

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. Participants may vary depending on the age and specific needs of particular students. This plan should be updated and revised when the school determines, based on a change in student preferences, that such an update is needed. If specific action items are needed, a responsible person and check-in/completion dates should be specified.*

DATE OF PLAN:

BACKGROUND INFORMATION

Student's Legal Name:

Parents'/Guardians' Names:

Current Grade Level:

STUDENT PREFERENCES

Student's Preferred Name to be used at School:

If gender fluid (see section H below), the student's preferred name, regardless of current identity/expression is:

Student's Preferred Gender Identity:

Student's Preferred Gender Expression (if different from above):

Student's Preferred Pronouns:

PARTICIPANTS IN PLAN DEVELOPMENT AND SUPPORT

Provide name and position for each participant (participants to be considered include but are not limited to the following: student (always included); parents/guardians (always unless they have declined involvement); school administrator; guidance counselor and/or social worker; school nurse; a former or current teacher of student; other school staff or outside provider based on student needs. Any adult involved in the development of a plan must be someone the student is comfortable with.

The Role and Responsibilities section of the table is intended to allow the student to identify persons involved in plan development who they wish to play certain roles in their support. For example, if the school nurse is a plan development participant, they could be responsible for managing the student's gender affirming care (i.e. provision of necessary medication) while the student is in school. The role/responsibilities section of the table is intended to capture an adult's role in support of the student.

Name	Position	Role/Responsibilities

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

Note: *If a student has not yet transitioned, or is in the process of transitioning, effective dates for each item should be included.*

How public or private will information about this student’s transition/gender status be?

Check all that apply.

All district staff will be aware.

Only the specified district staff will be aware: [Insert names]

Student is “open” with all staff.

Student is “open” with all students.

Student will decide staff to whom to disclose.

Student will decide students to whom to disclose.

The District will undertake specific activities to support the student’s disclosure:

Other (provide specific details):

STUDENT SAFETY

Who will be the student's trusted adults to go to with a problem?

What should the student do if a named trusted adult is not available?

Under what circumstances will the student's parents/guardians be notified of issues?

If the student is not out to their parents, how would the student like to handle potential disclosure situations?

STUDENT RECORDS

Current Maine Human Rights Commission guidance is that the student's legal (birth) name must be used on a student's official student record unless there is a court order changing their name. The student asks that the following steps be taken with regards to name usage and pronouns: Check one.

___ The student's legal name and pronouns will be used on all records.

___ The student's legal name and pronouns will only be used on the official student record. All other records will contain the student's preferred name and pronouns. Other records include, but are not limited to: IEP Documents, 504 Plans and GT Documents; class rosters; report cards/progress reports; information shared in newsletters or on district websites/social media; athletic or extracurricular program rosters; awards, honor roll or other recognition; yearbooks and other publications.

___ Other (provide specific details):

SCHOOL FACILITIES

To the extent that any school facilities are segregated by gender (restrooms, locker rooms, etc.), the student shall have the right to utilize the facility that conforms to their preferred gender identity. The student may also request to use alternative facilities (such as single stall restrooms), if available.

Check one

___ The student prefers to use the facility that conforms to their preferred gender identity.

_____ In the following circumstances, the student prefers to use a private/alternative facilities or to make other arrangements (provide specific details):

GENDER FLUIDITY

When a student is gender fluid, the school recognizes that it may lead to teachers, staff, and other students making mistakes when referring to the student. These mistakes could include using the incorrect/non-preferred pronouns, calling the student by the incorrect/non preferred name, or referring to the student by a gender identity or expression that is different than the one that they had communicated to the school previously.

Because it is not feasible for the school to change its records at a moment's notice, or on a day to day basis, it is important that the school and the student agree on a plan of action for recognizing the student's gender fluidity without the student feeling like their preferences are not being respected and honored.

In the event the student is gender fluid, the student prefers to be called by the following name(s), regardless of their current gender identity/expression:

The school and student also agree to the following: **[insert further agreement regarding gender fluidity of student and what additional considerations, if any, student would like the school to take]**

ATHLETICS

Does the student currently participate in any athletic activities sponsored by the Maine Principals Association (MPA)?

___ Yes ___ No

If yes, is the student aware of the MPA's policy regarding transgender athletes?

___ Yes ___ No

Has the student contacted a school administrator or an athletic administrator to begin the MPA review process?

___ Yes ___ No

If no, does the student want help in doing so?

___ Yes ___ No

If yes, the plan will be as follows:

OTHER CONSIDERATIONS

This section should include any other specific needs of the student, as applicable.

Interscholastic/Intramural Athletic or Other Extracurricular Activities:

Curricular Programs:

Field Trips or Other Off-Site Activities (including overnight trips as applicable):

IEP/504 Plan Coordination:

After School/Recreation Programs:

Transportation:

Other:

Staff Use Only

Staff Roles and Responsibilities in the Care of Transgender/Gender Expansive Student: For consistency, safety, and efficacy purposes, it is important to define the roles of various staff positions in the care of transgender/ gender expansive students. Accordingly, the following teachers, administrators, and staff members will have the following responsibilities in the school's response to this transgender/gender expansive student:

Name	Position	Responsibilities