

**Eastern Aroostook RSU 39 - CONFIDENTIAL
GENDER DIVERSE STUDENT SUPPORT PLAN**

Note: The purpose of this document is to create a clear plan to support the needs at school of a transgender student or a student in transition. The participants in creating a plan and the issues considered will vary depending on the age and specific needs of particular students. This plan should be updated and revised as a student's needs change. If specific action items are needed, a responsible person and check-in/completion dates should be specified.

DATE OF PLAN: _____

A. BACKGROUND INFORMATION

Student's Legal Name: _____

Student's Assigned Sex at Birth: _____

Student's Date of Birth: _____

Parents' Guardians' Names: _____

Student's School: _____ Current Grade Level: _____

Student's Homeroom (if applicable): _____

Student's Guidance Counselor: _____

Designated Case Manager: _____

B. STUDENT PREFERENCES

Student's Preferred Name to be Used at School: _____

Student's Preferred Gender Identity: _____

Student's Preferred Pronouns: _____

C. PARTICIPANTS IN PLAN DEVELOPMENT

Provide name and position for each participant as outlined in Policy ACAA-A (participants to be considered include but are not limited to the following: the student and one or more of the school counselor and building administrators; parents should also be included if they initiated the request or the student wishes their inclusion (staff will use their best judgment as to the interests and safety of the child as to whether parents are included). The student may also request the participation of another adult advocate if they wish. Other personnel might include a social worker, school nurse, teachers, district administrators, or other staff or outside providers as appropriate who can assist in developing a plan for that student.

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Name

Position

_____	_____
_____	_____
_____	_____
_____	_____

D. CONFIDENTIALITY, PRIVACY AND DISCLOSURE

Note: If 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 plan be?

Check all that apply.

1. All school community will be aware or Only specified community members will be aware _____

2. Student is "open" with all staff or Student will decide staff to whom to disclose
3. Student is "open" with all students or Student will decide students to whom to disclose
4. Student is "open" with one or more parent/guardian
 - a. Parent/Guardian 1: _____ Open with? YES NO
 - b. Parent/Guardian 2: _____ Open with? YES NO
5. Other (provide specific details) _____

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If an inadvertent disclosure is made, how will it be handled? Provide specific details.

E. STUDENT SAFETY (including physical and emotional well being of students)

Who will be the student's trusted adults to go to with a problem?

What should the student do if a named trusted adult is not available?

Under what circumstances will the student's parents/guardians be notified of issues?

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F. NAMES, PRONOUNS AND STUDENT RECORDS

The student's legal name and gender will be used on official school records, including the official transcript, standardized tests and official school unit reports. This information shall be kept confidential as follows:

_____ The information will be shared only with participants in this plan and district staff responsible for maintaining confidential records.

_____ If a student is in transition, the information will not be shared following the agreed upon date for transition at school:

Other (provide specific details):

All other school records, documents and materials shall use the student's preferred name, pronouns and gender identity, including but not limited to the following: student information system; class rosters; report cards/progress reports; information shared in newsletters or on district websites/social media; printed programs or lists showing athletic or extracurricular program rosters or graduations or awards programs; awards, honor roll or other recognition; diplomas; yearbooks and other publications; student ID cards, directory listings; public and classroom displays.

Other specific needs (if any): _____

G. 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.

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____ The student prefers to use the facility that conforms to their preferred gender identity.

____ In the following circumstances, the student prefers to use a private/alternative facilities or to make other arrangements (provide specific details):

H. OTHER CONSIDERATIONS

This section should include any other specific needs of the student, as applicable. Including, but not limited to:

Interscholastic/Intramural Athletic or Other Extracurricular Activities; Curricular Programs; Field Trips or Other Off-Site Activities (including overnight trips as applicable); Health Plan Coordination; After School/Recreation Programs; Transportation:

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I. Plan Monitoring - indicate the staff responsible for monitoring the implementation of plan and conducting follow-up meetings.

Designated Case Manager: _____

Position: _____

Case Manager Signature _____ Date _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

School Representative Signature _____ Date _____

Follow-up Meetings (at least quarterly)

(Add lines as needed)

Date of Meeting: _____

Individuals Present:



Caribou Community School



EASTERN AROOSTOOK RSU 39



Caribou High School

The purpose of this form is for students to request a name change on school records that are reflected in the student's day-to-day experience *without* a legal name change. These records include the school's email system and PowerSchool. Students should note that while we are able to make changes in our own systems, we may not be able to external websites and online subscriptions and can not change the information set up by individuals in their own accounts. The preferred name change is only for first and middle and not last name. If full name change is desired it must be done through the courts with a legal name change.

Student Information

Date of Birth: _____ Preferred Gender: _____

Previous Name: _____

Preferred Name: _____

Preferred Pronouns: _____

By providing my signature below, I authorize Eastern Aroostook RSU 39 to update my first name and pronouns on PowerSchool/Schoology, and in the school's email system.

Student Signature: _____ Date: _____

Parent Signature (Optional - See * Below): _____ Date: _____

*** Students, please note that changes will be visible to parents and other school personnel through your PowerSchool/Schoology account unless you indicate otherwise, please discuss with counselor before submitting completed form.**

Once the above signatures are obtained, return this form to your guidance counselor, who will share it with an the Director of Technology & Data Services to make the changes.

Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Office Use Only:

Email or letter has been uploaded into the Attachments section of PowerSchool: ____ Yes ____ No

Date: _____

(Attachment must be completed before notifying the Director of Technology & Data Services of the preferred name change.)