

Our Whole Lives Training (OWL) Facilitator Training

Invitation to Our Whole Lives (OWL) Training!!

The Minnesota Department of Education-Safe and Healthy Learners, the Minnesota Religious Coalition for Reproductive Choice, The Birds & Bees Project and MOAPPP invite you to be trained in the highly acclaimed curriculum, Our Whole Lives (OWL). This curriculum is used nationally and is highly recommended by MSERRP (Minnesota Sexuality Education Resource Review Panel).

OWL equips participants with accurate, age-appropriate information in six subject areas: human development, relationships, personal skills, sexual behavior, sexual health and society/culture. Grounded in a holistic view of sexuality, Our Whole Lives provides medically-accurate information as well as helps participants clarify their values, build interpersonal skills, and understand the spiritual, emotional and social aspects of sexuality. Developed jointly by the United Church of Christ and the Unitarian Universalist Association, the OWL curriculum contains no overtly religious language. It is taught in school and community groups across the country. This training will focus on both the 7-9 and 10-12 grade curricula.

When: June 5-6th, 2007 from 8:30 am to 4:00 pm ([participants must be present for the entire training](#))

Where: Minnesota Department of Education

1500 Highway 36 West; Roseville, MN 55113; Conference Center A Room CC 13

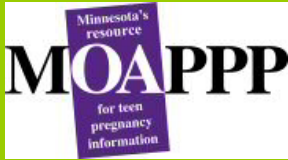
Directions: http://education.state.mn.us/mde/About_MDE/004657 (Do NOT use Mapquest because the directions are wrong)

Fee: \$100 – The cost of this training and curriculum has been greatly subsidized by the Minnesota Department of Education. Fee includes breakfast, lunch and snacks as well as both 7-9 and 10-12 curricula. Participants will be asked to evaluate the training and their use of the materials approximately 6 months after the training.

Registration is limited.

The registration form is below.

Registration deadline May 11, 2007!



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Space is limited. Register early! Registration due May 11, 2007

Name _____

Title _____

Phone _____ E-mail _____

Organization _____

Program _____

Address _____

City _____ Zip _____

Primary county served by organization's program _____

Secondary county (if any) served by organization's program _____

Please check if a vegetarian lunch is required.

Method of Payment (please choose one)

Check made payable to MOAPPP

Credit Card (circle one)

Visa MasterCard Card #: _____ Exp Date: _____

Signature: _____

Name, billing address and zip code for credit card

Mail or fax registration form, along with registration fee payable to MOAPPP to:

MOAPPP OWL Training

1619 Dayton Ave Suite 111, Saint Paul, MN 55104

Fax: 651-644-1417

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