



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 staff, caregivers, mental health support, 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 this plan. This document may be updated any time when requested by student, caregiver, and/or staff.

School/District _____	Today's Date ____/____/____	
Student's Preferred Name _____	Legal Name _____	
Student's Gender _____	Assigned sex at birth _____	Grade level _____
Date of birth ____/____/____	Sibling(s)/Grade(s) _____/____ and _____/____	
Parent(s)/Guardian(s)/Caregiver(s)/Relation to student _____/_____/_____/_____/_____/_____		
Meeting participants: _____ _____ _____		

Are guardian(s) of this student aware and supportive of their child's gender status?

Parent/Guardian Involvement

Yes No

If not, what considerations must be _____ted 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)? A building leader will be made aware of the Gender Support Plan for safety purposes.

District staff will be aware (Superintendent, Student Support Services, etc...)
Specify the adult staff members:

Building level leadership/administration will know (Building administrator, 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 adults staff members:

Student is open with others (adults and peers) about gender

May share Gender Support Plan when student is promoted to the next school

May share Gender Support Plan if the student transfers

Other - describe:

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

Other students?



Staff members?

Parents/Community?

Student Safety

Is the student currently experiencing mental health issues related to their transition? ____
What are some of the coping skills that are helpful to the student when they are struggling?

Who will be the student's "go to adult" at school? ____
If this person is not available, what should the student do? ____
What, if any, will 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 need for help:

During class ____
Outside of the building ____
In the halls ____
Other ____

Other safety concerns/questions:

Names, Pronouns, and Student Records

Name/Gender marker entered into Skyward (if legally changed):

Name to be used when referring to the student _____ Pronouns _____
Is there an alert in Skyward to notify teachers of preferred gender and name?

If not, what adjustments can be made to protect this student's privacy?



Are changes needed in Canvas? _____

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 _____

Field Trips _____

Over-night field trips _____

Lunch lines _____

Taking attendance _____

Teacher grade book _____

Official school-home communication _____

Unofficial school-home communication _____

Outside district personnel or providers _____

Summons to the office _____

Yearbook _____

Student ID _____

Posted lists _____

Distribution of texts or other school supplies _____

Assignment to IT accounts _____

PA announcements _____

If the student's guardians are not aware and supportive of the student's gender status, how will school-home communications be handled?

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 chooses to use the following restroom(s) on campus _____

Student chooses to change clothes in the following place(s) _____

If the student has questions/concerns about the 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/activity? _____

If yes, what program(s)/activity(ies) and steps will be necessary for supporting the student?

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? _____ Factors to be considered regarding sibling's needs?

How will dress code/expectations be handled for extra-curricular or after-school events?

Are there lessons, units, content of other activities coming up this year to consider (growth and development, social justice units, name projects, dance instruction, Pride events, school dances, etc.)?

What curricula needs to be considered for biological body parts?

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 the specific follow-up 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 _____



Guidelines for Supporting Transgender and Gender Nonconforming Students

Below are a list of steps that school staff should consider when working with transgender and gender nonconforming students:

<u>Activity</u>	<u>Date</u>	<u>Lead</u>
<input type="checkbox"/> Initial Planning Meeting Meeting including counselor and admin to begin to plan for completion of Gender Support Plan.	_____	_____
<input type="checkbox"/> Student/Family Meeting Meeting to discuss the Gender Support plan including student, family (if supportive), counselor, and admin. <i>Note: We have a legal obligation to keep a student safe at school and free of harassment. Our accommodations for students are not an endorsement of their beliefs, therefore we can proceed with a plan without parent consent in order to keep the student safe and able to learn.</i>	_____	_____
<input type="checkbox"/> Meeting with Teachers Meeting to share information (with student consent) with teachers and other adults they may come in contact with.	_____	_____
<input type="checkbox"/> Inclusive Practices with other students Guidance to create an identity safe environment among peers.	_____	_____
<input type="checkbox"/> Training for School Staff Professional development needed for staff to create an identity safe environment for the student.	_____	_____
<input type="checkbox"/> Other List other action steps taken to support the student: _____ _____ _____	_____	_____