

**– Confidential –
Gender Support Plan**

The purpose of this document is to create shared understandings of how the student’s authentic gender will be accounted for and supported at school. School staff, caregivers (if appropriate) and the student should work together to develop the document. Ideally, each will spend time completing the sections and then come together to review them and confirm shared agreements. Use the action planning section at the end of the document to track items requiring any follow-up. Please note that there is a separate document to plan for a student formally communicating a change in their gender status at school.

School/District _____	Today’s Date _____
Name Student Uses: _____	Pronouns Student Uses: _____
Name on Birth Certificate: _____	Sex Assigned at Birth _____
Date of Birth _____	Student’s Grade Level _____
Sibling(s)/Grade(s) _____ / _____ / _____	
Parent(s), Guardian(s), or Caregiver(s) /relation to student	
_____ / _____	
_____ / _____	
Meeting participants: _____	

PARENT/GUARDIAN INVOLVEMENT

Guardian(s) aware of student’s gender status? Yes/No Support Level: (none) 0 1 2 3 4 5 6 7 8 9 10 (High)
 If support level is low what considerations must be accounted for in implementing this plan? _____

PRIVACY: CONFIDENTIALITY 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, 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: _____

If the student has asserted a degree of privacy, what steps will be taken if that privacy is compromised, or is believed to have been compromised? _____

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

Other students? _____

Staff members? _____

Parents/community? _____

What are some ways that the student will respond to questions from any of the above (i.e., "Why is David using a new name?", "Why is David using the girls' bathroom now?", etc.)

STUDENT SAFETY

Who will be the student's "go to adults" on campus? _____

If these people aren't available, what should student do? _____

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

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

During class _____

On the yard _____

In the halls _____

Other _____

What should the student's parents do if they are concerned about how others are treating their child at school?

Other safety concerns/questions: _____

PRIVACY: NAMES, PRONOUNS AND STUDENT RECORDS

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

Name/gender marker as listed on the student's identity documents _____

Name/gender marker entered into the Student Information System _____

If needed, is there a process/form for changing the student's name/gender marker in the SIS? _____

How is it accessed/used? _____

Name/gender marker entered into the student's Health Record _____

If needed, is there a process/form for changing the student's name/gender marker in the Health Record? _____

If not, how will confidentiality be kept? _____

Who will be responsible for ensuring these adjustments to the student's records are made? _____

If the student's name cannot be modified in the above systems, how will the student's privacy be accounted for and maintained in the following situations or contexts:

Reporting data to the state/other entities _____

During registration/enrollment _____

Student cumulative file _____

IEPs/Other Services _____

Seating charts/Taking attendance _____

With substitute teachers _____

Teacher grade book(s) _____

Standardized tests _____

School photos _____

Student ID/library cards _____

Lunch lines/Free Lunch Card _____

Yearbook _____

Assignment of IT accounts/email address _____

Distribution of texts or other school supplies _____

After-school programs _____

Official school-home communication _____

Unofficial school-home communication (PTA/other) _____

Outside district personnel or providers _____

Summons to office _____

PA announcements _____

Posted lists _____

How will instances be handled in which the incorrect name or pronoun are used by staff members? _____

By students? _____

If the student's guardians are not aware and/or supportive of the student's gender status, how will school-home communications be handled, including when individual staff members need to contact guardians?

What are some other ways the school needs to anticipate the student's privacy being compromised? How will these be handled?

USE OF FACILITIES

Student will use the following bathroom(s) on campus _____

Student will change clothes in the following place(s) _____

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

What are the expectations regarding the use of facilities for any class trips? _____

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

Are there any questions or concerns about the student's access to facilities? _____

EXTRA CURRICULAR ACTIVITIES

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

What steps will be necessary for supporting the student in these spaces? _____

Does the student participate in an after-school program? _____

What steps will be necessary for supporting the student in these spaces? _____

Are there any other questions or concerns about extra-curricular activities? _____

OTHER CONSIDERATIONS

Does the student have any sibling(s) at school? _____ Factors to be considered regarding sibling's needs? _____

Does the school have a dress code? _____ How will this be handled? _____

Are there lessons, content, traditions or other activities coming up this year to consider (growth and development, swim unit, social justice units, name projects, dance instruction, Pride events, school dances, etc.)? _____

Are there any specific social dynamics with other students, families or staff members that need to be discussed or accounted for? _____

Does the student use school- or district-provided transportation services? If so, how will the student's gender be accounted for? _____

If required to be searched by school security staff, what needs to be considered regarding the sex/gender of the staff conducting the search? _____

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

NEXT STEPS: FILING, SUPPORT PLAN COMMUNICATION, REVIEW AND REVISION

Who will be the point(s) of contact on campus for anything related to updating or concerns about this GSP? _____

Where is this form going to be filed? _____

Is this student going to be transitioning to a new school the end of the school year? ___ Yes ___ No

If "Yes" who will be responsible for connecting with the new institution? _____

Based on the adjustments detailed above, who are all of the individuals that need to be informed about any changes (use of a different name, access to facilities, changes in student records, etc.) _____

Who will be responsible for making sure these individuals are informed? _____

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

Action Item	Who?	When?

How will this plan be monitored over time? _____

What will be the process should the student, family, or school wish to revisit any aspects of the plan (or seek additions to the plan)? _____

Date/Time of next meeting or check-in _____ Location _____

Student Support Plan

This page to be filled out and given to the student

Know your Rights!

You have the right to:

- Be referred to by your authentic name and pronoun
- Use the locker room and restroom that corresponds to your gender identity
- Attend a safe school without harassment, bullying and intimidation
- Expect a reasonable level of privacy

My go-to People for Support at my School and District

School Safe Person and Contact Info _____

Additional School Safe Person and Contact Info _____

District Support Person:

Additional District Support Persons:

Trevor Hotline: Need help? Call 1-866-488-7386 or text

To report bullying: _____

Additional school support: You have many other adults on this campus who are here to support you. Individuals who can help you include:

Name	Role	Location	Contact info	Notes

Trevor Project: thetrevorproject.org Information and support to LGBTQ young people 24 hours a day, 7 days a week all year. Text 'START' to 678-678 (Standard text messaging rates may apply). Or call to speak with someone at 1-866-488-7386.

Gender Spectrum Support Groups:

- Teen Support Group (17 – 18 years old): <https://www.tfaforms.com/4950662>
- Teen Support Group (13 – 16 years old): <https://www.tfaforms.com/4873538>
- Pre-teen Group:
<https://docs.google.com/forms/d/e/1FAIpQLSdDuVrhMuDADIVnG9oCoF9xICIGdmcznBA-DeoNPEHUTgPR5w/viewform>

Transgender Law Center: www.transgenderlawcenter.org For information about legal support and advocacy.

Your school's Gender-Sexuality Alliance Club: Many secondary schools have student led clubs that can provide peer support. Check out meeting times/dates wherever other clubs are listed or ask your counselor for more information.