



WESD SUPPORT PLAN FOR TRANSGENDER AND GENDER NONCONFORMING STUDENTS

Date: _____ Student ID: _____

School: _____ Grade Level: _____

Legal Name: _____ Date of Birth: _____

Preferred Name: _____ Preferred Pronouns: _____

Gender Identification: _____ Sex Listed on Birth Certificate: _____

Parents were informed on _____ by _____

Is a name change requested in Synergy? Yes No

- If yes, appropriate legal documentation needs to be provided.
 - Name Requested: _____
- If no, is a non-legal name change being requested? Yes No
 - Name Requested: _____
 - Will be noted as “nickname” in Synergy
- Is a gender change requested in Synergy? Yes No

PLEASE NOTE: Students need to be aware that parents/guardians will be notified if the student requests changes in Synergy.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN INVOLVEMENT:

Name: _____ Phone: _____ E-Mail: _____

Name: _____ Phone: _____ E-Mail: _____



COMMUNICATIONS:

Which name and gender pronouns will be used in guardian communications?

- Preferred Name and Gender Pronouns OR Legal Name and Gender Pronouns

Which name and gender pronouns will be used on printed materials (promotion certificate, spelling bee certificates, performance programs, sports programs, etc)

- Preferred Name and Gender Pronouns OR Legal Name and Gender Pronouns

PRIVACY:

Per WESD Guidelines regarding the WESD LGBTQ Interim 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 identity presentation to others. Therefore, given the sensitive nature of the information when speaking with parents, guardian, 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 identity status without the student’s consent, unless authorized to do so by State law or unless specifically authorized to do so by WESD Legal Services.

CONFIDENTIALITY, PRIVACY AND DISCLOSURE:

Who is the school contact person (Name/Title) chosen by student for support regarding harassment, bullying, etc. _____

If the designated school contact person is unavailable, what should the student do? _____

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:

- Open to all adults and peers (if checked, proceed to next page with student’s permission)
- Other site level leadership/administration (school social worker, Assistant Principal, etc.)
Specify staff: _____
- District staff (social services, special services, etc.)
Specify staff: _____
- Teachers and/or other school staff.
Specify staff: _____
- Student will not be openly “out”, but some students are aware of the student’s gender.
Specify students: _____
- Other, specify: _____

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

If the student desires privacy, how will the school navigate real/suspected compromises of privacy?

FACILITIES:

Students must be allowed to use facilities in a manner that makes them feel safest and most included in school. A school may make individual user options available to all students who voluntarily seek additional privacy. All options need to be outlined in the student Support Plan.

Restroom Plan (single use or gender neutral): _____

Locker Room/PE Changing Plan: _____

Field Trips/Overnight Trips Plan: _____

Gender Activities Plan (e.g., sports): _____

Extra-Curricular Activities Plan: _____

SUPPORT PLAN REVIEW AND REVISION:

This plan will be reviewed annually and revised upon request of the student or designated support staff person.

**For students transitioning from elementary school to junior high, or junior high to high school this plan should be reviewed with a support coordinator from both the sending school and the receiving school prior to the start of the school year.

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

Action Item	Responsible Party	Timeline	Status

Date/Time of Next Meeting: _____

Location of Next Meeting: _____