard and recorded. You must give your name and limit comments to three minutes. Comments must be respectful and professional in nature. Board members may or may not ask questions or make comments. No board member has the power or authority to act for the board; therefore, no response from an individual board member should be interpreted as an official action of the board. Portions of this meeting are being recorded.

NOTE: *The audio recording of the meeting was difficult to decipher due to background noise. You may see many unfinished sentences throughout the public participation.*

Terry Castor

I'd like to comment this evening on the current controversy regarding the selection of books for the Hilliard School District library. I will direct my remarks primarily to Superintendent Stewart. They would also apply to any board members who are like-minded.

It is my understanding that the sexually explicit books, which you have been asked to remove from the library, remain on the shelves. I must admit that I'm having great difficulty understanding the reasons behind this decision. The best explanation I can come up with is that you feel that it is an issue of free speech and do not want to promote censorship. The only other explanation would be that you actually believe the books have appropriate educational value.

I would suggest that either of these viewpoints is flawed. Your job priority should be protecting the children under your leadership. Allowing impressionable young people to be exposed to the type of written material like what has been read at previous board meetings is not protecting our children. Removing the books does not fall under the scope of censorship or free speech. It is preventing harm to

these young people. It is why we have pornography laws. Pornography debases women, fuels lust, perverts the beauty of sexual union and marriage, and it is addictive.

Readily speaking, as a physician who has 40 years in practice, the prefrontal cortex of the brains of children and young adults is immature. This area is not completely developed until late teens or early twenties. It is the area that deals with judgment, impulse control, self-image, abstract thinking, and decision-making. In addition, school-age children have innate curiosity, and teenagers especially are drawn to sexual experimentation and pleasure-seeking. They're not able to handle the type of material you are exposing to them in a mature way.

Your decision is, without a shred of doubt in my mind, encouraging them down the path to sexual promiscuity and addiction to pornography. Surely, this cannot be your intent. I know you're under pressure from a sector of our population that is promoting a radical sexual agenda. I hope you do not agree with this ideology. I hope you have the courage to resist.

The risk of leaving these books in the library is real and significant. It is another tool to undermine the moral fabric of our society. Please act and remove the books. Any educational benefit is far outweighed by the harm they can do. I do not want my grandchildren to be led down a path for unhealthy sexual behavior you are knowingly or hopefully unknowingly supporting. The current policy must change. It has no place in public education.

Scott Merillat

Good evening board members. Thank you for allowing me to take a moment to speak. I am Scott Merillat, and I am the parent of a student who attends Darby High School.

Last month, the board discussed using Destiny as the district's tool to monitor parental requests to limit their child's access to specific books. And our libraries need the representation of voices from all of the members of our community, including racial and ethnic backgrounds, including LGBT persons. And I've reviewed the announcement that was sent out to parents that there is a Google form that is available. It appears that this approach is very reasonable, and I'd like to thank you for such a quick resolution and for implementing this solution to allow those parents who will restrict their students that option.

Number two the Panorama surveys. For the last several months, I've heard that specific parents were against the surveys. However, I'm in favor of the surveys. It does give a voice, and it provides the students' feedback, and it also provides consistent measures across all Hilliard's students. It contributes to improving the whole student experience. And I've learned recently that these surveys were paused. I'm concerned that the board may have made this decision based on hearing from that vocal minority of parents without gathering broad feedback from parents like me. I'm asking the board to reconsider those surveys, and I would appreciate your reconsideration.

Lastly, as a parent, I'm not able to track all of the policy changes as reading through the process or the decisions like the Panorama survey that appear to have been made in a timely manner to speak with you on those items. So, I simply ask how do we improve our transparency so that I could be a more involved parent and community member? Thank you.

Dr. Asim Farooqui

Good evening. My name is Asim Farooqui and I'm a psychiatrist. I'm combining my speech with Professor Emeritus Ishaq Al-Qutub. He's a retired professor of sociology from OSU. And this is Dr. Aisha Khan, my

wife. You probably know her from previous meetings. So, I think I have a little bit more than three minutes to speak here.

I have been part of this community for over three decades. I wish to inform you folks that we have organized the Muslim Parent Rights Advocacy Group, MPRAG for short. We had a huge turnout in our inaugural meeting showing us that Muslim parents are ready to form bridges with the school system to work on mutually important issues. We have very serious concerns about the school's current psychosocial moral landscape as it currently exists. It greatly impacts our children's cultural, moral, and spiritual growth. And it is, unfortunately, regrettably very damaging from our point of view.

Even though Muslims have been present in the school district for a very long time. I think the last three decades have witnessed an increased influx. I believe by some estimates, 20% of your student population is from the Muslim community. Yet our schools have not caught up with the psychosocial and cultural needs of this minority. I think we need to have a bit more visibility and a bit more connection with the schools to help understand each other's needs. Hopefully, we come to a resolution so we can have a peaceful coexistence with the rest of the community.

I think the school's staff has a very sketchy idea about the cultural moral sensitivities of Muslims. There has been very little or no shifts in their attitude when they interface with the Muslim communities and families. Policies that only pay lip service to cultural diversity are simply not going to cut it for us. We want to be very clear about that. Our goal is to hopefully inspire a genuine shift in staff to make bridges and harbor respect for our cultural moral values and bridge heritage that we bring with us.

Mrs. Murdoch said that's your three minutes. I'm sorry, but thank you for your comments.

Dr. Farooqui said he is speaking for two people. May I continue? Mr. Perry told him to turn over the speaking to another member. We only allow one person to speak at a time for three minutes. You can't speak twice unless everyone's spoken.

Dr. Farooqui explained that he is also speaking on behalf of Dr. Al-Qutub, who is unable to deliver his speech. Mr. Perry asked if there was anyone else who could speak on his behalf. Dr. Aisha Khan Afghan took her turn to speak.

Dr. Aisha Khan Afghan

First of all, I really appreciate you giving us an opportunity to come here and speak our points of view, and I think Dr. Farooqui may have mentioned I just started, this is my first year. And the need that I felt coming to these regular meetings, honestly I have been educated. It's like a huge new world for me. There's so many things I don't even know that exist that are happening here, and that have empowered me a lot as a parent. And I felt that need, that our community that has been stigmatized and kind of filled for a long time into silence needs to now come up and actually view our feelings from where do we come? What do we want? What are our views? What do our children want?

So, in that, I actually created a group as Dr. Farooqui was saying. We had a huge turnout. We are not just trying to do it for Hilliard, but all different school districts, whether it's Dublin, Upper Arlington, or Reynoldsburg. We are trying to cater all the Muslim parents that they can be active. So they can be active and know how to do the advocacy for their children in schools.

And in lieu of that, I actually got this book, especially for Mr. Jacob Grantier because of certain things that happened in the school with a curriculum with my request. And that was not a granted to me and Mr. Granter calling it invalid. It was a simple assignment, alternative that I requested that was not given to me. So, I felt it as a minority. Is it because I'm a Muslim? Is it because I'm a minority and I'm a woman? Or is it because my views clashed with their personal views? So, I really felt the need that we need to educate our educators.

So, here's a gift for Mr. Grantier that I will give it to you. And I think that would help to kind of make the curriculum changes as to what is the intent even in the curriculum. So, is there anyone who would represent the minorities in the curriculum or not? What kind of changes, because we talk about diversity. Let's have a real diverse perspective of different cultures, religions, and sensitivities. What do they want? How do they view world? And I think it's very important that it's high time, that we have the most different perspectives, so that we grow stronger and more tolerant, that we talk about in a peaceful coexistence.

So, I will just end there and thank you for listening all of you. And I hope we'll go along more well making these bridges, making it happen in a more peaceful and in a way that we all can appreciate our individuality and still live together.

Dr. Farooqui was invited back up to finish his thought.

Dr. Asim Farooqui

Thank you for allowing me back because I think this is the important part.

So, the MPRAG does understand the need for our school staff for acquiring the cultural and moral knowledge. Therefore, MPRAG has arranged for Mr. Michael Abraham, a teacher from Minneapolis, Minnesota, who has devoted himself for creating such bridges to come to Hilliard and offer his training program. He will be here on the 25th of February from 8:30 a.m. till 3:30 p.m. I hope your staff will make use of this opportunity. And there may be other trainings the community may be offering.

Mr. Abraham has authored a book, which Aisha showed. Once these trainings have completed, we certainly expect a shift in attitudes to receive or request with an open heart and mind. We are not looking for micro shifts in this regard. We are looking for substantial accommodation of our cultural and moral needs in the school setting.

