



**-Confidential-**  
**Gender Transition Plan**

This document supports the necessary planning for a student's formal transition of gender from its commonly assumed status to something else. Its purpose is to create the most favorable conditions for a successful experience, and to identify the specific actions that will be taken by the student, school, family, or other support providers.

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the nature of the student's transition (male-to-female, female-to-male, a shift in gender expression, etc.)?

How urgent is the student's need to transition? Is the student currently experiencing distress regarding their gender?

### **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?

### **INITIAL PLANNING MEETING**

When and where will the initial meeting take place?

Who will be the members of the team supporting the student's transition?

Student	_____	_____	_____
Parents/Guardians	_____	_____	_____
District/School Staff	_____	_____	_____
Others	_____	_____	_____

### **STUDENT TRANSITION DETAILS**

What is the specific information that will be conveyed to other students (specify)?

What requests will be made?

With whom and when will this information be shared?

With peers in the transitioning student's class only

Date: \_\_\_\_\_

With peers in the student's grade level

Date: \_\_\_\_\_

With some/all students at school (specify):

Date: \_\_\_\_\_

Other (specify):

Date: \_\_\_\_\_

Who will lead the lessons/activities framing the student's transition?

What will the lessons/activities be?

Will the student be present for the lesson/sharing of information about the transition?  
If yes, what if any role does the student want to play in the process?

Once the information is shared, what parameters/expectations will be set regarding approaching the student?

Other notes, considerations or questions:

## **KEY DECISIONS PRIOR TO STUDENT'S TRANSITION**

### **Communications with Other Families**

Will any sort of information be shared with other families about the student's transition? If yes,  
with whom:      Families in the student's grade  
                         Whole School  
                         Other (specify):

Who will be responsible for creating the communication?

How will it be distributed?      Email  
   Postal Service Mail  
   Other (specify):

When will it be distributed? \_\_\_\_\_

What specific information will be shared?

Will there be any meeting with the families of the transitioning student's peers?

Who will lead the meeting?

When will the meeting occur?

### **Training for School Staff and Community Members**

Will there be specific training about this student's transition with school staff?

When?

Who will be conducting the training?

Will there be specific training for community members?

When?

Who will be conducting the training?

Will it reference the student's transition?

Questions/Notes:

### **Identifying and Enlisting Parent and Peer Allies**

Are there any parents/guardians of other students you would like to enlist in support of the student's transition? If so, who?

When will they be spoken with?

Are there other students you would like to enlist in support of the student's transition? If so, who?

When will they be spoken with?

**Siblings**

Does the student have any siblings at the school?

What needs to be considered for them?

Training in their classroom(s)?

Emotional Support?

**TIMELINE**

Which of the following will take place in relation to this student's gender transition, and when will it occur and who will be responsible for making it happen?

Activity	Date	Person Responsible
Initial Planning Meeting	_____	_____
Lesson/Activities with Other Students	_____	_____
Communications with Other Families	_____	_____
Class Meeting with Parents	_____	_____
Training for School Staff	_____	_____
Training for Community	_____	_____
Identifying & Enlisting Allies	_____	_____

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