

Gender Support Plan

Confidential

The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete this document. Ideally, each will spend time completing the various sections to the best of their ability and then come together to review sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student's formal gender transition at school.

School: _____ Today's Date: _____

Student's Preferred Name: _____

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: _____

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?

Confidentiality, Privacy, 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 Support Services, District Psychologist, etc.)

Specify the adult staff members: _____

- Site-level leadership/administration will know (Principal, head of school, counselor, etc.)

Specify the adult staff members: _____

- Teachers and/or other school staff will know

Specify the adult staff members: _____

- Student will not be openly "out," but some students are aware of the student's gender

Specify the students: _____

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

- Other - describe: _____

If the student has asserted a degree of privacy, what are the expectations of the institution if that privacy is compromised?

How will a teacher/staff member respond to questions about the student's gender from:

Other students? _____

Staff members? _____

Student Safety

Who will be the student's "go-to adult" on campus? _____

If this person is not available, what should the student do?

What, if any, will be the process for periodically checking in with the student and/or family?

What are expectations in the event the student is feeling unsafe and how will the student signal their need for help:

During class: _____

On the yard: _____

In the halls: _____

Other: _____

Other Safety Concerns/ Questions:

Names, Pronouns, and Student Records

Will the student's name and gender be changed in the district student information system?

- Yes If Yes, to: _____
- No If No, why not? _____

If the student's name and/or gender **will** be changed in the district student information system:

The name change will be: _____ preferred/assumed or _____ legal

Name and pronouns to use when addressing or referring to the student:

Who will be the point person for ensuring these adjustments are made and communicated as needed?

What are some other ways the school needs to anticipate information about this student's name and gender marker potentially being compromised? How will these be handled?

If the student's name and gender **will not** be changed in the district student information system:

Name and pronouns to use when addressing or referring to the student at school:

What adjustments can be made to protect this student's privacy?

Who will be the point person for ensuring these adjustments are made and communicated as needed?

How will instances be handled in which the incorrect name or pronoun are used?

How will the student's privacy be accounted for and maintained in the following situations or contexts:

During registration: _____

Completing enrollment: _____

With substitute teachers: _____

Standardized tests: _____

School Photos: _____

IEPs/Other Services: _____

Student cumulative file: _____

After-school programs: _____

Lunch Lines: _____

Taking Attendance: _____

Teacher Grade Book(s): _____

Official school-home communication: _____

Unofficial school-home communication (PTS/other): _____

Outside district personnel or providers Summons to office: _____

Yearbook: _____

Student ID/library cards: _____

Posted lists: _____

Assignment of IT accounts: _____

What are some other ways the school needs to anticipate information about this student's preferred name and gender marker potentially being compromised? How will these be handled?

Use of Facilities

Student will use the following restroom(s) on campus:

Student will change clothes in the following place(s):

If student has questions/concerns about facilities, who will be the contact person?

What are the expectations regarding the use of facilities for any class trips?

What are the expectations regarding rooming for any overnight-trips?

Are there any questions or concerns about the student's access to facilities?

Extracurricular Activities

Does the student participate in an after-school program? ____ Yes ____ No

In what extra-curricular programs or activities will the student be participating (sports, theater, clubs, etc.)?

What steps will be necessary for supporting the student there?

Questions/Notes:

Other Considerations

Are there any specific social dynamics with other students, families or staff members that need to be discussed or accounted for?

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

Factors to be considered regarding sibling's needs?

Does the school have a dress code? Yes No

How will this be handled?

Are there lessons, units, content or other activities coming up this year to consider (growth and development, social justice units, name projects, dance instruction, Pride events, school dances etc.)?

What training(s) will the school engage in to build capacity for working with gender-expansive students?

Are there any other questions, concerns or issues to discuss?

Support Plan Review and Revision

How will this plan be monitored over time?

What will be the process should the student, family, or school wish to revisit any aspects of the plan (or seek additions to the plan)?

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

Action Item	Who?	When?

Date / Time of next meeting or check-in _____

Location _____

Today's Meeting Participants:

Name	Relation to student	Signature	Date

Revised: August 21, 2024