

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's formal gender transition at school.

School: _____ Today's date: _____

Name of staff member assisting in Transition Plan: _____

Student's Preferred Name: _____

Legal Name: _____

Student's Gender: _____ Assigned Sex at Birth: _____

Student Grade Level: _____ Date of Birth: _____

Sibling(s)/Grade: _____

Parent(s)/Guardian(s)/Relationship to Student: _____

Meeting Participants: _____

PARENT/GUARDIAN INVOLVEMENT

Are parent(s)/guardian(s) of this student 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.)
- 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
- Describe: _____

If the student has asserted a degree of privacy, what are expectations of the district if that privacy is compromised? How will a teacher/staff member respond to questions about the student's gender from?

Other students?

Staff members?

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 the expectations in the event the student is feeling unsafe and how will the student signal a 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 (SIS):

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 (PTS/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

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?

EXTRACURRICULAR ACTIVITIES

Does the student participate in an after-school program? ____ Yes ____ No 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? ____ Yes ____ No Factors to be considered regarding sibling's needs?

Does the school have a dress code? ____ Yes ____ No 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, who is responsible for them and when will they occur?

Action	Who?	When?

Date/time of next meeting or check-in:

Location: _____

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Lake County School District R-1, Leadville, Colorado