

**– 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. Please note that there is a separate document to plan for a student formally communicating information about a change in their gender status at school.

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

**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 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 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 \_\_\_\_\_ Pronouns \_\_\_\_\_

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?  
\_\_\_\_\_

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

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

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/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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXTRA CURRICULAR ACTIVITIES**

In what extra-curricular programs or activities will the student be participating (sports, theater, clubs, etc)?

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

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

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

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Questions/Notes: \_\_\_\_\_

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**OTHER CONSIDERATIONS**

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

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

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

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

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

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

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**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 \_\_\_\_\_

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**Gender Communication Plan**

This document supports the necessary planning for a student to communicate with the school community a change in one or more aspects of their gender from its commonly assumed status to something else. Its purpose is to create the most favorable conditions for a successful experience, and to identify the specific actions that will be taken by the student, school, family, or other support providers.

School/District _____	Today's Date _____
Student's Preferred Name _____	Legal Name _____
Student's Gender _____	Assigned Sex at Birth _____ Student Grade Level _____
Date of Birth _____	Sibling(s)/Grade(s) _____ / _____ / _____
Parent(s)/Guardian(s)/Caregiver(s) /relation to student	
_____ / _____	_____ / _____
_____ / _____	_____ / _____

What does the student wish to communicate about their gender (change in identity, expression, etc.)?

How urgent is the student's need? Is the child currently experiencing distress regarding their gender?

**PARENT/GUARDIAN INVOLVEMENT**

Are guardian(s) of this student aware and supportive of their child's gender communication? \_\_\_Yes \_\_\_No

If not, what considerations must be accounted for in implementing this plan? \_\_\_\_\_

**INITIAL PLANNING MEETING**

When will the initial planning meeting take place? \_\_\_\_\_ Where will it occur? \_\_\_\_\_

Who will be the members of the team supporting the student's communication?

- Student \_\_\_\_\_
- Parent(s) \_\_\_\_\_
- School Staff \_\_\_\_\_
- Other \_\_\_\_\_

**COMMUNICATION DETAILS**

What is the specific information that will be conveyed to other students (be specific)? \_\_\_\_\_

What requests will be made (new name, pronouns, use of facilities, etc.)? \_\_\_\_\_

With whom and when will this information be shared?

- With peers in the student's class only Date: \_\_\_\_\_
- With peers in the student's grade level Date: \_\_\_\_\_
- With some/all students at school (specify) \_\_\_\_\_ Date: \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Who will lead the lessons/activities framing the student's announcement? \_\_\_\_\_

What will the lesson/activities be? \_\_\_\_\_

Will the student be present for the lesson/sharing of info about their gender? \_\_\_\_\_

If yes, what if any role does the student want to play in the process? \_\_\_\_\_

Once the information is shared, what parameters/expectations will be set regarding approaching the student?

Other notes, considerations or questions \_\_\_\_\_

#### KEY DECISIONS PRIOR TO STUDENT'S COMMUNICATION

##### Communications with Other Families

Will any sort of information be shared with other families about the student's gender? \_\_\_\_\_

With whom: \_\_\_ Families in child's grade \_\_\_ Whole School \_\_\_ Other (specify) \_\_\_\_\_

Who will be responsible for creating this? \_\_\_\_\_ When will it be sent? \_\_\_\_\_

How will it be distributed? \_\_\_\_\_

What specific information will be shared\*? \_\_\_\_\_

Questions/Notes: \_\_\_\_\_

\* see sample letters

##### Training for School Staff

Will there be specific training about this student's gender with school staff? \_\_\_\_\_ When? \_

Who will be conducting the training? \_\_\_\_\_ What will be the content of the training?

Questions/Notes: \_\_\_\_\_

**Parent Information Night About Gender Diversity**

Will there be specific training for school community members? \_\_\_\_\_ When? \_\_\_\_\_

Who'll conduct it? \_\_\_\_\_ Will it reference the student's gender? \_\_\_\_\_

What will be the content of the training? \_\_\_\_\_

\_\_\_\_\_

Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

**Class Meeting with Parents**

Will there be any meeting with the families of the student's peers? \_\_\_\_\_ When? \_\_\_\_\_

Who will lead the meeting? \_\_\_\_\_ Who will be attending the meeting? \_\_\_\_\_

What will be the purpose for this meeting? \_\_\_\_\_

\_\_\_\_\_

**Identifying and Enlisting Parent Allies**

Are there any parents/adults in the community you would like to enlist in support of the child's communication?

If so, who? \_\_\_\_\_

When will you speak with them? \_\_\_\_\_ What will be your request? \_\_\_\_\_

\_\_\_\_\_

Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

**Identifying and Enlisting Peer Allies**

Are there other students you would like to enlist in support of the child's communication? \_\_\_\_\_

If so, who? \_\_\_\_\_

When will they be spoken with? \_\_\_\_\_ What requests will be made? \_\_\_\_\_

\_\_\_\_\_

Questions/Notes: \_\_\_\_\_

**Siblings**

Does the student have any siblings at the school? \_\_\_\_\_ What needs to be considered for them?

Training in their classroom(s)? \_\_\_\_\_ Emotional Support? \_\_\_\_\_

\_\_\_\_\_

Questions/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



