

RSU 68 Gender Support Plan

The purpose of this document is to create a shared understanding 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 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 Preferred Name _____ Legal Name _____

Student's Gender Identity _____ Assigned Sex at Birth _____ Date of Birth _____

Student Grade Level _____ Sibling(s)/Grade(s) _____ / _____ / _____ / _____

Parent(s), Guardian(s), or Caregiver(s)/Relation to Student

_____/_____/_____/_____
 _____/_____/_____/_____

Meeting Participants _____

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child's gender status? _____ 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, 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 (adult and peers) about gender
- Other – describe: _____

How will a teacher/staff member respond to any 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 their need for help?

During class _____

During recess _____

In the halls _____

Other (field trips, buses, etc.) _____

Other safety concerns/questions _____

If parents are concerned about how others are treating their child at school they will notify principal or counselor.

NAMES, PRONOUNS AND STUDENT RECORDS

Name and gender markers must be listed as the student birth name on legal documents.

Name/gender marker entered into the student information system under student notes on Web2School.

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

Principal will be the point person at school for ensuring these adjustments are made and communicated as needed.

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

By students? _____

The student's privacy will be accounted for and maintained by the Principal and Data Entry Clerk.

Official/Legal

- Standardized Tests
- IEPs/Other Services
- Transcript
- Student Cumulative File
- Taking Attendance
- Official School-Home Communication

Unofficial

- School Photos
- Summons to Office
- Yearbook
- Student ID/Library Cards

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

USE OF FACILITIES

Where would you feel most comfortable using the restroom(s) on campus? _____

Where would you feel most comfortable changing clothes? _____

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? _____

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 (sports, theater, clubs, etc.) will the student be participating? _____

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 sibling(s) at school? _____ Factors to be considered regarding sibling's needs? _____

Are there lessons, units, content or other activities (dance instruction, school dances, etc.) coming up this year to consider? _____

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 _____

Adopted: June 20, 2017