



WEST CENTRAL ELEMENTARY
1514 OLD US ROUTE 34
BIGGSVILLE, IL 61418
Phone 309-627-2339
Fax 309-627-9919

The Growth and Developmental Changes Presentation

Dear Parent(s) or Guardian(s),

West Central 4th grade students will be given the opportunity to participate in a puberty education program called *Growth and Developmental Changes*. The videos talk about the normal changes the body goes through during puberty. Boys will be shown the boys section of the video only and the girls will be shown the girls section only. After the video, Mrs. Torrance may answer questions and talk to the students about hygiene. Due to the topic being discussed, we are obtaining parental permission prior to having your child participate in these informational sessions. Please mark your choice below and return the bottom portion of the form by **January 29th with your signature.**

In order to make an informed decision, we are providing the links to the videos that will be used as a part of the presentation: (The links can also be found on the West Central website under "health information" or scan QR code below.)

- **Personal Hygiene** - <https://www.youtube.com/watch?v=jQ2e0KH5WrI&t=26s>
- **Always Changing and Growing Up for GIRLS**
<https://www.youtube.com/watch?v=gv21b3ZpSLg>
- **Always Changing and Growing Up for BOYS**
<https://www.youtube.com/watch?v=2XF0awGRTWs>



In addition, here is the link to the slides that will be used as a part of the presentation being given by our school nurse, Paige Torrance.

https://www.canva.com/design/DAFesEQB8z4/qels2ghWMc-1OC_Q0hVJ_g/view?utm_content=DAFesEQB8z4&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

Please mark your choice below and return the bottom portion of this form to the elementary by January 29th, 2026. We will plan to present this information during the week of February 2nd, 2026.

<input type="checkbox"/>	As the parent or guardian of _____, I give my permission for him/her to participate in the puberty education program called <i>Growth and Developmental Changes</i> .
--------------------------	---

<input type="checkbox"/>	As the parent or guardian of _____, I DO NOT give my permission for him/her to participate in the puberty education program called <i>Growth and Developmental Changes</i> .
--------------------------	--

Parent/Guardian Signature: _____ Date: _____