Gender Support Plan

The purpose of this document is to create shared understandings amongst school staff, parents/guardians, and the student about the ways in which the student’s authentic gender will be affirmed and supported at school. **Please note**: a Gender Communication Plan is available to assist teams in planning for a student’s change in their gender status at school.

<table>
<thead>
<tr>
<th>Preferred Name:</th>
<th>Legal Name:</th>
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<tbody>
<tr>
<td>Pronouns:</td>
<td>Student #:</td>
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<tr>
<td>DOB:</td>
<td>Grade:</td>
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<tr>
<td>School:</td>
<td>Date of Meeting:</td>
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Gender Support Team Members:

PARENT/GUARDIAN INVOLVEMENT

1) Are the student’s parents/guardians aware of their gender status?    ☐ Yes    ☐ No

2) What is the level of parent/guardian support?

    1  2  3  4  5  6  7  8  9  10
    (none)  (moderate)  (high)

**If support is low, what considerations must be made in implementing this plan?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
CONFIDENTIALITY & PRIVACY

(Pg. 43 in Best Practices Guide)

1) Who will be aware of the student’s affirmed gender (check all that apply)?
   - Teachers
   - Student Services Staff
   - School/Grade Level Administrator(s)
   - Student will not be openly “out” but the following students are aware of the student’s gender:
   - Student is open with adults and peers
   - Other(s), please describe:

2) How will “in the know” teachers/staff respond to any questions about the student’s gender from:
   - Peers?
   - Staff Members?
   - Parents/Community Members?

STUDENT SAFETY

1) Who will be the student’s “go to” adult on campus?
   *Who is the “back up” if this person is unavailable?

2) What, if any, process will be utilized for periodically checking in with the student and/or parents/guardians?

3) What are the expectations in the event the student is feeling unsafe/how will the student signal their need for assistance?
   - During class
   - In hallways
Lunchroom
Restroom/locker room
Other:
Other:

4) If necessary, who should the student’s parents/guardians contact with concerns about their child’s treatment at school?

NAME, PRONOUNS, RECORDS

(Pgs. 43-44 in Best Practices Guide)

1) What name and gender are listed in official records (myStudent)?

2) What name & pronouns should be used when referring to the student?

3) How will the team address any instances where the incorrect name or pronouns are used by staff or students?

4) What considerations will be made to maintain the student’s privacy in the following situations?
   - Registration/enrollment
   - Class rosters
   - With substitute teachers
   - Standardized/district testing
   - On IEPs/504s
   - Yearbook/ID badge
   - When summoned to office
   - Clinic
   - Awards/certificates
   - Other:
   - Other:
5) What name/pronouns will be utilized in the following home-school communications?
   Letters home ______________________________________________
   Calls/emails from teachers ____________________________________
   Discipline referrals _________________________________________
   Calls from clinic ____________________________________________
   Other: _____________________________________________________

**USE OF SCHOOL FACILITIES**

(Pgs. 44-45 in Best Practices Guide)

1) Student will use the following bathroom(s) on campus __________________________

2) If enrolled in P.E., where will the student dress out? ____________________________

3) Student will use the following facilities during field trips: ____________________
   Rooming considerations for overnight trips _____________________________

**EXTRACURRICULAR ACTIVITIES & PROGRAMS/SPORTS**

(Pg. 45 in Best Practices Guide)

1) Will the student participate in any extracurricular activities (e.g. theatre, clubs, etc)?
   ☐ Yes   ☐ No   *If yes, please specify: ________________________________
   If yes, what considerations need to be made to support the student in above activities? ________________________________

2) Will the student participate in school-sponsored sports?   ☐ Yes   ☐ No
   If yes, what considerations need to be made to support the student’s participation?
   ___________________________________________________________________

3) Elementary only: Is the student enrolled in PLACE?   ☐ Yes   ☐ No
   If yes, what considerations need to be made for supporting the student there?
   ____________________________________________________________________
OTHER CONSIDERATIONS

(Pgs. 45-46 in Best Practices Guide)

1) What considerations will need to be made in regards to the dress code? ________________

2) Will considerations need to be made for human growth & development lessons?

☐ Yes   ☐ No

*If yes, please specify: __________________________________________________________

3) Will LGBTQ+ sensitivity trainings for staff be needed in order to build awareness/capacity?

☐ Yes   ☐ No

*If yes, please specify who will contact the district’s LGBTQ+ Liaison to coordinate training: __________________________________________________________

4) What mode of transportation will the student use for arrival & dismissal?

☐ School bus
☐ Bike rider
☐ Car rider
☐ Walker

*If student will utilize the school bus, who will speak to the bus driver to ensure confidentiality and affirmation of student’s gender? ____________________________

5) Other issues/concerns to be addressed: _________________________________________

________________________________________
________________________________________
________________________________________
________________________________________

SUPPORT PLAN REVIEW & REVISIONS

1) Who will lead the team in monitoring the utilization and effectiveness of this plan?

________________________________________

2) What steps will be taken in the event the Gender Support Plan needs to be revised?

________________________________________
3) Are any future action steps or follow-up tasks necessary?  □ Yes  □ No

*If yes, please specify:

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<thead>
<tr>
<th>What?</th>
<th>Who is responsible?</th>
<th>Timeframe</th>
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4) Does a follow-up meeting need to be scheduled?  □ Yes  □ No

*If yes, when will it be held and who is responsible for coordinating the meeting?

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If you have additional questions regarding the information contained in this guide, please contact the Office for Student Support Programs and Services (OSSPS) at (813) 794-2600.

*Adapted from Gender Spectrum’s Gender Support Plan*