

Siuslaw School District Gender Support Plan – CONFIDENTIAL

Date: _____

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The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, advocates, and the students should work together to complete this document.

Name of student: _____

Name on birth certificate: _____

Student's gender identity: _____

Assigned sex at birth: _____

Pronouns: _____

Student's birthday: _____

Student's grade level: _____

Case Manager: _____

Parent(s)/Guardian(s) of student: _____

Sibling(s)/Relative(s) of student and grade(s): _____

Meeting participants: _____

PARENT/GUARDIAN INVOLVEMENT

Parent(s)/Guardian(s) aware of student's gender status? _____

Parent(s)/Guardian(s) supportive of or affirm gender status? _____

If Parent(s)/Guardian(s) aware and not supportive, is student *open* about gender status? _____

What considerations must be accounted for in implementing this plan regarding guardian(s)? _____

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

Any factors to consider regarding needs of sibling(s) or relative(s)? _____

NAMES, PRONOUNS, STUDENT RECORDS

**Name preferred in yearbook/publications?* _____

Changing name in Synergy SIS (ParentVUE*)? _____

Changing gender in Synergy SIS? _____

Changing email address (Securly*)? _____

Changing name only in gradebook? _____

** Name may be displayed/viewable by parent(s)/guardian(s).*

Share pronouns in plan for staff? _____

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

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

How would student like teacher/staff member to respond to questions about the student's gender from:

Students: _____

Staff members: _____

Parents/community members? _____

Student: _____

How public or private will information about student's gender be (*check all that apply*)?

☐ District staff will be aware	☐ Student open with adults/peers about gender
☐ School administration/leadership will be aware	☐ Student not openly "out." Some students aware?
☐ Teachers and/or other school staff will be aware	☐ Other: Describe: _____

Specify adults/students as applicable for above questions: _____

If student has asserted a degree of privacy, what steps will be taken to ensure privacy? _____

OTHER CONSIDERATIONS

Are there any specific social dynamics with other students, families, and/or staff members that need to be discussed or accounted for? _____

EXTRACURRICULAR ACTIVITIES

What extra-curricular programs or activities is student expected to participate (sports, theater, clubs, etc.)? _____

Any steps necessary for supporting students with these activities? _____

USE OF FACILITIES

Student will use the following bathroom(s) on campus: _____

Student will change clothes in the following places: _____

Expectations for use of facilities for class trips/sports events, overnight trips? _____

Any questions or concerns about student's access to facilities? _____

STUDENT SAFETY

Who is the student's "go to adult" on campus? _____

If this person is not available, is there a secondary adult – or – what should student do? _____

Would student like the adult(s) to periodically check in with the student and/or family? _____

What are the expectations in the event student feels unsafe? How will student signal need for help (class, halls, mall, gym, indoor or outdoor facilities, other)? _____

Are there lessons, units, content or other activities coming up to consider in which you are aware that may be of concern (growth & development, social justice, mental health, pride events, school dances, dance instruction, etc.)? _____

Student: _____

ACCOMMODATIONS, QUESTIONS, CONCERNS

[illegible]