

Gender Support Plan

- Confidential -

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 District: CHSD 218: _____

Today's Date: _____

Name/Pronouns Student Uses: _____

Name on Birth Certificate: _____

Student's Gender Identity: _____

Assigned Sex at Birth: _____

Student's Date of Birth _____

Today's Date: _____

Parent(s)/Guardian(s)/Caregiver(s) & Relation to student: _____

Sibling(s)/Grade(s) _____

Meeting Participants and Signatures: _____

Parent/Guardian Involvement

Guardian(s) aware of student's gender status? ☐ Yes ☐ No

Support Level: (None) 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 adults 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:

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 are you using a new name?", "Why are you using the other bathroom now?", etc.)

Student Safety

Who will be the student's "go to adult(s)" on campus _____

If these people are not available, what should the 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 Campus: _____

In the hall: _____

Cafeteria/Lunch: _____

Bathroom: _____

Other: _____

What should the 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 and Pronouns:

Name/gender marker that are listed on the student's identity documents:

Name/gender marker entered into the Student Information System:

Is there a process/form for changing the student's name in the SIS:

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?

If not, how will confidentiality be kept?

Who will be the point person at school for ensuring these adjustments are made and communicated as needed?

If unable to change the student's profile in the student information system, how will the student's privacy be accounted for and maintained in the following situations or contacts:

During Registration

Completing Enrollment

School Photos

Student Cumulative File

IEP's/Other Services

Standardized Tests

Summons to Office

Posted Lists

Distribution of texts or school supplies

Assignment of IT accounts/email address

Outside district personnel or providers

With Substitute Teachers

After School Programs

Lunch Lines

Attendance Taking

Teacher Grade Book

Student Id's/Library Cards

PA Announcements

Yearbook

Official School-Home Communication

Unofficial School Home communication (PTA-Other)

How will instances be handled in which the incorrect name or pronoun are used by:

Staff Members:

Students:

Each situation will be handled by the administrator and done so confidentially between both parties per district policy. In instances where a student feels it is not due to negative or harmful intent it is appropriate for the student to correct and gently remind others.

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 should the parents do if they are concerned about how others are treating their child at school?

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:

Bathrooms & Locations:

Changing Facility/Location:

Expectations for class trips:

Expectations for rooming on overnight trips:

Is there any questions or concerns about the student's access to facilities:

Extra Curricular Activities

Extra-curricular programs or activities the student will be or would like to be participating in

What steps will be necessary for supporting the student in this(these) activity(ies)

Does the student participate in an after-school program?

What steps will be necessary for supporting the student in after-school program?

Questions/Notes

Other Considerations

Does the student have a sibling (or any siblings) at school?

☐ Yes

No

Name(s) of sibling(s) & Grade(s)

Factors to be considered regarding sibling/siblings needs:

Does the school have a dress code/Policy Handbook

Yes

☐ No

How will this be handled

Are there lessons, units, contacts or other activities coming up this school year that need special consideration (growth and development, swim unit, social justice units, name projects, dance instructions, Pride events, school dances, etc)?

☐ Yes

☐ No
Considerations:

*Swimsuit approval for appropriate swimwear required

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

☐ Yes

☐ No
Considerations:

If required to be searched by school security staff, what needs to be considered regarding the sex/gender of the staff conducting the search?

What training(s) will the school engage in to build capacity for working with gender expansive students? How will the school work to create more inclusive conditions for all students?

Does the student use school/district provided transportation services

☐ Yes

☐ No

How will the student's gender be accounted for?

Are there any other questions or concerns to be addressed or discussed?

Next Steps

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?

Who will monitor this plan over time?

How will this plan be monitored over time? Check In Meetings

What will be the process should the student, family or school wish to revisit any aspects of this plan (or seek additions to this plan)?

Parent or student should contact

What are specific follow-ups or action items emerging from this meeting and who is responsible for them?

Action

Action

Action

Action

Action

Date of next Meeting or Check In

Time of next Meeting or Check In

Location of next Meeting or Check In

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

School Contact Info

ADD TEAM CONTACT INFO HERE.

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Sibling(s)/Grade(s) _____

Meeting Participants and Signatures: _____

Student is requesting the following:

Email to teachers: _____

Preferred Name: _____

Preferred Pronouns: _____

Preferred Gender: _____

Other: _____

—

Student has declined a formal gender support plan at this time. The student understands that no additional accommodations can be made without a formal gender support plan.

Student Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____