

**– Confidential –**  
**Gender Support Plan**

The purpose of this document is to create shared understandings of how the student’s authentic gender will be accounted for and supported at school. School staff, caregivers (if appropriate) and the student should work together to develop the document. Ideally, each will spend time completing the sections and then come together to review them and confirm shared agreements. Use the action planning section at the end of the document to track items requiring any follow-up. Please note that there is a separate document to plan for a student formally communicating a change in their gender status at school.

School/District _____	Today’s Date _____
Name Student Uses: _____	Pronouns Student Uses: _____
Name on Birth Certificate: _____	Sex Assigned at Birth _____
Date of Birth _____	Student’s Grade Level _____
Sibling(s)/Grade(s) _____ / _____ / _____	
Parent(s), Guardian(s), or Caregiver(s) /relation to student	
_____ / _____	
_____ / _____	
Meeting participants: _____	

**PARENT/GUARDIAN INVOLVEMENT**

Guardian(s) aware of student’s gender status? Yes/No Support Level: (none) 0 1 2 3 4 5 6 7 8 9 10 (High)

If support level is low what considerations must be accounted for in implementing this plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIVACY: CONFIDENTIALITY 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:

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

Other – describe: \_\_\_\_\_

If the student has asserted a degree of privacy, what steps will be taken if that privacy is compromised, or is believed to have been compromised? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will a teacher/staff member respond to any questions about the student's gender from:

Other students? \_\_\_\_\_

\_\_\_\_\_

Staff members? \_\_\_\_\_

\_\_\_\_\_

Parents/community? \_\_\_\_\_

\_\_\_\_\_

### STUDENT SAFETY

Who will be the student's "go to adults" on campus? \_\_\_\_\_

If these people aren't 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 their need for help:

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

On the yard \_\_\_\_\_

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

Other \_\_\_\_\_

What should the student's parents do if they are concerned about how others are treating their child at school?

Other safety concerns/questions: \_\_\_\_\_

\_\_\_\_\_

### PRIVACY: NAMES, PRONOUNS AND STUDENT RECORDS

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

Name/gender marker as listed on the student's identity documents \_\_\_\_\_

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

If needed, is there a process/form for changing the student's name/gender marker in the SIS? \_\_\_\_\_

How is it accessed/used? \_\_\_\_\_

\_\_\_\_\_

Name/gender marker entered into the student's Health Record \_\_\_\_\_

If needed, is there a process/form for changing the student's name/gender marker in the Health Record? \_\_\_\_\_

If not, how will confidentiality be kept? \_\_\_\_\_

\_\_\_\_\_

Who will be the point person at school for ensuring these adjustments to the student's records are made and communicated as needed?

\_\_\_\_\_

If the student's name cannot be modified in the above systems, how will the student's privacy be accounted for and maintained in the following situations or contexts:

Reporting data to the state/other entities \_\_\_\_\_

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

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

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

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

Seating charts/Taking attendance \_\_\_\_\_

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

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

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

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

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

Lunch lines/Free Lunch Card \_\_\_\_\_

Yearbook \_\_\_\_\_

Assignment of IT accounts/email address \_\_\_\_\_

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

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

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

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

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

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

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

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

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

By students? \_\_\_\_\_

If the student's guardians are not aware and/or supportive of the student's gender status, how will school-home communications be handled, including when individual staff members need to contact guardians?

What are some other ways the school needs to anticipate the student's privacy being compromised? How will these be handled?

### USE OF FACILITIES

Student will use the following bathroom(s) on campus \_\_\_\_\_

Student will change clothes in the following place(s) \_\_\_\_\_

If student/parent have questions/concerns about facilities, who should they contact? \_\_\_\_\_

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**

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 in these spaces? \_\_\_\_\_

Does the student participate in an after-school program? \_\_\_\_\_

What steps will be necessary for supporting the student in these spaces? \_\_\_\_\_

Are there any other questions or concerns about extra-curricular activities? \_\_\_\_\_

**OTHER CONSIDERATIONS**

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

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

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

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

Does the student use school- or district-provided transportation services? If so, how will the student's gender be accounted for? \_\_\_\_\_

If required to be searched by school security staff, what needs to be considered regarding the sex/gender of the staff conducting the search? \_\_\_\_\_

What training(s) will the school engage in to build capacity for working with gender-expansive students? How will the school work to create more gender inclusive conditions for all students? \_\_\_\_\_

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

**NEXT STEPS: SUPPORT PLAN REVIEW AND REVISION**

What are specific follow-ups or action items emerging from this meeting and who is responsible for them?

Action Item	Who?	When?

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)? \_\_\_\_\_

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