

– Confidential –
Gender Support Plan

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/District _____	Today's Date _____
Student's Preferred Name _____	Legal Name _____
Student's Gender _____	Assigned Sex at Birth _____ Student Grade Level _____
Date of Birth _____	Sibling(s)/Grade(s) _____ / _____ / _____
Parent(s)/Guardian(s)/Caregiver(s) /relation to student	
_____ / _____	_____ / _____
_____ / _____	_____ / _____
Meeting participants: _____	

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child's gender transition? ____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 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? _____

Parents/community? _____

STUDENT SAFETY

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

If this person is not available, what should 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 student signal need for help:

During class _____

On the yard _____

In the halls _____

Other _____

Other Safety concerns/Questions: _____

NAMES, PRONOUNS AND STUDENT RECORDS

Name/gender marker entered into the Student Information System _____

Name to be used when referring to the student _____ Pronouns _____

Can the student's preferred name and gender marker be reflected in the SIS? _____ If so, how? _____

If not, 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 (PTA/other) _____

Outside district personnel or providers _____

Summons to office _____

Yearbook _____

Student ID/library cards _____

Posted lists _____

Distribution of texts or other school supplies _____

Assignment of IT accounts _____

PA announcements _____

If the student's guardians are not aware and supportive of the child's gender status, how will school-home communications be handled?

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? _____

EXTRA CURRICULAR ACTIVITIES

Does the student participate in an after-school program? _____

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

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? _____ Factors to be considered regarding sibling's needs?

Does the school have a dress code? _____ 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 them?

Action Item	Who?	When?

Date/Time of next meeting or check-in _____ Location _____