



MSAD 11

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 _____	Today's Date _____
Student's Legal Name _____	Assigned Sex at Birth _____
Student's Preferred Name _____	Student's Gender _____
Student Date of Birth mm/dd/yyyy _____	Student Grade Level _____
Names of Sibling(s) / Grade Level _____ / _____	_____ / _____
_____ / _____	_____ / _____
_____ / _____	_____ / _____

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)
 Specify the adult staff members _____
 _____ Site level leadership /administration will know (Administration, Social Worker, Spurwink Services, Special Education, 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 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 the expectations 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" at school? _____

If this person is not available, what should the student do? _____

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

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

During class _____

Playground _____

In the halls _____

Other _____

Other Safety concerns /Questions: _____

NAMES, PRONOUNS AND STUDENT RECORDS

Name /gender marker entered into the Student Information System (SIS) _____

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

Can the student's preferred name and gender marker be reflected in the SIS? Yes /No _____

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 and 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 /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 communication 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 places(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 after - school programs? _____
What steps will be necessary for supporting the student there? _____

In what extra - curricular programs or activities will the student be participating (sports, drama, 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) in the school? _____ Factors to be considered regarding the 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, school dances, etc)?

What training(s) will the school engage in to build the 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 _____
 Meeting Location _____