MT. DIABLO UNIFIED SCHOOL DISTRICT

Support Office for Access and Resources (SOAR)
1026 Mohr Ln, Concord, CA 94518
Tel: (925) 685-1011, ext. 62042

– Confidential –
Gender Support Plan
(Please place a copy in student's cum file)

The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be 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.

Today's Date: _____ School: _____

Chosen Name: _____ Gender: M ☐ F ☐ NB ☐ Student Grade Level: _____

Legal Name: _____ DOB: _____ Sex Assigned at Birth: M ☐ F ☐

Parents/Cargivers: _____ / _____ / _____

Sibling(s)/Grade(s): _____ / _____ / _____

Meeting participants: _____

NAMES, PRONOUNS AND STUDENT RECORDS

Name/gender to be entered in AERIES _____ Male ☐ Female ☐ Nonbinary ☐

gender to be used when referring to the student Informally _____ M ☐ F ☐ NB ☐

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 and Student Services will be made aware due to District policy) Specify the adult staff members: _____

☐ Site level leadership/administration will know (Principal and Office Manager will be made aware due to District policy) 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: _____

Who will be the students and family's primary point of contact to address any concerns?

_____

**Site principals are responsible for assuring student privacy and employee progressive discipline when necessary.*

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If the student has asserted a degree of privacy, what steps will be taken if that privacy is compromised, or is believed to have been compromised?

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

From other students?

From other staff members?

STUDENT SAFETY

Who will be the student's "go to adult" on campus (name at least two)?

Adult Name #1: _____ Adult Name #2: _____

If these people are not available and the student needs support, what should student do?

If student or staff member repeatedly or intentionally misgenders the student, how will this be handled?

USE OF FACILITIES

Student will use the following restroom(s), locker room, and other gendered facilities on campus:

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

If student/parent have questions/concerns about facilities, who should they contact?

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

EXTRA CURRICULAR ACTIVITIES

In what extra-curricular programs or activities would the student like to participate (sports, theater, clubs, etc)?

What steps will be necessary for supporting the student in these activities?

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

What additional steps will be necessary for supporting the student there?

OTHER CONSIDERATIONS

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

Factors to be considered regarding siblings?

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, swim unit, social justice units, name projects, dance instruction, Pride events, school dances, etc.)?

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

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Mt. Diablo Unified School District

I/We agree with the contents of this Gender Support Plan.

Signatures

Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date
Name	Signature	Title	Date

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