

GENDER SUPPORT PLAN

- CONFIDENTIAL -

NAME & IDENTIFYING INFO

DATE	SCHOOL	
STUDENT ID	GRADE LEVEL	
PREFERRED NAME		She/Her/Hers He/Him/His They/Them/Theirs Any exceptions?

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STUDENT OPTIONS

CATEGORY	OPTIONS	NOTES
CURRENT LEGAL NAME/MARKER	Current Legal Name Legal Gender Marker:	
POWERSCHOOL NAME/ GENDER MARKER	Name Changed: Yes No Gender Marker Changed: Yes No	Preferred Name: Preferred Gender Marker:
RESTROOMS	Boys Girls Gender Neutral	
LOCKER ROOMS	□ Boys □ Girls □ Gender Neutral ⊠ N/A	
CONFIDENTIALITY	Who at school would you like to be informed?	
DISCLOSURE	How would you like those staff informed?	
ATHLETICS	Any school-based athletics? Which ones?	

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SIGNATURES

ADMINISTRATION ACKNOWLEDGEMENT

By signing this, the principal has been made aware of the plan that the student has requested be put in place. The principal is aware of Administrative Regulation 330, the Gender Support Plan for this student, and is prepared to answer questions and concerns regarding this decision.

Printed Name of Gender Support Coordinator

Signature of Gender Support Coordinator

Date