



Regional School Unit 1

Serving the Communities of Arrowsic – Bath – Phippsburg – Woolwich

*Patrick M. Manuel, Superintendent
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Think – Care – Act*

Transgender Student Plan

Plan Information

Student Name:

DOB:

Age:

School:

Date of Plan Creation: 09/05/2018

Date of transgender declaration to Guidance/Admin:

Name of School Guidance/Admin person notified:

Plan Meeting Information

Attendees

Date of Plan Meeting:

Name	Relationship

Name	Relationship

Privacy

Does the student wish to disclose being transgender to all or some of the school community?

- Only to Guidance and Building Admin
- Staff directly involved in the instruction of the student
- Other:
- All Staff
- Staff and Students

Staff and Staff Group Notifications

Name	Notification Date

Name	Notification Date

Technology Department needs to be notified of changes to preferred name which can be used where legal name is not required, such as email, the student information system, and other district systems.

Student Preferences

Student's Preferred Name:

Student's Preferred Pronouns

she her hers
 they them theirs

he him his
 ze hir hirs

Other:

Transgender students may dress in accordance with the corresponding consistently asserted gender at school.

Date of Technology Department Notification of Preferred Name:

Has legal documentation been received changing the legal name and gender of the student? Yes No

If documentation attesting to the legal name change has not been provided, the legal name will continue to appear on official records, such as transcripts.

School Facilities

As a general rule, transgender students are allowed to use the restrooms and locker rooms corresponding to the consistently asserted gender of the student at school.

Which restrooms are available to the student?

Which locker room is available to the student?

male

male

Are alternative restrooms or privacy steps required?

Are alternative arrangements or schedules required?

Student Supports

Support	Person Responsible	Next Steps	Date to be Implemented
██████████-counselor			
██████████ - SAFE coordinator, teacher			

Staff Supports & Training

Support	Person Responsible	Next Steps	Date to be Implemented

Medical or Other Documentation

The school department requests the following additional documentation to support the student.

Document Requested	Person Responsible

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Building Administrator Signature

Date

Guidance Counselor Signature

Date