-Confidential-

Gender Support Plan

The purpose of this document is to create shared understandings amongst school staff, parents/guardians, and the student about the ways in which the student's authentic gender will be affirmed and supported at school.

Preferred Name:	Legal Name:
Pronouns:	Student #:
DOB:	Grade:
School:	Date of Meeting:
Gender Support Team Members:	

PARENT/GUARDIAN INVOLVEMENT

1) Are the student's parents/guardians aware of their gender status? ☐ Yes ☐ No

2) What is the level of parent/guardian support?

3)

1	2	3	4	5	6	7	8	9	10
(none)				(moderate)					(high)

**If support is low, what considerations must be made in implementing this plan?

_____

_____

CONFIDENTIALITY & PRIVACY

1) Who will be aware of the student's affirmed gender (check all that apply)?

☐ Teachers

☐ Student Services Staff

☐ School/Grade Level Administrator(s)

☐ Student will not be openly "out" but the students are aware of the student's gender: _____

☐ Student is open with adults and peers

☐ Other(s), please describe: _____

2) How will "in the know" teachers/staff respond to any questions about the student's gender from:

Peers? _____

_____

Staff Members? _____

_____

Parents/Community Members? _____

_____

STUDENT SAFETY

1) Who will be the student's "go to" adult on campus? _____
*Who is the "back up" if this person is unavailable? _____

2) What, if any, process will be utilized for periodically checking in with the student and/or parents/guardians? _____
_____

3) What are the expectations in the event the student is feeling unsafe/how will the student signal their need for assistance?

During Class _____

In hallways _____

Lunchroom _____

Restroom/locker room _____

Other: _____

Other: _____

4) If necessary, who should the student's parents/guardians contact with concerns about their child's treatment at school? _____

NAME, PRONOUN, RECORDS

1) What name and gender are listed in official records (myStudent)? _____

_____

2) What name & pronouns should be used when referring to the student? _____

_____

3) How will the team address any instances where the incorrect name or pronouns are used by staff or students?_____

_____

_____

4) What considerations will be made to maintain the student's privacy in the following situations?

Registration/enrollment: _____

Class Rosters: _____

With Substitute Teachers: _____

Standardized/district testing: _____

On IEPs/504s: _____

Yearbook/ID badge: _____

When summoned to office: _____

Awards/certificates: _____

Other: _____

5) What name/pronouns will be utilized in the following home-school communications?

Letters home _____

Calls/emails from teachers _____

Discipline referrals _____

Calls from clinic _____

Other: _____

USE OF SCHOOL FACILITIES

1) Student will use the following bathroom(s) on campus_____

_____

2) If enrolled in P.E., where will the student dress out?_____

3) Student will use the following facilities during field trips:_____

Rooming considerations for overnight trips _____

EXTRACURRICULAR ACTIVITIES & PROGRAMS/SPORTS

1) Will the student participate in any extracurricular activites (e.g. theater, clubs, etc)?

☐ Yes ☐ No * If yes, please specify: _____

If yes, what considerations need to be made to support the student in the above activities?_____

_____

2) Will the student participate in school-sponsored sports? ☐ Yes ☐ No

If yes, what considerations need to be made to support the student's participation?

_____

_____

3) Elementary only: Is the student enrolled in PLACE? ☐ Yes ☐ No

If yes, what considerations need to be made to supporting the student there?_____

_____

_____

OTHER CONSIDERATIONS

1) What considerations will need to be made in regard to the dress code? _____

_____

2) Will considerations need to be made for human growth & development lessons?

☐ Yes ☐ No

If yes, please specify: _____

_____

3) Will cons LGBTQ+ sensitivity trainings for staff be needed to build awareness/capacity?

☐ Yes ☐ No

If yes, please specify who will contact the district's LGBTQ+ Liaison to coordinate training: _____

4) What mode of transportation will the student use for arrival & dismissal?

☐ School bus

☐ Bike rider

☐ Car Rider

☐ Walker

* If student utilizes the school bus, who will speak to the bus driver to ensure confidentiality and affirmation of student's gender? _____

5) Other issues/concerns to be addressed? _____

_____

SUPPORT PLAN REVIEW & REVISIONS

1) Who will lead the team in monitoring the utilization and effectiveness of this plan?___

_____

2) What steps will be taken in the event the Gender Support Plan needs to be revised?___

_____

3) Are any future actions steps or follow-up tasks necessary? ☐ Yes ☐ No

If yes, please specify?

What?	Who is responsible	Timeframe

4) Does a follow-up meeting need to be scheduled? ☐ Yes ☐ No

If yes, when will it be held and who is responsible for coordinating the meeting: ___

_____