

**SCARBOROUGH PUBLIC SCHOOLS
CONFIDENTIAL
STUDENT GENDER SUPPORT PLAN**

Note: The purpose of this form is to create a clear, age-appropriate plan that supports the needs of transgender or gender expansive students at school. This plan shall be updated and revised when the school determines, based on a change in student preferences, that such an update is needed. If specific action items are needed, a responsible person and check-in/completion dates should be specified.

Today's Date:	SCHOOL SITE: BP EC PH WS MS HS
Name of Counselor/Staff Completing Plan:	

SECTION 1: STUDENT INFORMATION

A. BACKGROUND

Student's Legal Name:	Grade:
Date of Birth:	
Parent/Guardian Names:	
Classroom Teacher:	School Counselor:
Other:	

B. STUDENT PREFERENCES (If gender fluid, see section C below)

1. Student's preferred NAME to be used at school:
2. Student's preferred GENDER IDENTITY:
3. Student's preferred GENDER EXPRESSION:
4. Student's preferred PRONOUNS:

C. GENDER FLUIDITY

When a student is gender fluid, the school recognizes that teachers, staff, and other students may make mistakes when referring to the student. These mistakes could include using the incorrect/non-preferred pronouns, calling the student by the incorrect/non preferred name, or referring to the student by a gender identity or expression that is different from the one that they had communicated to the school previously.

Because it is not feasible for the school to change its records at a moment’s notice, or on a day to day basis, it is important that the school and the student agree on a plan of action for recognizing the student’s gender fluidity without the student feeling like their preferences are not being respected and honored.

1. In the event the student is gender fluid, the student prefers to be called by the following name(s), regardless of their current gender identity/expression:
2. The school and student also agree to the following: [insert further agreement regarding gender fluidity of student and what additional considerations, if any, student would like the school to take]

SECTION 2: PLAN DETAILS

D. PARTICIPANTS IN PLAN DEVELOPMENT AND SUPPORT

Provide name and position for each participant (participants to be considered include but are not limited to the following: student (always included); parents/guardians (always included unless they have declined involvement); school administrator; guidance counselor and/or social worker; school nurse; a former or current teacher of student; other school staff or outside provider based on a student needs (i.e. special education staff, health care or mental health provider, etc.). Any adult involved in the development of a plan must be someone the student is comfortable with.

NAME:	RELATIONSHIP TO STUDENT

E. CONFIDENTIALITY, PRIVACY AND DISCLOSURE

Note: If a student has not yet transitioned, or is in the process of transitioning, effective dates for each item should be included.

How public or private will information about this student’s transition/gender status be? Check all that apply.

	All district staff will be aware.
	Only the specified district staff will be aware: [Insert names]
	The student is “open” with all staff.
	The student is “open” with all students.
	The student will decide which staff to whom to disclose.
	The student will decide which students to whom to disclose.
	The District will undertake specific activities to support the student’s disclosure:
	Other (provide specific details):

F. DIALOGUE

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

1. Other students:
2. Staff:
3. Parents/guardians of this student:
4. Community:

What are some ways that the **student** will respond to questions from:

5. Other students:
6. Staff:
7. Parents/guardians of this student:
8. Community:

G. STUDENT SAFETY

1. Are there identified safety concerns?
2. What is the plan to address identified safety concerns?
3. Who are the student's identified safe/trusted adults in the school? How can the student access these adults?
4. Under what circumstances will the student's parents/guardians be notified of issues?

H. FAMILY RESOURCES AND SUPPORT

1. What additional resources do parents/guardians need to support the student at home?
2. What additional resources does the student feel would be supportive at home?

SECTION 3: SCHOOL CONSIDERATIONS

I. STUDENT RECORDS

Current Maine Human Rights Commission guidance is that the student's legal (birth) name must be used on a student's official student record unless there is a court order changing their name. The student asks that the following steps be taken with regards to name usage and pronouns:

Check one:

	1. The student's legal name and pronouns will be used on all records.
	2. The student's legal name and pronouns will only be used on the official student record. All other records will contain the student's preferred name and pronouns. Other records include, but are not limited to: IEP Documents, 504 Plans and GT Documents; class rosters; report cards/progress reports; information shared in newsletters or on district websites/social media; athletic or extracurricular program rosters; awards, honor roll or other recognition; yearbooks and other publications.
	3. Other (provide specific details):

J. SCHOOL FACILITIES

To the extent that any school facilities are segregated by gender (restrooms, locker rooms, etc.), the student shall have the right to utilize the facility that conforms to their preferred gender identity. The student may also request to use alternative facilities (such as single stall restrooms), if available.

Check one:

	1. The student prefers to use the facility that conforms to their preferred gender identity.
	2. In the following circumstances, the student prefers to use a private/alternative facilities or to make other arrangements (provide specific details):

K. ATHLETICS

1. Does the student currently participate in any athletic activities sponsored by the Maine Principals Association (MPA)?		
YES	NO	N/A
2. If YES , is the student aware of the MPA's policy regarding transgender athletes?		
YES	NO	N/A
3. Has the student contacted a school administrator or an athletic administrator to begin the MPA review process?		
YES	NO	N/A
4. If NO , does the student want help in doing so?		
YES	NO	N/A
5. If YES , the plan will be as follows: [include plan here]		

L. OTHER CONSIDERATIONS

This section should include any other specific needs of the student, as applicable.

	1. IEP/504 Plan Coordination:
	2. Interscholastic/Intramural Athletics or Other Extracurricular Activities:
	3. Curricular Programs:
	4. Field Trips or Other Off-Site Activities:
	5. After School/Recreation Programs:
	6. Transportation:
	7. Other:

Resources: genderspectrum.org, Drummond Woodsum