

Rockingham County Schools
Student Support Plan



Student Legal Name(FN MN LN): _____ Grade _____ Sch: _____

Birthdate: _____ Student ID: _____ Parent Phone #: _____

Parent Name: _____ Parent Email: _____

Home Address: _____

EC Label - Setting: _____ AIG Status: _____

Category I: Family & Friend Support

Preferred first name request _____ What name is used at home? _____

What name is used with siblings or extended family members? _____

The name used at home, is the same as _____

There is a plan to use the preferred name in _____

Plan to use preferred name in a specific settings explain:

Affirming family members such as: _____

If none, who are the individuals who are assisting the student in this transition?

Are there a few friends the student can count on for support? _____

List student names below:

Are the Students in the same classes? _____

Category II: Pronouns

What pronouns are preferred by the student?

Are pronouns used at all or are there multiple pronouns preferred? _____

Are these the same pronouns as used at home? _____

These pronouns will be used in _____

Pronoun specific settings explain:

Has the Assistant Superintendent or Director of Student Support Programs from the Instructional Services Department been informed that planning for this student is taking place? _____

Category III: School Data Base

Powerschool

- * Birth certificate (Legally the birth name)
- * Birth certificate can be changed legally. Parents may choose or the student if over the age of 18 may pursue legal action to change the birth certificate.

Official Transcript

- * Official transcripts will reflect what is on the birth certificate at all times unless it has been legally changed.
- * Copies of new birth certificate with new preferred name will be submitted to the Data Manager of the school for this

Other Documents

- * Report Cards, Progress cards, copies of diploma may use the preferred name once entered into PowerSchool.
- * Name in yearbook should reflect preferred name.

Family Affirmations

Does the family members know this is an option? _____

Are there affirming family members who are aware of the request for preferred name and how official school documents? _____

Who is the family member that is most informed and is willing to talk freely with the school should issues arise? _____

Category IV: School Support

Staff should be made aware by the school counselor and principal, the district level policies and practices at the school to provide the student with a student support plan.

Name two adults in the school setting that can provide direct support to the student and check in with the student at least once a week.

Is the staff aware of and where do staff go when they need information regarding the bullying/harassment policies of the school district and the school's general practices?

Who will follow through and develop a plan if bullying or harassment occurred?

Who will inform the classroom teachers of the student's transition and their preferred name? And the student's preference to classroom assignments with names?

Are teachers aware of the confidentiality that surrounds this transition? _____

Is the student a car rider or bus rider? _____

If a bus rider, the roster should reflect the preferred name.

Does the student have an interest in a club or activity at school that will provide some additional interact with peers? _____

List Club's of interest:

Category V: Facilities

Which restroom may the student use that will allow some privacy? _____

Will the student be participating in physical education? _____

Where will the student be able to dress? _____

Will the physical education teacher (s) support the student in providing them with a private place to dress? _____

Will a staff member support the student in being fully included in gendered sports aligned with gender identity? _____

What is the Coach's name? _____

Has the student been cleared by the NCHSAA? _____

If No, please explain:

Has the student, if an high school student, utilized the Student Health Center? _____

School Nurse Name _____

Nurse Phone # _____

Emergency Contact Info:

If an emergency arises, who is first on the emergency call list? _____

Emergency Phone # _____

Emergency Address

Category VI: Concerns from Family & Student

What concerns or issues of anxiety is the student dealing with at this time?

What are some strategies or interventions that can be provided to alleviate those concerns?

Does the student see an outside provider for mental health supports? _____

If so, where do they go for that service? _____

Taking any medications at this time? _____

If so, for what? Does the student take those at home?

Any social media concerns at this time? _____

List social media concerns:

Category VII: Other Considerations

List any other concerns or considerations that need to be addressed?

Principal Signature:

Date:

Counselor Signature:

Date:

Parent Signature:

Date:

Student Signature:

Date:
