



# MSAD 11

## 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 _____	Today's Date _____
Student's Preferred Name _____	Student's Gender _____
Student's Legal Name _____	Assigned Sex at Birth _____
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 _____/_____ _____/_____	_____/_____ _____/_____

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 needs to transition? Is the child currently experiencing distress regarding the 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) \_\_\_\_\_ Date: \_\_\_\_\_

Who will lead the lesson/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 STUDENTS 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: \_\_\_\_\_  
\_\_\_\_\_

**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 of this meeting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Identifying and Enlisting Parent Allies**

Are there other 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? \_\_\_\_\_

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\_\_\_\_\_

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Questions/Notes: \_\_\_\_\_

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**Siblings**

Does the student have any siblings at the school? \_\_\_\_\_ What needs to be considered for them? \_\_\_\_\_  
 Trainings in their classroom(s)? \_\_\_\_\_ Emotional Support? \_\_\_\_\_

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Questions/Notes: \_\_\_\_\_

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**TIMELINE**

Which of the following will take place in relation to this student's gender transition, and when will it occur and who will be responsible for making it happen?

<u>Activity</u>	<u>Date</u>	<u>Lead</u>
<input type="checkbox"/> Initial Planning Meeting	_____	_____
<input type="checkbox"/> Lessons/ Activities with Other Students	_____	_____
<input type="checkbox"/> Communications with Other Families	_____	_____
<input type="checkbox"/> Training for School Staff	_____	_____
<input type="checkbox"/> Parent Information Night About Gender Diversity	_____	_____
<input type="checkbox"/> Class Meeting with Parents	_____	_____
<input type="checkbox"/> Identifying and Enlisting Parent Allies	_____	_____
<input type="checkbox"/> Identifying and Enlisting Peer Allies	_____	_____

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

Action Item	Who?	When?