



- Confidential -

V h o Gender Support Plan

School _____ Today's Date _____

Name Student Uses: _____ Name on Birth Certificate: _____

Student's Gender Identity _____ Assigned Sex at Birth _____ Student Grade Level _____

Date of Birth _____ Sibling(s)/Grade(s) _____ / _____ / _____

Parent(s), Guardian(s), or Caregiver(s) /relation to student

_____ / _____ _____ / _____

_____ / _____ _____ / _____

Meeting participants: _____

PARENT/GUARDIAN INVOLVEMENT

Guardians aware of student's gender status? Yes/No Level of Support: (none) 1 2 3 4 5 6 7 8 9 10 (High)

If support level is low what considerations must be accounted for in 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 steps will be taken if that privacy is compromised, or is believed to have been compromised? _____

How will a teacher/staff member respond to any questions about the student's gender from:

Other students? _____

Staff members? _____

Parents/community? _____

STUDENT SAFETY

Who will be the student's "go to adult" on campus? _____

If this person is not available, what should student do? _____

What, if any, will be the process for periodically checking in with the student and/or family? _____

What are expectations in the event the student is feeling unsafe and how will student signal their need for help:

During class _____

On the yard _____

In the halls _____

Other _____

Other safety concerns/questions: _____

What should the student's parents do if they are concerned about how others are treating their child at school?

NAMES, PRONOUNS AND STUDENT RECORDS

What name and gender marker are listed on the student's identity documents? _____

Name/gender marker entered into the Student Information System _____

Name to be used when referring to the student _____ Pronouns _____

Can the student's name/gender marker be reflected in the SIS? _____ If so, how? If not, why not?

If not, what adjustments can be made to protect this student's privacy (see below)? _____

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

How will instances be handled in which the incorrect name or pronoun are used by staff members? _____

By students? _____

If unable to change the student's profile in the student information system, how will the student's privacy be accounted for and maintained in the following situations or contexts:

During registration _____

Completing enrollment _____

With substitute teachers _____

Standardized tests _____

School photos _____

IEPs/Other Services _____

Student cumulative file _____

After-school programs _____

Lunch lines _____

Taking attendance _____

Teacher grade book(s) _____

Official school-home communication _____

Unofficial school-home communication (PTA/other) _____

Outside district personnel or providers _____

Summons to office _____

Yearbook _____

Student ID/library cards _____

Posted lists _____

Distribution of texts or other school supplies _____

Assignment of IT accounts/email address _____

PA announcements _____

If the student's guardians are not aware and/or supportive of the student's gender status, how will school-home communications be handled?

What are some other ways the school needs to anticipate the student's privacy being compromised? How will these be handled?

USE OF FACILITIES

Student will use the following bathroom(s) on campus _____

Student will change clothes in the following place(s) _____

If student/parent have questions/concerns about facilities, who should they contact? _____

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? _____

EXTRA CURRICULAR ACTIVITIES

In what extra-curricular programs or activities will the student be participating (sports, theater, clubs, etc)?

What steps will be necessary for supporting the student there? _____

Does the student participate in an after-school program? _____

What steps will be necessary for supporting the student there? _____

Questions/Notes: _____

OTHER CONSIDERATIONS

Does the student have any sibling(s) at school? _____ Factors to be considered regarding sibling's needs?

Does the school have a dress code? _____ How will this be handled? _____

Are there lessons, units, content or other activities coming up this year to consider (growth and development, swim unit, social justice units, name projects, dance instruction, Pride events, school dances etc.)? _____

Are there any specific social dynamics with other students, families or staff members that need to be discussed or accounted for? _____

What training(s) will the school engage in to build capacity for working with gender-expansive students? How will the school work to create more gender inclusive conditions for all students? _____

Does the student use school- or district-provided transportation services? If so, how will the student's gender be accounted for? _____

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

SUPPORT PLAN REVIEW AND REVISION

How will this plan be monitored over time? _____

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)? _____

What are 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 _____