

– Confidential –
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 staff, caregivers and the student should work together to complete this document. Ideally, each will spend time completing the various sections to the best of their ability and then come together to review sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student's formal gender transition at school.

School/District _____	Today's Date _____
Student's Preferred Name _____	Legal Name _____
Student's Gender _____	Assigned Sex at Birth _____ Student Grade Level _____
Date of Birth _____	Sibling(s)/Grade(s) _____ / _____ / _____
Parent(s)/Guardian(s)/Caregiver(s) /relation to student	
_____ / _____	_____ / _____
_____ / _____	_____ / _____
Meeting participants: _____	

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child's gender transition? Yes No
 If not, what considerations must be accounted for in implementing this plan? _____

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, 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 are expectations of the institution if that privacy is compromised? How will a teacher/staff member respond to 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 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 need for help:

During class _____

On the yard _____

In the halls _____

Other _____

Other Safety concerns/Questions: _____

NAMES, PRONOUNS AND STUDENT RECORDS

Name/gender marker entered into the Student Information System _____

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

Can the student's preferred name and gender marker be reflected in the SIS? _____ If so, how? _____

If not, what adjustments can be made to protect this student's privacy? _____

Who will be the point person for ensuring these adjustments are made and communicated as needed? _____

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

How will the student's privacy be accounted for and maintained in the following situations or contexts:

During registration _____

Completing enrollment _____

With substitute teachers _____

Standardized tests _____

School photos _____

IEPs/Other Services _____

Student cumulative file _____

After-school programs _____

Lunch lines _____

- Taking attendance _____
- Teacher grade book(s) _____
- Official school-home communication _____
- Unofficial school-home communication (PTA/other) _____
- Outside district personnel or providers _____
- Summons to office _____
- Yearbook _____
- Student ID/library cards _____
- Posted lists _____
- Distribution of texts or other school supplies _____
- Assignment of IT accounts _____
- PA announcements _____

If the student's guardians are not aware and supportive of the child's gender status, how will school-home communications be handled?

What are some other ways the school needs to anticipate information about this student's preferred name and gender marker potentially being compromised? How will these be handled?

USE OF FACILITIES

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

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

If student has questions/concerns about facilities, who will be the contact person? _____

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

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

What steps will be necessary for supporting the student there? _____

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 there? _____

Questions/Notes: _____

OTHER CONSIDERATIONS

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

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

What training(s) will the school engage in to build capacity for working with gender-expansive students?

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

SUPPORT PLAN REVIEW AND REVISION

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)? _____

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

Action Item	Who?	When?

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

- Confidential -
Gender Transition Plan

This document supports the necessary planning for a student's formal transition of gender from its commonly assumed status to something else. Its purpose is to create the most favorable conditions for a successful experience, and to identify the specific actions that will be taken by the student, school, family, or other support providers.

School/District _____	Today's Date _____
Student's Preferred Name _____	Legal Name _____
Student's Gender _____	Assigned Sex at Birth _____ Student Grade Level _____
Date of Birth _____	Sibling(s)/Grade(s) _____ / _____ / _____
Parent(s)/Guardian(s)/Caregiver(s) /relation to student	
_____ / _____	_____ / _____
_____ / _____	_____ / _____

What is the nature of the student's transition (male-to-female, female-to-male, a shift in gender expression, etc.)

How urgent is the student's need to transition? Is the child currently experiencing distress regarding their gender?

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child's gender transition? ___ Yes ___ No

If not, what considerations must be accounted for in implementing this plan? _____

INITIAL PLANNING MEETING

When will the initial planning meeting take place? _____ Where will it occur? _____

Who will be the members of the team supporting the student's transition?

- Student _____
- Parent(s) _____
- School Staff _____
- Other _____

STUDENT TRANSITION DETAILS

What is the specific information that will be conveyed to other students (be specific)? _____

What requests will be made? _____

With whom and when will this information be shared?

- With peers in the transitioning student's class only Date: _____
- With peers in the student's grade level Date: _____
- With some/all students at school (specify) _____ Date: _____
- Other (specify) _____

Who will lead the lessons/activities framing the student's announcement? _____

What will the lesson/activities be? _____

Will the student be present for the lesson/sharing of info about the transition? _____

If yes, what if any role does the student want to play in the process? _____

Once the information is shared, what parameters/expectations will be set regarding approaching the student?

Other notes, considerations or questions _____

KEY DECISIONS PRIOR TO STUDENT'S TRANSITION

Communications with Other Families

Will any sort of information be shared with other families about the student's transition? _____

With whom: ___ Families in child's grade ___ Whole School ___ Other (specify) _____

Who will be responsible for creating this? _____ When will it be sent? _____

How will it be distributed? _____

What specific information will be shared*? _____

Questions/Notes: _____

* see sample letters

Training for School Staff

Will there be specific training about this student's transition with school staff? _____ When? _____

Who will be conducting the training? _____ What will be the content of the training?

Questions/Notes: _____

Parent Information Night About Gender Diversity

Will there be specific training for school community members? _____ When? _____

Who'll conduct it? _____ Will it reference the student's transition? _____

What will be the content of the training? _____

Questions/Notes: _____

Class Meeting with Parents

Will there be any meeting with the families of the transitioning student's peers? _____ When? _____

Who will lead the meeting? _____ Who will be attending the meeting? _____

What will be the purpose for this meeting? _____

Identifying and Enlisting Parent Allies

Are there any parents/adults in the community you would like to enlist in support of the child's transition? _____

If so, who? _____

When will you speak with them? _____ What will be your request? _____

Questions/Notes: _____

Identifying and Enlisting Peer Allies

Are there other students you would like to enlist in support of the child's transition? _____

If so, who? _____

When will they be spoken with? _____ What requests will be made? _____

Questions/Notes: _____

Siblings

Does the student have any siblings at the school? _____ What needs to be considered for them? _____

Training in their classroom(s)? _____ Emotional Support? _____

Questions/Notes: _____
