



Gender Support Plan

Student's Preferred Name: _____ Legal Name: _____
Student's Gender: _____ Assigned Sex at Birth: _____ Grade Level: _____
Date of Birth: _____ Parent(s)/Guardian(s): _____

PARENT/GUARDIAN INVOLVEMENT

Is guardian(s) of the student aware of their student's wish to implement a gender support plan?
Is guardian(s) of the student supportive of their student's wish to implement a gender support plan?

STUDENT SAFETY

Who will be the student's "go to adult" on campus?
Does the student feel regular one-on-one check-in's are necessary? If so, who will provide this support?
If this person is not available, what should the student do?
What are the expectations in the event the student is feeling unsafe and how will the student signal need for help?

NAME & STUDENT RECORDS

Name/gender marker currently in the Student Information System:
Name to be used when referring to the student _____ Pronouns _____
What name and gender marker does the student and parent want reflected in the Student Information System?
Can preferred pronouns be noted on the Student Information System?
Does the student want their email and login updated?
Name on high school diploma _____

Please note: *When you apply for college, most colleges and universities currently require legal names on transcripts and applications so that they can match the application and transcript to the FAFSA. The FAFSA application requires students to enter both their legal names and social security numbers, and they must match. If you have decided to change the name on your school records but have not legally changed your name, you will need to either request that your name be changed back to your legal name on your school records before your transcripts are sent to the colleges to which you apply or contact those colleges and universities to let them know that your transcript, application and FAFSA will not match.*

USE OF FACILITIES

Student will use the following restroom(s) on campus:
Student will use the following locker room on campus:

DISTRICT PROGRAMS AND EXTRACURRICULAR ACTIVITIES

In what other district programs (i.e. GATE, TVMSC, Pro-Tech, etc.) and/or extracurricular activities will the student be participating in?

OTHER CONSIDERATIONS

Does the student have any siblings at school?

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

Other considerations or concerns or issues:

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

How public or private will information about this student's gender be (check all that apply)?

- Site level leadership/administration will know (specify staff members):
- Teachers and/or other school staff will know (specify staff members):
- District level AO staff will be made aware of name change or preferred name in order to connect student to State AO funds as the State requires students' legal names.
- 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
- Student would like this plan to be transferred to current programs and/or next school of attendance, enabling those working with the student to use the appropriate name and/or pronoun.
(If student is a minor, parent must initial here and sign below to release this document to current programs and/or future schools.)
- Student or parent initials indicate permission to share with future schools as well as the following programs beyond home school staff (i.e. pro tech, special education, other specialists, etc...):

Other: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____