

Date: _____

Maranacook Gender Support Plan

Student Information:

Preferred Name _____ Pronouns _____ Gender _____
Legal Name _____ DOB _____ Assigned Sex at Birth _____
Name to be used when referring to the student _____
Name/Gender entered into PowerSchool _____
Has a legal name change been requested? _____

Family Information:

Parent / Guardian Name(s) _____
Are parent(s)/guardian(s) aware and supportive of their child's gender transition? _____
Does this student have any siblings? _____
If yes, what needs to be considered regarding sibling needs? _____

What must be considered moving forward with this plan? _____

Confidentiality, Privacy and Disclosure:

Who in the school/district will the student share this information with? _____

If the student has asked to maintain a degree of privacy, what will be done should that privacy be compromised? _____

Student Safety:

Who will be the student's trusted friend/adult at the school? _____
What will be the process to check in with the student/family to see how the student is doing? _____

What should the student do if they are feeling unsafe?
During Class _____
In the Halls _____
On the Bus _____
In the Bathrooms _____
Other _____

Use of Facilities:

- Under Maine Law, transgender students have the right to use the bathroom/locker room that fits with their gender identity.

Questions or concerns regarding the use of facilities _____

If the student has questions or concerns about the use of facilities, who will be the contact? _____

What are the concerns of facility use on field trips? _____

- Maranacook supports the student's choice of using the bathroom that they feel most comfortable with.

Co-Curricular Activities:

What co-curricular activities does/will the student participate in? _____

What steps will be necessary for supporting the student there? _____

What questions/concerns does the student/family have about participation in co-curriculars? _____

Other Considerations:

Are there any specific concerns the student has about other students or staff members that should be discussed at this time? _____

If the student attends CATC, what communication/considerations need to be accounted for? _____

Are there any other questions, concerns or issues to discuss? _____

If this form needs any revisions or updates at any time, please speak to your school counselor:

