



## Gender Support Plan

School: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Parental Consent to build this plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this student on an Individualized Education Plan (IEP)?

Gender: \_\_\_\_\_ Sex Listed on Birth Certificate: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Is a Name Change in Infinite Campus Requested?\* \_\_\_\_\_ Yes \_\_\_\_\_ No

Is a Gender Change in Infinite Campus Requested?\* \_\_\_\_\_ Yes \_\_\_\_\_ No

Which name will be used in guardian communications? \_\_\_\_\_

Which Gender Pronoun(s) will be used in guardian communications?:  
\_\_\_\_\_

Parent(s)/Guardian(s)/Caregiver(s) Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

What other professionals are involved? Check all that apply:

<input type="checkbox"/> Medical Professional (MD, DDS, RN, OBGYN, Etc)	<input type="checkbox"/> Psychologist/Psychiatrist
<input type="checkbox"/> Mental Health Professionals	<input type="checkbox"/> Law Enforcement (JPO)
<input type="checkbox"/> Community Agency	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/> Other

Is there a signed Release of Information/Records on file? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, I would like to sign a Release of Information/Records. \_\_\_\_\_ Yes \_\_\_\_\_ No



Contact information of professionals involved in support plan (optional):

_____	_____	_____
Professional Name	Professional Name	Professional Name
_____	_____	_____
Phone Number	Phone Number	Phone Number
_____	_____	_____
Email	Email	Email

### Confidentiality

How public or private will information about this student's gender be? Specifically, which groups/individuals does the student wish to share this knowledge with? Check all that apply:

<input type="checkbox"/> Everyone (All Adults and Peers)	<input type="checkbox"/> Administrators Only
<input type="checkbox"/> Peers Only	<input type="checkbox"/> Counselors/Social Workers Only
<input type="checkbox"/> Teachers Only	<input type="checkbox"/> Other
<input type="checkbox"/> Substitute Staff/Teachers	

I understand that peer to peer confidentiality in a public school system can never be guaranteed.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the student wants to share with certain groups, when and how does the student want information communicated?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who are the Support Coordinators and/or the Student Administrative Support Team members?

_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Email	Email	Email

School Contact Person (Chosen by student for support regarding harassment, bullying, etc.):

\_\_\_\_\_



## Confidentiality Con't

If designated School Contact Person is unavailable, what should the student do? \_\_\_\_\_

**How will staff respond to questions about the student's gender from:**

Other students: \_\_\_\_\_

Staff members: \_\_\_\_\_

Parents/Community: \_\_\_\_\_

*\*Please see the DCSD Supporting Gender Diversity Policy FAQs for suggested responses to common questions.  
How will privacy be maintained during/in the following situations?*

**How will privacy be maintained during/in the following situations?**

During registration: \_\_\_\_\_

Completing enrollment: \_\_\_\_\_

Attendance/Grade books: \_\_\_\_\_

Official school-home communication: \_\_\_\_\_

Student ID: \_\_\_\_\_

Standardized tests: \_\_\_\_\_

After-school programs: \_\_\_\_\_

School photos: \_\_\_\_\_

Yearbook: \_\_\_\_\_

IT accounts (e.g.Gmail) \_\_\_\_\_

Outside district personnel or providers: \_\_\_\_\_

What other ways will the school need to anticipate the privacy needs of the student? How will they be handled?

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## Confidentiality Con't

*\*Please see "DCSD Supporting Gender Diversity Policy and FAQs", included in this toolkit, for step-by-step instructions on entering changes in IC. PRIVACY Per the DCSD Guidelines Regarding the Support of Transgender and Gender Nonconforming Students (Guidelines): All students have a right to privacy. This includes the right to keep private their transgender status or gender nonconforming presentation at school. Students have the right to openly discuss and express their gender-related identity and expression at school and school activities, and to decide when, with whom, and how to share private information. School staff shall not disclose information that may reveal a student's transgender status or gender nonconforming presentation to others. Therefore, given the sensitive nature of the information, when speaking with parents, guardians, other staff members, or third parties, school staff should not disclose a student's preferred name, pronoun, or other confidential information pertaining to the student's transgender or gender nonconforming status without the student's permission.*

## Facilities and Extracurricular Activities

Transportation
<p>Parent/Guardians would like transportation staff to support the following:</p> <p><input type="checkbox"/> No other specific treatment  <input type="checkbox"/> Have an assigned seat or designated seating area  <input type="checkbox"/> Other</p> <p>Details :</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Restroom Use
<p>Parent/Guardians would like staff to support following:</p> <p><input type="checkbox"/> Use gender specific restroom (Circle all that apply) Female   Male   All gender  <input type="checkbox"/> Other</p> <p>Details:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>



**Locker Room Use**

Parent/Guardians would like staff to support the following:

- Use gender specific locker room (Circle all that apply) Female Male
- Use private changing room
- Other

Details:

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**Clubs/Sports**

Parent/Guardians would like staff to support the following:

- Participation in gender specific sport (circle all that apply): Female Male All gender
- Other

Details :

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**Overnight Activities**

Parent/Guardians would like staff to support the following:

- Sleep/stay in gender specific rooms (Circle all that apply) Female Male
- Other

Details:

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## SUPPORT PLAN REVIEW AND REVISION

How will this plan be monitored over time?

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What will be the process should the student, family, or school wish to revise or make additions to the plan?

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What are the specific follow-ups/action items resulting from this meeting? Who is responsible for them?

Action Item	Person Responsible	When

Date/Time of next meeting: \_\_\_\_\_

Location of next meeting: \_\_\_\_\_

### Signatures

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Admin Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Community Resources

**Allison Cotton, MD**

**Carson Tahoe Specialty Medical Center**

775 Fleischmann Way

Carson City, NV 89703

**Thrive Wellness**

**Medical & Psychiatry -**

201 W. Liberty St., Ste.102

Reno, NV 89501

**Allison Steinmetz, MD, MPH | Minden NV**

Carson Tahoe Health

<https://www.carsontahoe.com/allison-steinmetz>

Allison **Steinmetz**, MD, MPH

925 Ironwood Dr., Suite 2102.

Minden, NV 89423

La Dawn Talbott

Dr Wrye

Dr Hall

Dillon Lambert

Dr Thiele Family care

Planned parenthood

Dr Arushi Verma and associates

Dr Eckert is a pediatrician

**Online Hormone Providers**

<https://trueclinic.com/about-us-transgender-clinic/>