We know that one-fifth of your student population is from the Muslim community. Therefore, I hope that you will not view this as an unreasonable request. Also take into account, as I mentioned before, that there has been accumulated delay for this to occur. I hope to have a mutually productive partnership with the school district to form meaningful bridges and have a hospitable space in the school district for each student, including the Muslim students. Thank you very much.

E CONSENT AGENDA

The Board of Education approved the consent agenda, items E1 through E3. Action by the Board of Education in "Adoption of the Consent Agenda" means that all E items are adopted by one single motion unless a member of the board or the Superintendent requests that any such item be removed from the consent agenda and voted upon separately. Employments, where applicable, are contingent upon 1)

Verification of education, 2) Proof of proper certification, and 3) Positive results from a criminal records check.

- E1 Approved the following Certified Personnel actions – See attachment to the Minutes.
- E2 Approved the following Classified Personnel actions – See attachment to the Minutes.
- E3 Approved the following trip requests:

- a. Darby JSA Debate Club, Indianapolis, IN – February 18, 2023

Mr. Perry noted the two retirements on the agenda - Renee Hammersmith, intervention teacher who's been with our school district since 2001, and Catherine Maple, who's been with us since 1991. Congratulations.

F ACTION AGENDA

- F1 The Board of Education approved the following December 2021 Winter Graduates:

Hilliard Bradley High School

Jack Michael Anderson
Abdirashid Aishor Mahoud
Cristopher Alexander Martinez Garcia
Gabriel Alejandro Martinez Garcia
Stephanny Hildemar Meza Marin
Johnathan Isiah Rehman
Makensie Trachell Toops

Hilliard Darby High School

Benjamin Kirby Marsh
Landon Bradley Risner
William Isaiah Stewart

Hilliard Davidson High School

Joud Mohammad Kamal Alajlouni
Kya Nicole Buxton
Alexis Grace Pizzuti

- F2 The Board of Education approved the 6th Grade, Middle School, and High School Programs of Study.
- F3 The Board of Education authorized the Director of Business to accept into inventory all items donated from various educational and community groups or individuals as noted on the attached listing, per HCS Board Policy KH, *Public Gifts to the District*.

G REPORTS / INFORMATION / EXHIBIT ITEM

- G1 Policies submitted for a first reading
 - a. BF – Board Policy Development and Adoption
 - b. JFE – Pregnant Students
 - c. KKA – Recruiters in the Schools
 - d. KMA – Parent/Citizen Organizations

- G2 Committee Reports

Mrs. Crowley said that none of her committees met in December.

Mr. Vorst thanked Mr. Stewart and his team. We had a situation yesterday that involved our awesome teachers and staff, and the Hilliard Police Department. We had a peaceful resolution. It was handled in the

best way it could have been. We thank everybody for their hard work and attention to taking things like this seriously. Mr. Stewart said thank you and pointed out that the partnership with Hilliard and number of people who came forward with information, is what we need in situations like that. Mrs. Murdoch added, thank you to the community. Mr. Perry added a special thanks to Stacie. He received a few phone calls and immediately reached out to Stacie to find out what was going on. She said, we have a plan and the police are aware. Everyone took care of it and made sure that we were being transparent. We had four updates. As we learned something, you knew it in real time. So, I can't thank her and the rest of the team enough.

Mr. Perry then spoke about the policies on the agenda for a first reading. They are either directly OSBA or mandatory revisions of policy through ORC. The changes for Policy BF came from a community member and it increases transparency on our policy adoption process. If a policy is on the agenda for a third (or possibly at second) reading and adoption, we will be releasing that policy in full to the community for their review making them aware of what may be adopted at the meeting. It's another attempt of transparency with our community and making sure that everyone knows exactly what we're doing and why. Mrs. Murdoch thanked the community member for their input.

Mrs. Murdoch reported that the hardworking folks at HEF did meet in December. The one thing I'll call out for you all is that tickets for Denim and Diamonds went on sale. If you recall, last year it sold out quickly. So, it's not too early to go online and get your tickets. The event is scheduled for Friday, March 3rd. I already bought our tickets and hope to see a lot of you there.

Mrs. Long reported that there will be change in board/city/township monthly meetings for the upcoming year. They are planning to rotate the meetings through the different jurisdictions, which I thought was a good idea.

H EXECUTIVE SESSION / ADJOURNMENT

H1 The meeting adjourned at 7:38 p.m.