

Confidential

Transgender Student Support Plan

Note: The purpose of this form is to create a clear plan that supports the needs of transgender or gender expressive students at school. This plan should be updated and revised when the school determines, based on a change in student preferences, that such an update is needed.

Basic Student Information: <i>Information pertaining to the student's preferences and legal information</i>			
Preferred:		Birth/Legal Background:	
Name:		Legal (Dead) Name:	
Pronouns:		Pronouns:	
Gender Identity:		Gender:	

Confidentiality, Privacy and Disclosure <i>How public or private information about this student's gender status will be handled.</i>	
●	All district staff will be aware
●	Only specific staff will be aware. List Names:
●	Student will decide whom to disclose to
●	Parents/family and guardians are aware
●	Parents/family and guardians are UNAWARE (communication in birth name)

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Student Safety

Identifying the team, supports and trusted guardians

Who will be the student's trusted adult(s) to go with a problem	
What should the student do if they do not have a trusted adult?	
If the student's family/guardians are unaware, how would the student like the potential disclosure situations?	
a. What is a staff accidentally "slips"	
b. What if paperwork goes home with the incorrect name?	

Student Records:

- The student's legal name and records will be used on all records
- The student has provided a court ordered name change, all records can reflect *NEW preferred name

Form Completed By:		Date:	
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