



# GREATER Johnstown SCHOOL DISTRICT

## **-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.

Today's Date: \_\_\_\_\_

Student's Building	
Student's Grade	
Student's Preferred Name	
Student's Legal Name	
Student's Date of Birth	
Student's Gender	
Student's Assigned Sex at Birth	
Parent(s)/Guardian(s)/Caregiver(s) / relation to student	
Sibling(s)/Grade(s)	

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 by 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 District 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 the expectations in the event the student is feeling unsafe and how will the student signal the need for help?

## **NAMES, PRONOUNS AND STUDENT RECORDS**

Name/gender marker entered into the Student Information System	
Name to be used when referring to the student	
Preferred pronouns	

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

How will the student's privacy be accounted for and maintained with substitute teachers?

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?

## **USE OF FACILITIES**

This student will use the following restroom facilities:

This student will change clothes in the following place(s):

If this 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?

## **AFTER-SCHOOL AND EXTRA-CURRICULAR ACTIVITIES**

Does this student participate in an after-school program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what steps will be necessary for supporting the student there?

In what extracurricular programs or activities will this student be participating (sports, clubs, theater, etc.)?

What steps will be necessary for supporting this 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?

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.)?

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

## **SUPPORT PLAN REVIEW AND REVISION**

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

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)?

Date of next meeting or check-in: \_\_\_\_\_

Time of meeting or check-in: \_\_\_\_\_