

GENDER TRANSITION PLAN

CONFIDENTIAL

This document outlines the necessary planning to support a student's formal transition of gender from their commonly assumed status to their identified and authentic gender. The plan's purpose is to create the most favorable conditions for a physically and psychologically safe school experience and to identify the specific actions that will be taken by the student, school, family, or other support providers.

Student's Name: _____ Student's Pronouns: _____

School: _____ Today's Date: _____

Student's Full Legal Name: _____

Student's Gender: _____ Assigned Gender at Birth: _____

Student Grade Level: _____ Date of Birth: _____

Sibling(s) Names: _____ Siblings Grades: _____

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

What is the nature of the student's transition (male-to-female, female-to-male, etc.)

PARENT GUARDIAN INVOLVEMENT

Are guardian(s) of this student supportive of their child's gender status?

_____ Yes _____ No

If not, what considerations must be accounted for in implementing this plan?

INITIAL PLANNING MEETING

When will the initial planning meeting take place? _____

Where will it occur? _____

Who will be supporting the student's transition? _____

Student _____

Parent(s) _____

School Staf _____

Other _____

STUDENT TRANSITION DETAILS

What specific information will be conveyed to other students (be specific)?

What requests will be made?

With whom and when will this information be shared?

With peers in the transitioning student's class only Date: _____

With peers in the student's grade level Date: _____

With some/all students at school (specify) Date: _____

Other (specify) Date: _____

Who will lead the lessons/activities framing the student's announcement?

What will lessons/activities include?

Will the student be present for the lesson/sharing of info about the transition?

_____ Yes _____ No

If yes, what if any role does the student want to play in the process?

Once the information is shared, what parameters/expectations will be set regarding approaching the student?

Other notes, considerations, or questions:

COMMUNICATION FOR SCHOOL STAFF

Will there be specific information shared about this student's transition with school staf?

_____ Yes _____ No

When? _____

Who will be communicating the information to staf? What will be the content of the communication?

Questions/Notes:

IDENTIFYING AND ENLISTING PARENT ALLIES

Are there any parents/adults in the community you would like to enlist in support of the child's transition? If so, who?

When will you speak with them? What will be your request?

Questions/Notes:

IDENTIFYING AND ENLISTING PEER ALLIES

Are there other students you would like to enlist in support of the child's transition?

If so, who?

Who will speak with them? When? What will the request be?

Questions/Notes:

SIBLINGS

Does the student have any siblings at the school? What needs to be considered for them?

Training in their classroom (s)?

Emotional Support?

Questions/Notes:

TIMELINE

Which of the following will take place in relation to this student's gender transition, and when will it occur and who will be responsible for making it happen?

✓	Activity	Date	Lead
	Initial planning meeting		
	Lessons/activities with other students		
	Communication for school staf		
	Identifying and enlisting parent allies		
	Identifying and enlisting peer allies		

What are the specific follow-ups or action items emerging from this meeting and who is responsible for them?

Action Item	Who?	When?

Date / Time of next meeting or check-in _____

Location _____

Today's Meeting Participants:

Name:	Relation to student	Signature	Date

Adopted: January 20, 2021
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