

CONFIDENTIAL
GENDER TRANSITION PLAN

The 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.

School:

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)/Relation to Student:

/

/

/

/

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

Do siblings need support? If so, what kind of support do they need?

PARENT/GUARDIAN(S) INVOLVEMENT

Are parent(s)/guardian(s) of this student supportive of their child's gender status?

☐ Yes ☐ No

If not, are parent(s)/guardian(s) aware of support services? ☐ Yes ☐ No

Please list parent(s)/guardian(s) support services provided:

INITIAL PLANNING MEETING

Where and when will the initial planning meeting take place?

Who will support the student's transition?

Name/email/cell number / /

Student

Parent(s)

School Staff

Other

STUDENT TRANSITION DETAILS

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

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:

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?

With whom: ☐ Families in child's grade ☐ Whole School ☐ Other (specify)

Who will be responsible for creating this?

When will it be sent?

How will it be distributed?

What specific information will be shared*?


Questions/Notes:

* see sample letters

Where and when will the transition meeting for staff be held?

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	Lead
<input type="checkbox"/>	Initial planning meeting		
<input type="checkbox"/>	Transition meeting for staff		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

What are the 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