

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 should consider a student’s individual needs and circumstances, as well as applicable state and federal laws and their school’s own policies and practices, when determining how best to use this document. In some cases, it may be appropriate to use this as a template to create a formal record in a student’s file, which would be accessible upon request by the student or their parent or guardian. In other circumstances, this document may be more helpful as a conversation guide, to help the student and their support network understand and anticipate different scenarios where support at school might be needed. See [Best Practices and Tips For Using a Gender Support Plan](#) for additional guidance. School staff should work closely with students when using the document, both in terms of responding to prompts and also in deciding who else they wish to be part of the conversation. Allow all involved parties time to review the sections and then come together to confirm shared agreements and any follow up steps. 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 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?

What are some ways that the student will respond to questions from any of the above (i.e., "Why is David using a new name?", "Why is David using the girls' bathroom now?", etc.)

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?

YES

NO

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? **YES** **NO** If not, how will confidentiality be kept?

Who will be responsible for ensuring these adjustments to the student's records are made? _____

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/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?

If the student participates 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

If the student has sibling(s) at school, what factors need to be considered regarding sibling's needs?

If the school has a dress code, how will this be handled?

What lessons, content, traditions or other activities coming up this year are there 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?

If the student uses school- or district-provided transportation services, 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?

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

NEXT STEPS: FILING, SUPPORT PLAN COMMUNICATION, REVIEW AND REVISION

Who will be the point(s) of contact on campus for anything related to updating or concerns about this GSP?

Where is this form going to be filed?

Is this student going to be transitioning to a new school the end of the school year? Yes No

If "Yes" who will be responsible for connecting with the new institution? _____

Based on the adjustments detailed above, who are all of the individuals that need to be informed about any changes (use of a different name, access to facilities, changes in student records, etc.)

Who will be responsible for making sure these individuals are informed?

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 change any aspects of the plan?

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

Student Support Plan

This page to be filled out and given to the student

Know your Rights!

You have the right to:

- Be referred to by your authentic name and pronoun
- Use the locker room and restroom that corresponds to your gender identity
- Attend a safe school without harassment, bullying and intimidation
- Expect a reasonable level of privacy

My go-to People for Support at my School and District

School Safe Person and Contact Info _____

Additional School Safe Person and Contact Info _____

District Support Person:

Additional District Support Persons:

Trevor Hotline: Need help? Call 1-866-488-7386 or text

To report bullying: _____

Additional school support: You have many other adults on this campus who are here to support you. Individuals who can help you include:

Name	Role	Location	Contact info	Notes

Trevor Project: thetrevorproject.org Information and support to LGBTQ young people 24 hours a day, 7 days a week all year. Text 'START' to 678-678 (Standard text messaging rates may apply). Or call to speak with someone at 1-866-488-7386.

Transgender Law Center: www.transgenderlawcenter.org For information about legal support and advocacy.

Your school's Gender-Sexuality Alliance Club: Many secondary schools have student led clubs that can provide peer support. Check out meeting times/dates wherever other clubs are listed or ask your counselor for more information.