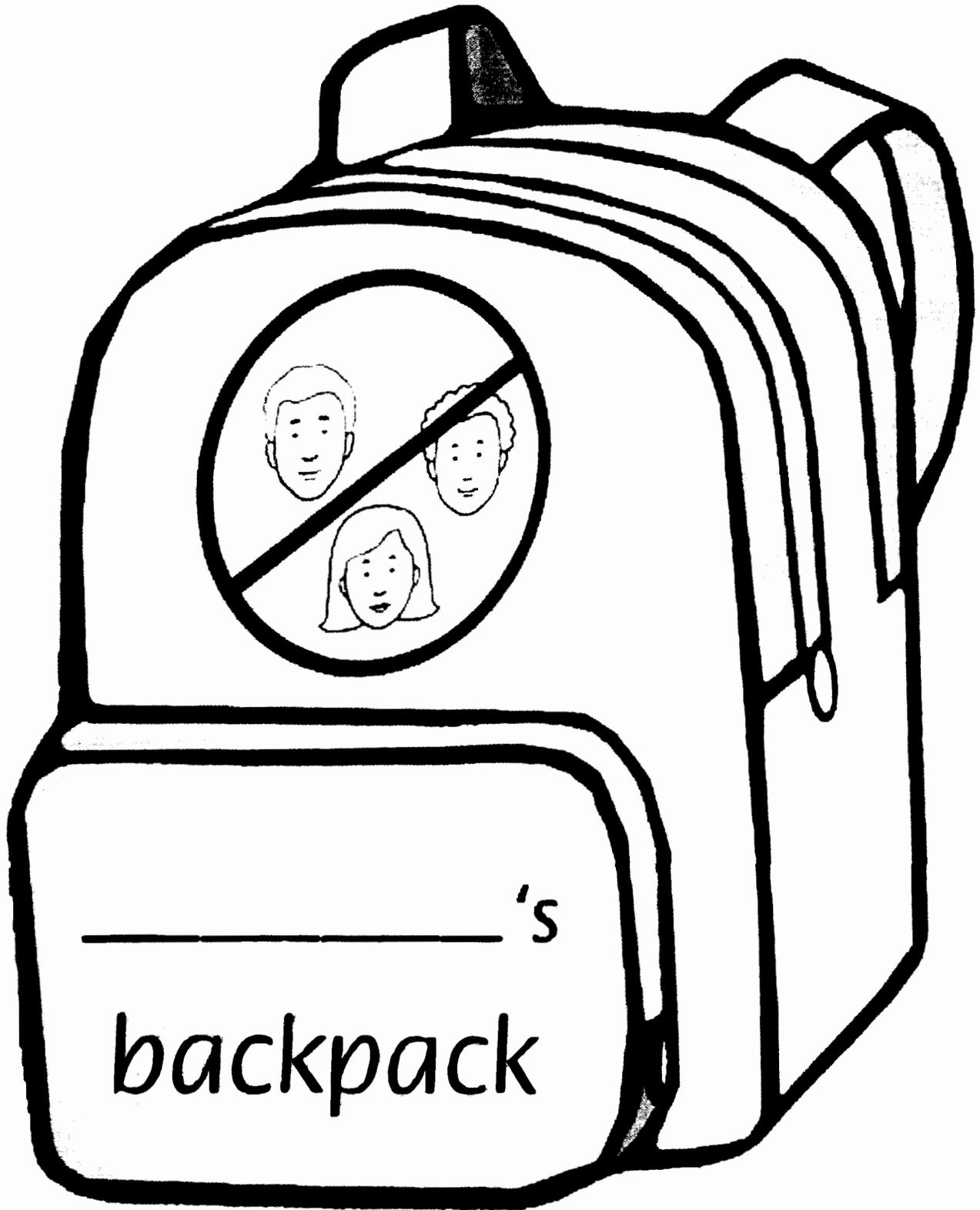
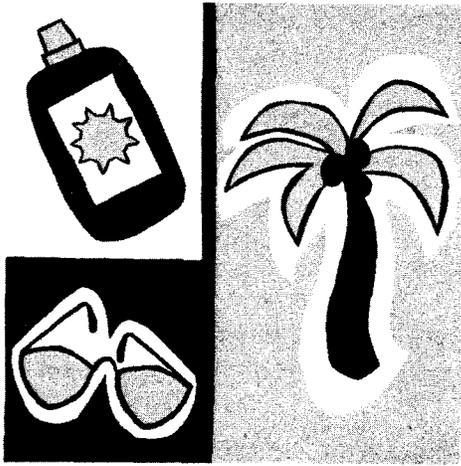


