# CONFIDENTIAL Gender Transition Plan

The document supports the necessary planning for a student's formal transition of 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:                               | 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)/Relation to Stu | ,                       |  |
|                                       | 1                       |  |
|                                       | /                       |  |

What is the nature of the student's transition (male-to-female, female-to-male, a shift in gender expression, etc.)

#### PARENT GUARDIAN INVOLVEMENT

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

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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 member of the team supporting the student's transition? <u>Student</u>

Parent(s)

School Staff

Other

# STUDENT TRANSITION DETAILS

What specific information that will be conveyed to other students (be specific)?

What requests will be made?

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With whom and when will this information be shared?

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

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 the transition? \_\_\_Y \_\_N 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:

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# KEY DECISIONS PRIOR TO STUDENT'S TRANSITION

#### **Communications with Other Families**

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

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 transition with school staff?

 \_\_\_Y \_\_\_\_N
 When?\_\_\_\_\_

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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 member? \_\_\_\_\_Y \_\_\_\_N When?

Who will conduct it? Will it reference the student's transition? What will be the content of the training?

Questions/Notes:

#### **Class Meeting with Parents**

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

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

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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- transition? 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 transition?

If so, who?

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

Questions/Notes:

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#### <u>Siblings</u>

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:

#### **TIMELINE**

Which of the following will take place in relation to this student's gender transition, and when will it occur and who will be responsible for making it happen?

|   | Activit                                  | Date | Lead |
|---|--|------|------|
| ~ | Initial planning meeting                 |      |      |
|   | Lessons / activities with other students |      |      |
|   | Communications with other families       |      |      |
|   | Training for school staff                |      |      |
|   | Parent information night about gender    |      |      |
|   | diversity                                |      |      |
|   | Class meeting with parents               |      |      |
|   | Identifying and enlisting parent allies  |      |      |
|   | Identifying and enlisting peer allies    |      |      |

What are the 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