

– 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 formally communicating information about a change in their gender status at school.

School/District		Today's Date
Name Student Uses:	Name on Birth Certificate:	
Student's Gender Identity	Assigned Sex at Birth	Student Grade Level
Date of Birth	_Sibling(s)/Grade(s)//	//
Parent(s), Guardian(s), or Careg	iver(s) /relation to student	
	/	/
	/	/
Meeting participants:		

PARENT/GUARDIAN INVOLVEMENT

Guardian(s) aware of student's gender status? Yes/No Support Level: (none) 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?

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 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 steps will be taken if that privacy is compromised, or is believed to have been compromised?

Staff members?	
Parents/community?	
STUDENT SAFETY	
Who will be the student's "go to adult" on campus?	
f 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 wil	l student signal their need for help
During class	
On the yard	
In the halls	
Other	
Other safety concerns/questions:	
What should the student's parents do if they are concerned about how others are tro	eating their child at school?
PRIVACY: NAMES, PRONOUNS AND STUDENT RECORDS	
Name/gender marker are listed on the student's identity documents	
Name/gender marker entered into the Student Information System	
	Pronouns
Name to be used when referring to the student	How is accessed/used?
Name to be used when referring to the student	

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

By students? _____

If unable to change the student's profile in the student information system, 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/email address
PA announcements
the student's guardians are not aware and/or supportive of the student's gender status, how will school-home

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

What are some other ways the school needs to anticipate the student's privacy being compromised? How will these be handled?

USE OF FACILITIES

Student will use the following bathroom(s) on campus______

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

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

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 In what extra-curricular programs or activities will the student be participating (sports, f	theater clubs ats)?
in what extra-curricular programs of activities will the student be participating (sports,	theater, clubs, etc):
What steps will be necessary for supporting the student there?	
Does the student participate in an after-school program?	
What steps will be necessary for supporting the student there?	
Questions/Notes:	
OTHER CONSIDERATIONS	
Does the student have any sibling(s) at school?Factors to be considered regard	ding 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 (gro swim unit, social justice units, name projects, dance instruction, Pride events, school da	•
Are there any specific social dynamics with other students, families or staff members th accounted for?	nat need to be discussed o
What training(s) will the school engage in to build capacity for working with gender-exp the school work to create more gender inclusive conditions for all students?	

Does the student use school- or district-provided transportation services? If so, how will the student's gender be accounted for?_____

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

NEXT STEPS: 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
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