# Boy's Backpack



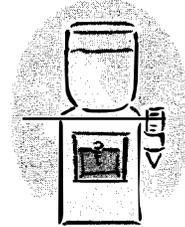
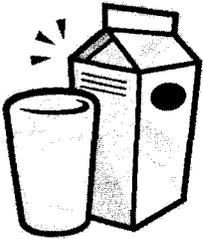
Name \_\_\_\_\_

# Safety First



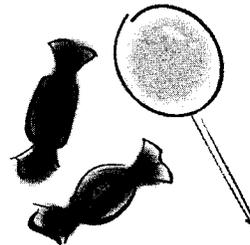
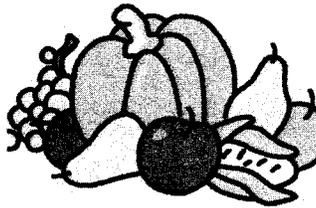
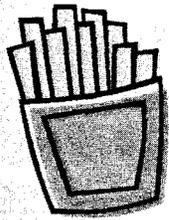
# Live Long and Strong

1.



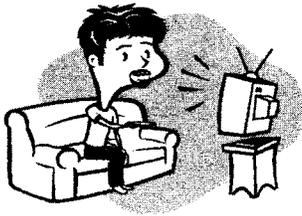
---

2.



---

3.



---

4.



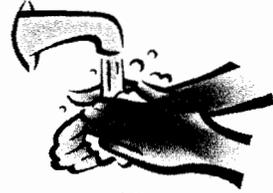
# I Can!

