

Gender Support Plan

-CONFIDENTIAL-

The purpose of this document is to create shared understandings about the ways in which the student's gender-related accommodation requests will be accounted for and supported at school. School staff, caregivers, mental health support, and the student should work together to complete this document. This document may be updated any time when requested by student, caregiver, and/or staff.

School _____ Today's Date _____
Student's Preferred Name _____
Student's Legal Name _____
Student's Gender _____ Assigned sex at birth _____ DOB _____ Grade Level _____
Student's Preferred Pronouns _____
Parent(s)/Guardian(s)/Caregiver(s) - Relation to student _____

Meeting Participants _____

History of transition _____
Is student under the care of a medical professional _____

Are parent(s)/guardian(s) of this student aware _____ Yes _____ No

Are parent(s)/guardians(s) supportive of their child's gender status? _____ Yes _____ No

Confidentiality, Privacy, and Disclosure

How public or private will information about this student's gender be (check all that apply)? A building leader will be made aware of the Gender Support Plan for safety purposes.

- _____ District staff will be aware (Superintendent, etc...)
Specify any exceptions _____
- _____ Building level leadership/administration will know (Building administrator, counselor, etc...)
Specify any exceptions _____
- _____ Teachers and/or other school staff (i.e. nurse, secretaries) will know
Specify any exceptions _____
- _____ Student will not be openly "out", but some students are aware of the student's gender.
Specify any exceptions _____
- _____ Student is open with others (adults and peers) about gender
- _____ May share Gender Support Plan when student is promoted to the next school
- _____ May share Gender Support Plan if the student transfers
- _____ Other - describe: _____

If the student has asserted a degree of privacy, discuss how teacher/staff member respond to questions about the student's gender:_____

Student Safety

Is the student currently experiencing mental health issues related to their transition?_____

What are some of the coping skills that are helpful to the student when they are struggling?

Who will be the student's "go to adult" at school? _____

If this person is not available, what should the student do?_____

What, if any, will be the process for periodically checking in with the student and/or family?

What are the expectations in the event the student is feeling unsafe and how will the student access help:
During class _____
Outside of the building _____
In the halls _____
Other _____
Other safety concerns/questions: _____

Other Considerations or Requests to Discuss:

PA announcements _____
School-home communication _____
Substitute Teachers - Attendance sheet, seating chart, etc: _____
Tech (email and account information) _____
Diploma _____
Transcript _____
Yearbook _____
Facilities _____
Locker rooms _____
Choir, Band, Drama Productions _____
Extracurriculars _____
Field Trips/Overnight Trips _____

Any family dynamics to consider _____

Other considerations _____

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?

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

Date/Time of next meeting or check-in _____ Location _____