



Gender Support Plan For Students

General Information

School:

Date of Birth:

Date:

Grade Level: Today's

Legal Name:

Student's Gender Identity:

Preferred First Name:

Sex at Birth:

Meeting Participants:

Preferred Pronouns:

Parent/Guardian Involvement

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

Confidentiality, Privacy and Disclosure

How public or private will information about this student's gender identity be?

Student Safety



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Who will be the student's "go to" adult at school?

Names, Pronouns, and Student Records

What name/gender marker will be entered into the student information system?

Can the student's preferred name and gender marker be reflected in the student information system? If so, how? If not, please provide an explanation.

Who will be the person responsible for implementing these adjustments and making sure they are communicated as needed?



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Use of Facilities

Student will use the following restrooms at school:

Student will change clothes in the following places:

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

What are the expectations regarding rooming for any overnight trips?



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Questions or concerns about the student's access to facilities?