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

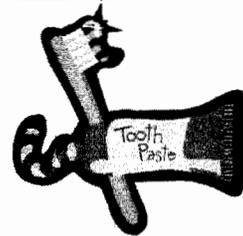


3. I can remember to brush my teeth before bed.

No

Sometimes

Yes



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

No

Sometimes

Yes

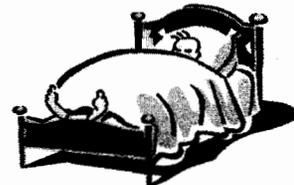


5. I can get a good night's sleep.

No

Sometimes

Yes



6. I can make a healthy snack.

No

Sometimes

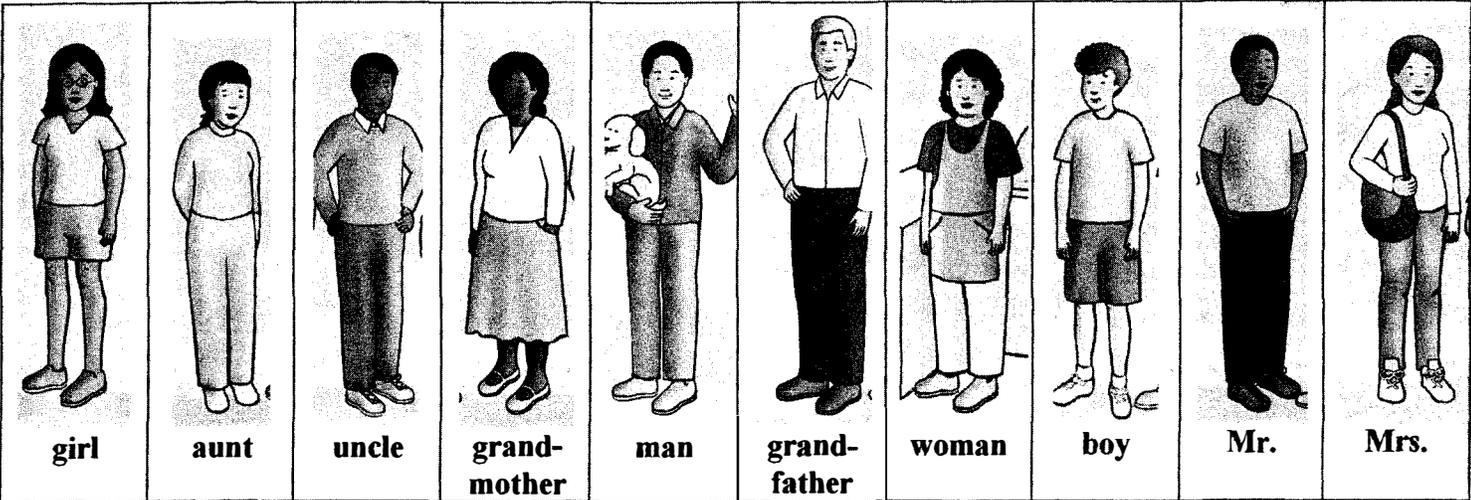
Yes



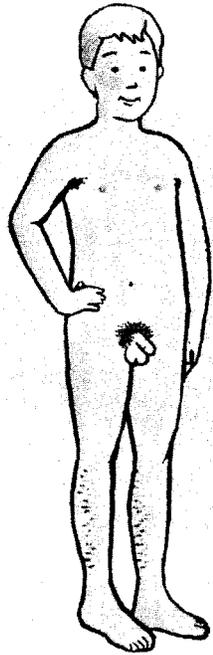
# Male and Female

Male

Female



# A Boy's Body



head

neck

arms

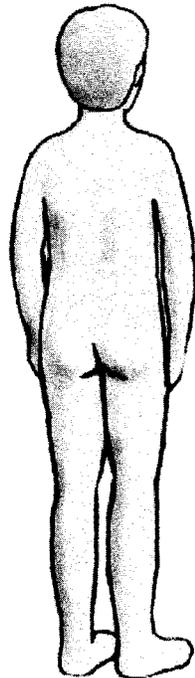
chest

pubic area

penis

scrotum

feet

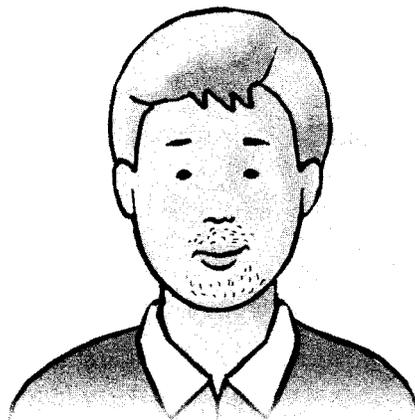
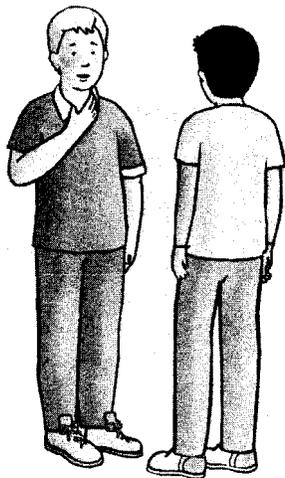
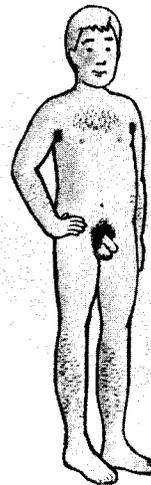
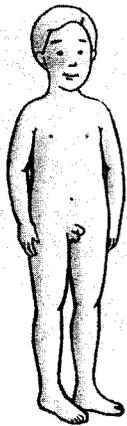


