

CONFIDENTIAL GENDER SUPPORT PLAN

Instructions: School teams should use this form to acquire accurate information about an individual student and to develop a meaningful action plan to support the student in the school environment. Team members can collaboratively add to the document as they gather information from the student. Once information is gathered and agreed upon, the form serves as a scaffold for team discussion and documentation of the action plan.

Today's Date _____

School District _____ Home School _____

Meeting Participants _____

IDENTIFYING INFORMATION

Name Student Uses _____ Pronoun(s) _____

Legal Name _____ Date of Birth _____

Sex Assigned at Birth _____ Current Grade _____ Homeroom _____

FAMILY

Parent(s), Guardian(s), or Caregiver(s)

Name _____ Relationship _____

Name _____ Relationship _____

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FAMILY

Sibling(s)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent(s)/Guardian(s) are aware of the student's gender status? ☐ Yes ☐ No

HOME SUPPORT LEVEL

☐ None ☐ Low ☐ Moderate ☐ High ☐ Very High

CONFIDENTIALITY & DISCLOSURE (Check all that apply)

Who will have access to this student's information?

- ☐ Student is open with others about gender
- ☐ Student is not "out" but some peers are aware of the student's gender
- ☐ Teachers and/or other school staff will know
- ☐ Mental health faculty will know
- ☐ School-level administration will know
- ☐ District-level administration will know

Provide the names of faculty, staff, and peers who will be in the need to know

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FACILITY USAGE

What bathroom will the student use? _____

Where will the student change their clothes? _____

If student/parents/guardians have questions or concerns about facilities, who should they contact?

Who will be responsible for securing the facility usage in the event of a field trip or an away sporting event? Then informing the student?

SCRIPTED RESPONSES

The following are mutually agreed upon responses to any questions about the student's gender.

For Students _____

For Faculty/Staff _____

For Parents _____

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

For Students _____

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SCRIPTED RESPONSES

For Faculty/Staff _____

For Parents _____

STUDENT SAFETY PLAN

Who has the student developed a trusting relationship(s) with and who are their “GO TO” people at school?

What Check-In/Check-Out (CICO) system will be implemented with the student?

In the event of faculty/staff absence, who can the student go to?

In the event that a student is feeling unsafe, how will they signal for help in...

The classroom: _____

The hallway: _____

The cafeteria: _____

The gymnasium: _____

The courtyard: _____

Other: _____

Other safety concerns or questions: _____

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PARENT COMMUNICATION (Aware and Supportive)

How often will the school communicate with parent(s)/guardian(s)?

If parent(s)/guardian(s) have a concern, with whom should they communicate that concern?

PARENT COMMUNICATION (Not aware or Unsupportive)

If the student's parents/guardians are not aware and/or not supportive of the student's gender status, how will home-school communications be handled (i.e., written correspondence, faculty who need to contact parents/guardians)?

STUDENT RECORDS (Please refer to student records consideration checklist.)

Name to be used when referring to the student _____

Pronouns _____

Name/gender listed on the student's identity documents _____

Name/gender entered into the Student Information System (SIS) _____

Name/gender entered into the student's Health Record in the SIS _____

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STUDENT RECORDS CONT. (Please refer to student records consideration checklist.)

If needed, is there a process for changing the student's name/gender marker in the SIS? ☐ Yes ☐ No

Person responsible for ensuring changes made to a student's records

_____ on _____

How will confidentiality be maintained? _____

How will instances be handled in which the incorrect name or pronoun are used? _____

STUDENT RECORDS CONSIDERATIONS

For registration/enrollment _____

Student's cumulative/regular education file _____

Student's special education file _____

Seating charts _____

Taking attendance _____

With substitute teachers _____

Teacher grade books _____

Standardized tests _____

School photos _____

Student ID _____

Lunch line/Lunch card _____

Yearbook _____

Email address _____

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STUDENT RECORDS CONSIDERATIONS CONT.

After-school programs _____

Official home-school communication _____

Unofficial home-school communication _____

Outside school providers _____

Summons to the office _____

PA announcements _____

Posted information (lists) _____

Other _____

Other _____

COMPROMISED CONFIDENTIALITY CONSIDERATIONS

In considering the climate and culture of your school, what other areas may compromise a student's right to privacy? What are the solutions to these problems?

PROBLEM	SOLUTION

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EXTRA CURRICULAR ACTIVITIES

If the student participates in an after-school program, what steps will be necessary for supporting the student in these spaces? (*If the program is not run by the school district, supportive parents/guardians should be part of this discussion. If not, the trusting adult and the student may want to meet with the outside agency together.)

In what extra-curricular programs or activities will the student be participating (sports, clubs, etc.)?

What steps will be necessary for supporting the student in these spaces?

OTHER CONSIDERATIONS

What other factors need to be considered (i.e., sibling needs, dress code, curriculum content, school dances, Pride events, social dynamics with other students, families or staff, transportation, resource officers, etc.)?

CONFIDENTIAL GENDER SUPPORT ACTION PLAN

Contact person for this plan is _____

Where will this plan be filed? _____

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ACTION ITEM	Who is responsible for this action?	When was this action completed?
1. Person responsible for making changes to the SIS.		
2. Person responsible for updating changes to this GSP.		
3. Person responsible for informing those in the need to know about this plan or any changes to the plan. *Plan should be reviewed at least annually if changes are not made during the school year.		
4. Who is responsible for filing this plan?		
OTHER ACTION ITEMS RESULTING FROM MEETING		
5.		
6.		
7.		
8.		
9.		
10.		

CONFIDENTIAL

MY STUDENT SUPPORT PLAN

Name Student Uses _____ School _____

Pronoun Student Uses _____ Grade _____

Date of Birth _____ Meeting Date _____

Age at Time of Plan _____ GSP Date _____

KNOW YOUR RIGHTS!

You have the right to:

- Be referred to by your authentic name and pronoun
- Use the locker room and restroom that corresponds to your gender identity
- Attend a safe school without harassment, bullying, and intimidation
- Expect a reasonable level of privacy

My Go-To People for Support at My School and District

- My safe person at school is _____
- My safe person's contact info is _____ (Email)
 _____ (Phone)
 _____ (Office)
- My district support person is _____
- Additional support people are _____

Trevor Project provides information and support to LGBTQ young people 24 hours a day, 7 days a week all year. thetrevorproject.org

I know about the Trevor Hotline! If I need help I can call or *text 1-866-488-7386.

*Standard text messaging rates may apply.

For information about legal support and advocacy. Transgender Law Center:
www.transgenderlawcenter.org

Record Local Agencies here:

**Adapted from gender spectrum.*