

Gender Identity / Expression Support Plan

School staff will work with students and parents/guardians to ensure the safety, comfort, and healthy development of our students whose gender identities are not cisgender. This Gender Identity / Expression Support Plan is available to aid in providing a gender-affirming school atmosphere.

School _____	Date _____
Student's Preferred Name _____	
Student's Legal Name _____	
Gender Student Identifies With _____	Sex Assigned at Birth _____
Date of Birth _____	Age _____

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware of their child's gender identity? Yes No

Are guardian(s) supportive of their child's gender identity? Yes No

If not, what considerations must be accounted for in implementing this plan? _____

INITIAL PLANNING MEETING

When will the initial plan of support meeting take place? _____

Who will be the members of the support team?

- Student _____
- Parent(s)/Guardian(s) _____
- School Staff _____
- Other _____

How long have you known your gender identity does not match the identity assigned at birth? _____

Are you comfortable expressing your gender in all spaces at school? Yes No

PLAN OF SUPPORT

Key contacts of support (include name & phone number) identified by all team members: _____

What is your preferred name? _____

Which pronoun do you prefer to be used when addressed? _____

Are there any specific requests made of the school? School District Response.

- _____
- _____
- _____
- _____

Do you want to know about possible resources the school may offer? Yes No
If yes, what resources were discussed and presented to the student? _____

With whom and when will this information be shared?

- With teachers in the student's classes Date: _____
- With student support staff (administration, counselors, nurse, social worker, and school psychologist) Date: _____
- With peers in the student's grade level Date: _____
- With some/all students at school (specify) _____ Date: _____

How will this information be shared and by whom? _____

Will the student be present when information is shared? Yes No
If yes, what if any role does the student request to play in the process? _____

Does the student want to identify a safe space within the school? Yes No
If yes, where is the understood and approved thinking space? _____

How often does the student want to meet with student support staff? _____

Other notes, considerations, or questions _____

This information is protected under The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), a Federal law that protects the privacy of student education records.

Student signature _____

Parent/Guardian signature _____

Principal signature _____