

– Confidential – Gender Support Plan

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, 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.

chool			Too	lay's Date		
tudent's Chosen or Preferred N	ame:Name on Bi	Name on Birth Certificate:				
tudent's Gender Identity	Assigned Sex at Birth_			Grade Level		
ate of Birth	_Sibling(s)/Grade(s)	_/	_/_	Parent(s), Guardian(s),		
r Caregiver(s) /relation to stud						
	/			/		
	/			/		
	nt aware and supportive of their child's	2010				
Are guardian(s) of this studer	12 22 22 10 2002	2010				
Are guardian(s) of this studer	nt aware and supportive of their child's ust be accounted for in implementing t	2010				

- _____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?

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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 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 their need for help: During class_____

On the yard

In the halls_

Other____

Other safety concerns/questions:____

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

NAMES, PRONOUNS AND STUDENT RECORDS

What name and gender marker are listed on the student's identity documents? _____

Name/gender marker entered into the Student Information System_____

Name to be used when referring to the student_

Can the student's name/gender marker be reflected in the SIS?______If so, how? If not, why not?

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

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

Pronouns

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

By students?

If unable to change the student's profile in the student information system, 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	
IEPs/Other Services	
Lunch lines	
Taking attendance	
Teacher grade book(s)	
Official school-home communic	cation
	inication (PTA/other)
Outside district personnel or pr	oviders
Summons to office	
Posted lists	
	hool supplies
Assignment of IT accounts	
PA announcements	

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

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 restroom(s) on campus_

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

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?___

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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 there?____

Does the student participate in an after-school program?____

What steps will be necessary for supporting the student there?_

Questions/Notes: ____

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, units, content 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?__

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?____

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

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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?

Date/Time of next meeting or check-in____

____Location ____

Developed and revised for CMS use only from_

