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New Hanover County Schools Title IX

GENDER SUPPORT PLAN: Please complete in full to the best of your ability. This form may be submitted to your school principal, school counselor, or submitted to NHCS' Title IX Coordinator via titleix@nhcs.net. For more information, please visit the [NHCS Title IX Webpage](#).

Date

School

Name Student Uses

Name on Student's Birth Certificate

Student's Gender Identity

Student's Assigned Sex at Birth

Student's Date of Birth

Student's Grade Level

Parent(s), Guardian(s) and/or Caregiver(s) Information

Name(s)

Relation to Student

Parent/Guardian Involvement

Are the parent(s)/guardian(s) aware of the student's gender status?*

☐ Yes

☐ No

On a scale of 1-10, where 1 is "not at all supportive" and 10 is "highly supportive," rank the parent(s)/guardian(s) support level:

If support level is low, what consideration must be accounted for in implementing this plan?

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Privacy and Confidentiality

How public or private will information about the student's gender be? (mark all that apply):*

Site level leadership will know (principal, assistant principal, counselor, etc)

☐ Yes

☐ No

If yes, specify the site leadership that will know

Teachers and/or other school staff will know

☐ Yes

☐ No

If yes, specify the staff that will know

Student is open with others (adults and peers) about their gender status.

☐ Yes

☐ No

Other (describe specific privacy/disclosure situations and needs)

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Privacy and Confidentiality

If the student has asserted a degree of privacy, what steps will be taken if that privacy is compromised or believed to be compromised?*

How will a teacher/staff member respond to questions about the student's gender...
...from students?

...from staff members?

...from caregiver(s)/community members?

Student is open with others (adults and peers) about their gender status.

☐ Yes

☐ No

Other (describe specific privacy/disclosure situations and needs)

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Student Safety

Who will be the student's "go to" adult(s) at school?

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If these people aren't unavailable, what should the student do?

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

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What are the expectations in the event the student is feeling unsafe and how should they signal their need for help...

...in class?

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...on the playground, hallways, other areas?

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Other safety considerations:

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Privacy: Names, Pronouns, and Student Records*

Preferred name?

Preferred Pronouns?

Student's name in PowerSchool?

Student's gender in PowerSchool?

Is student seeking to amend their educational records to match gender identity?

☐ Yes

☐ No

If yes, what changes are requested?

*NOTE: North Carolina law requires NHCS to notify parent or guardian of any changes in the student's name or pronoun used for a student in school records or by school personnel prior to making those changes. The statute further requires school authorities to encourage the student to discuss the issue with their parents and/or facilitate discussion between the parents and the student.

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Other considerations & Comments

SIGNATURES (please use electronic signature if submitting form via internet)

Student:

Date:

Caregiver(s):

Date:

School Admin:

Date:

Central Office Admin:

Date:
