



## Students

### 7:10-AP1-E1 Exhibit – Student Gender Support Plan

#### – Confidential –

The purpose of this document is to create shared understandings about the ways in which the student's affirmed 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 to the best of their ability and then come together to review 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. Reference 7:10 AP1 Student Gender Support.

School		Today's Date	
Affirmed Name*		Legal Name	
Gender Pronouns		Assigned Sex at Birth	
Affirmed Gender		Birth Date	
Grade Level		Student's Age	
Completed By		Date of Plan/Revision	
Person Responsible for Sharing Plan's Information			
Participants Involved in Plan Development			
Meeting Participants			
Sibling(s)/Grade(s)			
Student's primary school contact/support person			
Student's secondary school contact/support person			

\*Some standardized tests/assessments require listing the student's legal name.

#### 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, District Psychologist, 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: \_\_\_\_\_



## Students

\_\_\_\_ Student is open with others (adults and peers) about gender

\_\_\_\_ Other – describe \_\_\_\_\_  
\_\_\_\_\_

If the student has asserted a degree of privacy, what are expectations of the institution if that privacy is compromised? How will a teacher/staff member respond to 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 need for help:

During class \_\_\_\_\_

In the halls \_\_\_\_\_

Other \_\_\_\_\_

Other Safety concerns/Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NAMES, PRONOUNS AND STUDENT RECORDS

Name/gender marker entered into the Student Information System \_\_\_\_\_

Name to be used when referring to the student \_\_\_\_\_ Pronouns \_\_\_\_\_

Can the student's affirmed name and gender marker be reflected in the SIS? \_\_\_\_ If so, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Students

If not, what adjustments can be made to protect this student's privacy? \_\_\_\_\_

\_\_\_\_\_

Who will be the point person for ensuring these adjustments are made and communicated as needed? \_\_\_\_\_

How will instances be handled in which the incorrect name or pronoun are used? \_\_\_\_\_

How will the student's privacy be accounted for and maintained in the following situations or contexts:

During registration \_\_\_\_\_

Completing enrollment \_\_\_\_\_

With substitute teachers \_\_\_\_\_

Standardized tests \_\_\_\_\_

School photos \_\_\_\_\_

IEPs/Other Services \_\_\_\_\_

Student cumulative file \_\_\_\_\_

After-school programs \_\_\_\_\_

Lunch lines \_\_\_\_\_

Taking attendance \_\_\_\_\_

Teacher grade book(s) \_\_\_\_\_

Official school-home communication \_\_\_\_\_

Unofficial school-home communication (PTA/other) \_\_\_\_\_

Outside district personnel or providers \_\_\_\_\_

Summons to office \_\_\_\_\_

Yearbook \_\_\_\_\_

Student ID/library cards \_\_\_\_\_

Posted lists \_\_\_\_\_

Distribution of texts or other school supplies \_\_\_\_\_

Assignment of IT accounts \_\_\_\_\_

PA announcements \_\_\_\_\_

Physical Education \_\_\_\_\_

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



## Students

What are some other ways the school needs to anticipate information about this student's affirmed name and gender marker potentially being compromised? How will these be handled?

Student will use the following restroom(s) on campus\_\_\_\_ Student will change clothes in the following place(s)\_\_\_\_

### USE OF FACILITIES

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?\_\_\_\_\_

Are there any questions or concerns about the student's access to facilities?\_\_\_\_\_

### 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 will the student be participating (sports, theater, clubs, etc)?\_\_\_\_\_

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 any sibling(s) at school?\_\_\_\_\_ Factors to be considered regarding sibling's needs?\_\_\_\_\_



## Students

Does the school have a dress code? \_\_\_\_\_ How will this be handled? \_\_\_\_\_

Are there lessons, units, content or other activities coming up this year to consider (growth and development, health class, reproduction, social justice units, name projects, dance instruction, Pride events, school dances etc.)?

What FitnessGram Standard do you choose to be evaluated on? \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Gender non-conforming

Are there potential or identified health and/or medical complications the student may encounter? Information can be shared with the student's support team and/or school nurse(s) or this information may only be shared with the school nurse.

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?



Students


Date/Time of next meeting or check-in\_\_\_\_\_ Location \_\_\_\_\_

DATED: April 2022, August 2022, October 2022, September 2023