

Gender Support Plan

The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school.

School/District: _____	Today's Date: _____	
Name Student Uses: _____	Name on Birth Certificate: _____	
Student's Gender Identity: _____	Assigned Sex at Birth: _____	Student Grade Level: _____
Date of Birth: _____	Sibling(s)/Grade(s): _____ / _____	_____ / _____
Parent(s), Guardian(s) or Caregiver(s)/Relation to Student:		
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
Meeting Participants: _____		

PARENT/GUARDIAN INVOLVEMENT

Guardians are aware of student's gender status? Yes No

If yes; what is the level of support? (none) 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

CONFIDENTIALITY, PRIVACY, AND DISCLOSURE

How will information about this student's gender be disclosed? Check all that apply.

- District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.)
Specify the adult staff members: _____
- Site level leadership/administration will know (Principal, head of school, counselor, etc.)
Specify the adult staff members: _____
- Teachers and/or other school staff will know.
Specify the adult staff members: _____
- Student will not be openly "out", but some students are aware of the student's gender.
Specify the students: _____
- Student is open with others (adults and peers) about gender.
- Other, describe: _____

How will a teacher/staff member respond to any questions about the student's gender from:

Other students: _____

Staff members: _____

Parents/community: _____

STUDENT SAFETY

Who will be the student’s “go to adult” on campus? _____

If this person is not available, what should the student do? _____

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

NAMES, PRONOUNS, AND STUDENT RECORDS

What name and gender marker are listed on the student’s identity documents? _____
(Name) (Gender)

Name/gender marker requested to be entered into the Student Information System: _____
(Name) (Gender)

Name requested to be used when referring to the student: _____ Pronouns: _____

Name requested to be used on the student ID: _____

Protected or preferred identification request: Yes No

USE OF FACILITIES

Student preference for use of the following restroom(s) on campus: _____

Student will change clothes in the following location(s): _____

If student/parent have questions/concerns about facilities, who should they contact? _____

What are the expectations regarding rooming for any overnight trips? _____

EXTRA-CURRICULAR ACTIVITIES

In what extra-curricular programs or activities will the student be participating (sports, theatre, clubs, etc.)? _____

What steps will be necessary for supporting the student? _____

Are there any other questions, concerns or issues to discuss? _____

NAMES AND PRONOUNS IN PUBLICATIONS

For students under the age of 18, this section requires Parent/Guardian permission for each item listed. Once a student turns 18 years of age, the checked boxes in this section can be modified by the student without parent permission.

For each area listed below, select one of the two options provided by checking the preferred box.

Name announced at graduation Name Student Uses Name on Birth Certificate

Note: All official documents require the use of the name on the birth certificate. This includes a diploma. It is important that the name on the transcript and the name on the diploma match to the official Student Information System record.

How will the student's name appear in publications:

- | | | |
|-------------------------------|--|--|
| Yearbook | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |
| Graduation program | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |
| Award programs | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |
| Inductions | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |
| Rosters for clubs | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |
| Rosters for athletic programs | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |
| Media (written and social) | <input type="checkbox"/> Name Student Uses | <input type="checkbox"/> Name on Birth Certificate |

Note: There may be circumstances where the above items are already published prior to implementation of a Preferred Identity request. In these cases the selected choices may not be fulfilled.

SUPPORT PLAN REVIEW AND REVISION

How will this plan be monitored and/or revisited overtime? _____

What are specific follow-ups or action items emerging from this meeting and who is responsible for them?

Action Item(s)	Who	When

Next meeting or check-in, if applicable:

Date: _____

Time: _____

Location: _____