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. Please note that there is a separate document to plan for a student’s formal gender transition at school.

**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:

- 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 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 ____________________________________________
- On the yard ____________________________________________
- 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 preferred name and gender marker be reflected in the SIS? ________ If so, how? ________

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

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

__________________________

What are some other ways the school needs to anticipate information about this student’s preferred name and gender marker potentially 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?

__________________________

**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?

_____________________________________________________________________________________________________________________________________________________

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, social justice units, name projects, dance instruction, Pride events, school dances etc.)? __________________________

_____________________________________________________________________________________________________________________________________________________

What training(s) will the school engage in to build capacity for working with gender-expansive students?

_____________________________________________________________________________________________________________________________________________________

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?

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Date/Time of next meeting or check-in_________________________ Location _________________________________