back

bottom

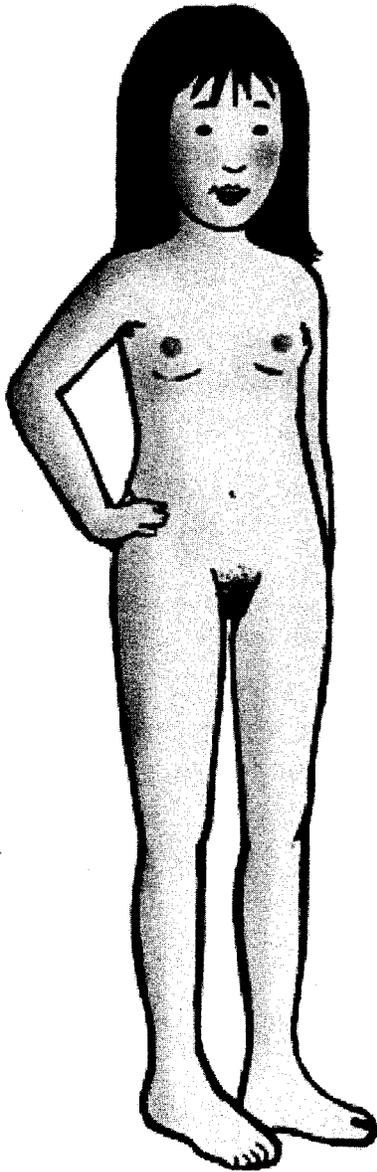
anus

# See Josh Grow



Name \_\_\_\_\_

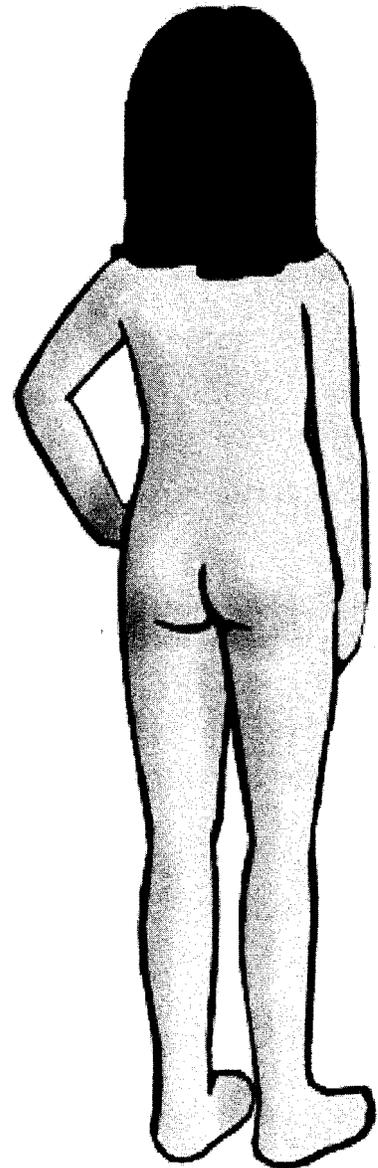
## A Woman's Body (on the outside)



