



## MESD Gender Support Procedures

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Once a student has indicated that they are transgender, please complete the following process:

- Meet with student to discuss future steps and find out following information
  - Do parents know
  - Do they feel safe
  - Do/Can staff know
  - Identify counselor to be involved
- Schedule meeting with parents, counselor, principal
  - If parents do not know, meet with counselor
- Complete attached Gender Support Plan
  - If facility use requires specific individual restrooms/locker rooms, identify specific locations.
- Keep file in confidential place in admin possession
  - Copy to student/families



Gender Support Plan  
**CONFIDENTIAL**

The purpose of this document is to create a shared understanding and plan for support for students' needs regarding gender identity. School staff, the family, and student should work together to complete this document.

School: _____	Date: _____		
Student: _____	Legal Name: _____		
Student's preferred Gender: _____	Assigned sex at Birth: _____	Grade: _____	DOB: _____
Parents/Guardians: _____			
Phone: _____	Email: _____		
Meeting Participants:			
_____			
_____			
_____			

**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)
- Site level leadership/administration will know (Principal, Assistant Principals, Counselor)
- Teachers/Other school staff
- Some students
- Student is public with identity
- Other: \_\_\_\_\_

If the student has asserted a degree of privacy, what are expectations of the school if that privacy is compromised? How will staff respond to questions about the student's gender:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT SAFETY**

Who will be the "go to adult" on campus: \_\_\_\_\_

If this person is not available who will the student go to: \_\_\_\_\_

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

During Class: \_\_\_\_\_

In the Halls: \_\_\_\_\_

During Lunch: \_\_\_\_\_

Before/After School: \_\_\_\_\_

**OTHER CONSIDERATIONS**

Facility Options:

- Student will utilize facilities that coincide with gender identity
  - Identify specific facilities: \_\_\_\_\_
- Student will utilize facilities that coincide with assigned sex
- Student will utilize facilities individual facilities that maintain privacy at all times

Other Information:

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
MESD Staff

