

# G-24: Confidential Student Gender Support Plan



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## STUDENT INFORMATION

School: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Student's Preferred Name: \_\_\_\_\_ Student's Preferred Pronouns: \_\_\_\_\_

Name on Birth Certificate: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student's Grade Level/Student ID: \_\_\_\_\_ / \_\_\_\_\_

Parent(s)/Guardian(s)/Relation to Student:

\_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

Meeting Participants: \_\_\_\_\_

\_\_\_\_\_

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## TRANSITION PLANNING STEPS

1. The transitioning student or a parent/guardian informs the principal or another district employee of their intent to transition.
2. The district employee notifies the principal, if they have not been notified.
3. The principal contacts and meets with the transitioning student and a parent/guardian (where applicable). The principal will provide answers to questions about dress code, requests for accommodations, etc.
4. The principal provides the transitioning student with a copy of Board Policy G-24: Gender Inclusion and its accompanying administrative procedures; Board Policy G-19: Discrimination, Harassment, and Retaliation Prohibited, and its accompanying administrative procedures; and Board Policy G-20: Bullying, Cyber-bullying, Hazing, and Abusive Conduct Prohibited, and its accompanying administrative procedures.
5. The following form will be completed by the principal using information provided by the transitioning student and a parent/guardian (where applicable).
6. If the transitioning student or their parent/guardian has questions about the student's non-discrimination rights, the principal will contact the compliance officer to set up a meeting.

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## PARENT/GUARDIAN INVOLVEMENT

Student's parent(s)/guardian(s) are aware of student's gender status? Yes/No

Support Level: (none) 0 1 2 3 4 5 6 7 8 9 10 (high)

If support level is low, what considerations must be accounted for in implementing this plan: \_\_\_\_\_

\_\_\_\_\_

Has the student been informed that complete confidentiality is not guaranteed? Yes/No

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## PRIVACY: CONFIDENTIALITY AND DISCLOSURE

How public or private will information about this student's gender be (check all that apply)?

District staff will be aware (Superintendent, Student Services, etc.). Specify the individuals who will be informed.

\_\_\_\_\_

Site level administrators will be aware. Specify the individuals who will be informed.

\_\_\_\_\_

Teachers and/or other school staff will be aware. Specify the individuals who will be informed.

\_\_\_\_\_

Student will not be openly "out," but some students are aware of the student's gender identity. Specify the individuals who are aware.

\_\_\_\_\_

Student is open with others (adults and peers) about gender identity.

Other – describe: \_\_\_\_\_

What actions should be taken if the degree of privacy requested is believed to have been compromised or breached?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will any staff member who is aware of the student’s gender identity respond to questions regarding this student’s identity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**STUDENT SAFETY PLAN**

Name of the administrator who will oversee this plan: \_\_\_\_\_

Name(s) of the student’s “go to adult(s)” on campus: \_\_\_\_\_

If these individuals are not available, what steps should the student take? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Periodic check in plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the student feels unsafe at any time, they should: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the parent(s)/guardian(s) has concerns about their student’s safety or environment, they should contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other safety concerns: \_\_\_\_\_

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**PRIVACY: NAMES, PRONOUNS AND STUDENT RECORDS**

Did the student or parent(s)/guardian(s) request that preferred name and/or pronouns be entered into PowerSchool and/or used on school documents? Yes/No

Student’s preferred name and/or pronouns entered into PowerSchool on: \_\_\_\_\_ By: \_\_\_\_\_

List documents that will include student’s preferred name/pronouns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List documents/situations that will use the student’s name as listed on the birth certificate:

\_\_\_\_\_  
\_\_\_\_\_

Student and Parent(s)/Guardian(s) were informed of the above lists on: \_\_\_\_\_ By: \_\_\_\_\_

Administrator who will be responsible to ensure the preferred name and pronouns are used appropriately on school documentation: \_\_\_\_\_

*(Consider the following documents/reporting/situations: reporting to USBE or other entities; school registration; enrollment information; cumulative file; IEPs/other services; seating charts; attendance rolls; substitute instructions; teacher grade book; standardized tests; school photos; student ID/library cards; lunch ID; yearbook; assignment of IT accounts/email addresses;*

*distribution of textbooks or school supplies; after-school programs; official school-home communication; unofficial school-home communication; outside district personnel/providers; office summons; PA announcements; posted lists; team lists, etc.)*

The following plan will be in place for instances in which a staff member refuses to use the student's preferred name and/or pronouns: \_\_\_\_\_  
\_\_\_\_\_

If a student refuses: \_\_\_\_\_  
\_\_\_\_\_

Are there other situations in which the student's privacy may be compromised? Yes/No

If yes, how will these situations be handled? \_\_\_\_\_  
\_\_\_\_\_

If the student's parent(s)/guardian(s) are not aware and/or supportive of the student's gender status, how will school-home communications be handled, including when staff members need to contact the parent/guardian? \_\_\_\_\_  
\_\_\_\_\_

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### USE OF FACILITIES

Student will use the following bathroom(s) on campus: \_\_\_\_\_

Student will use the following locker room(s) on campus: \_\_\_\_\_

If the student requests additional privacy in restrooms or locker rooms, the following plan will be in place:  
\_\_\_\_\_  
\_\_\_\_\_

If the student/parent(s)/guardian(s) have questions/concerns about facility use, they should contact: \_\_\_\_\_

For questions/concerns regarding facility use and/or rooming for overnight field trips, contact: \_\_\_\_\_

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### EXTRACURRICULAR ACTIVITIES

The student plans to participate in the following extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_

What steps will be necessary for supporting the student in these spaces? \_\_\_\_\_  
\_\_\_\_\_

Are there any questions/concerns about extracurricular activities? \_\_\_\_\_  
\_\_\_\_\_

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### OTHER CONSIDERATIONS

Does the student have any sibling(s) at the school? Yes/No

If so, list the sibling(s): \_\_\_\_\_

Factors to be considered regarding sibling's needs: \_\_\_\_\_

Are there lessons, content, traditions, or other activities coming up in this school year that require consideration (i.e. growth and development, social justice units, name projects, Pride events, school dances, etc.)? Yes/No

If so, how will they be handled? \_\_\_\_\_  
\_\_\_\_\_

Are there any dynamics with other students/staff members that should be discussed or considered? Yes/No

If so, how will they be handled? \_\_\_\_\_