breasts

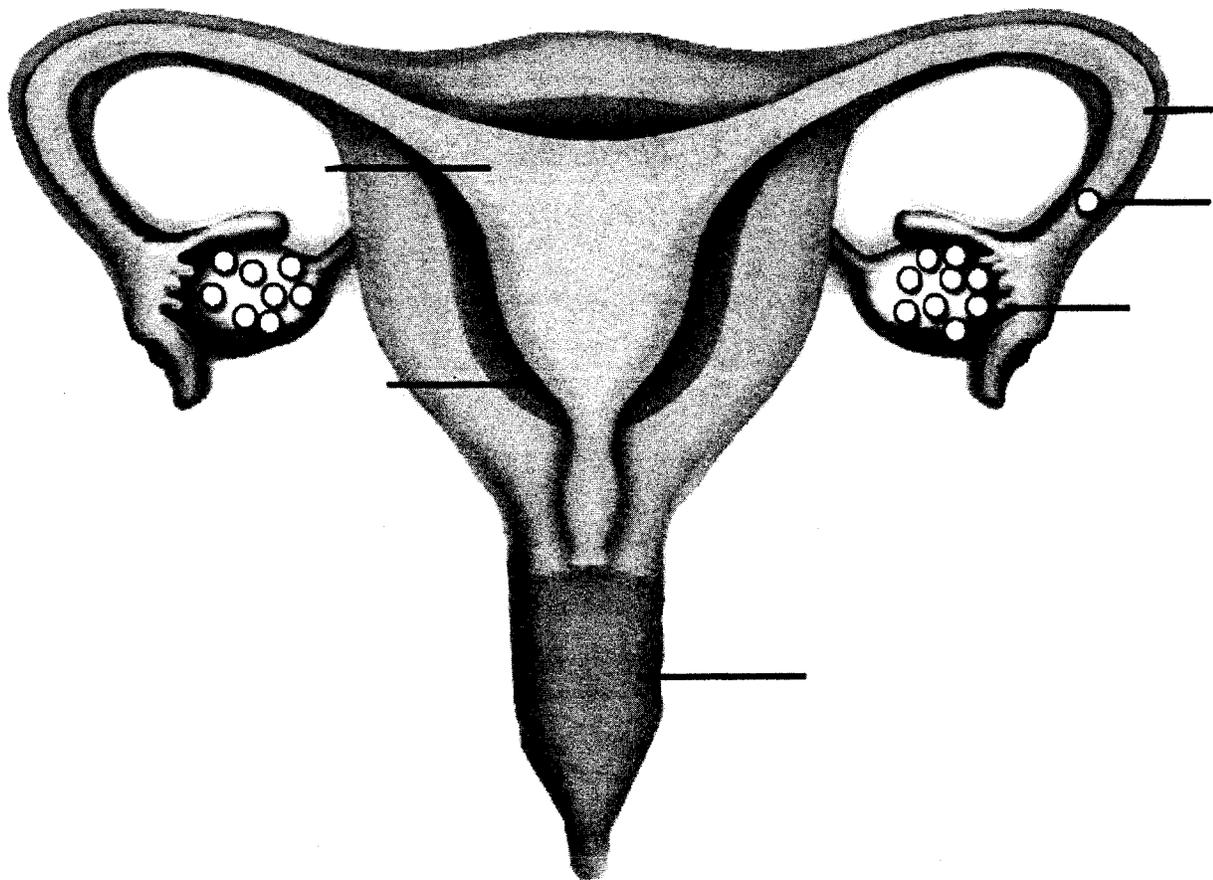
pubic area

bottom



Name \_\_\_\_\_

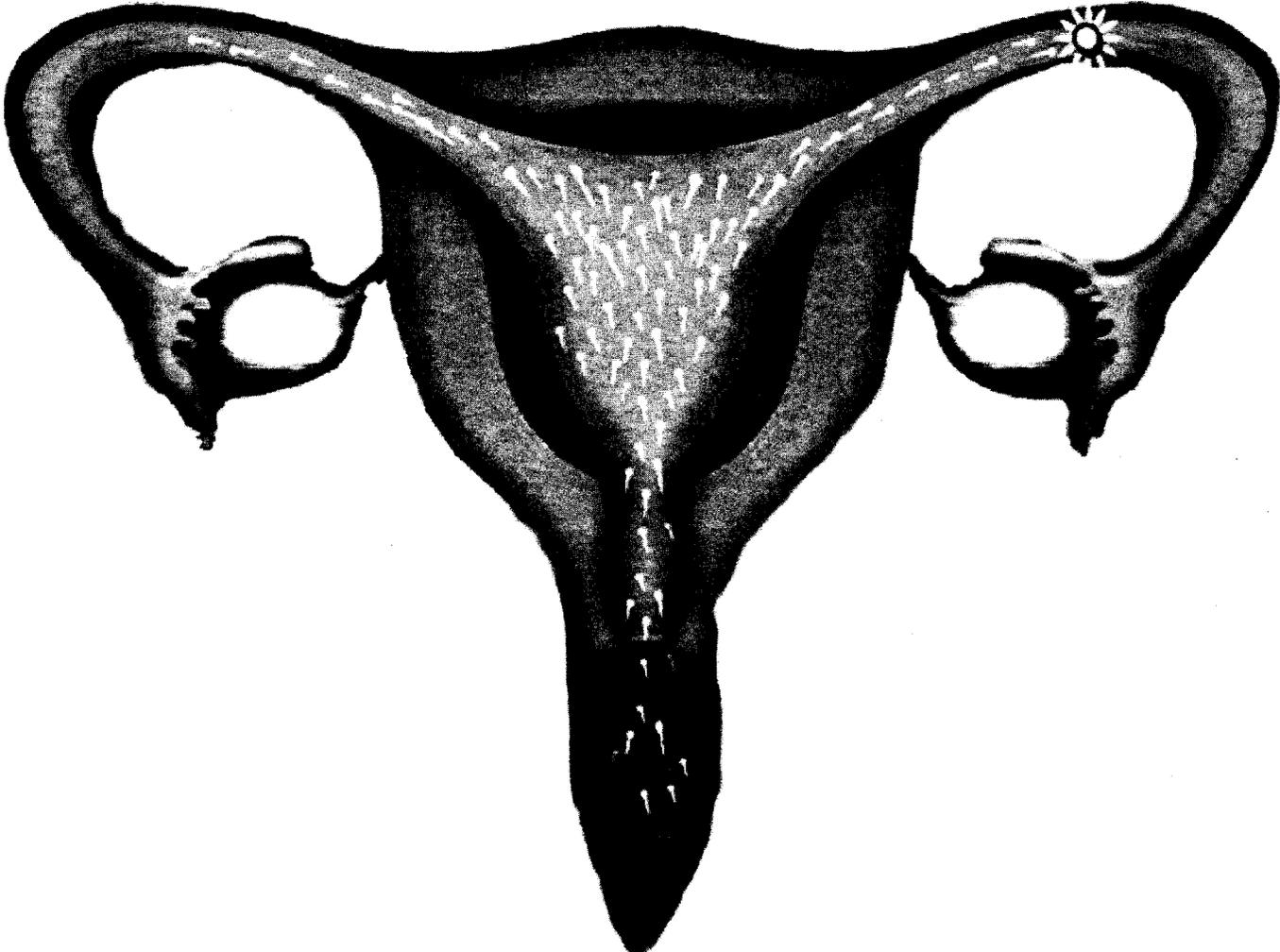
## A Woman's Body (on the inside)



ovary	egg	tube	uterus	lining	vagina
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Name: \_\_\_\_\_

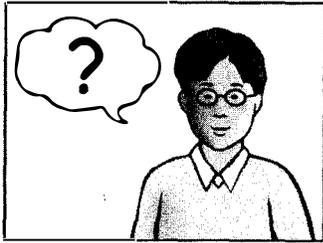
# The Makings of a Baby



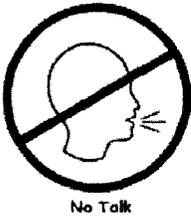
# Good Rules About Sex



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.

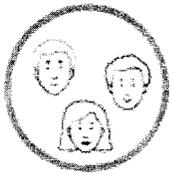
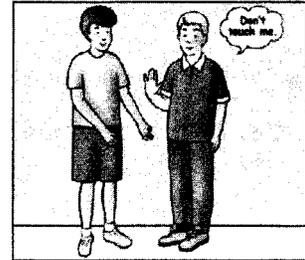


Babies need special care by responsible adults.

# Name that Icon



No Look



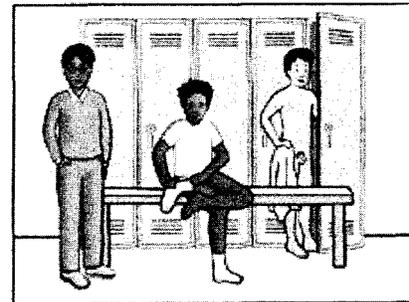
Public



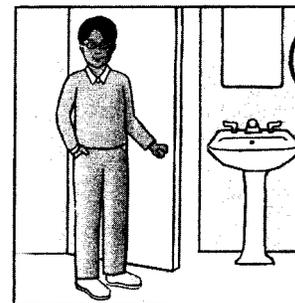
No Touch



Private

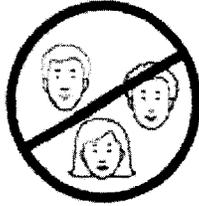


No Talk



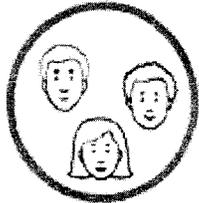
# Icon Index

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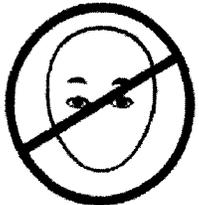
Private

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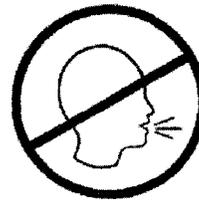
Public

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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: \_\_\_\_\_