

Transgender/Gender Nonconforming Student Support Plan

The U.S. Department of Education and the U.S. Department of Justice interpret Title IX to require that when a student or the student's parent or guardian, as appropriate, notifies the school administration that the student will assert a gender identity that differs from previous representations or records, the school will begin treating the student consistent with the student's gender identity. Upon notification of a transgender or gender nonconforming student's status, school staff should complete a Transgender/Gender Nonconforming Support Plan.

The checklist below serves as the initial intake for a student who self-discloses that they are transgender or gender nonconforming. After completing the intake and setting up a meeting, Part B is to be completed. Part B provides guidance to administrators and others in setting up an action plan for ways in which the student's authentic gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete the plan.

Checklist (Part A)

- Contact administrator and guidance counselor
- Schedule meeting. Date: _____
- Affirmed name: _____
- Gender identification: _____
- Is a gender change for the Student Information System being requested? Y N
- Legal name in SIS database: _____
- Current gender marker in SIS database: _____
- Parent/guardian: _____ Are they aware? Y N Supportive? Y N
- Should parent or guardian be notified? Y N Contact number: _____
- Is this student homeless? Y N Shelter: _____
- School contact person: _____



Transgender/Gender Nonconforming Student Support Plan

Part B

The purpose of this document is to create a shared understanding about the ways in which the student's identified gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete this document. Please note that Part C is a separate document to plan for a student's formal gender transition at school.

School _____	Date _____
Student's affirmed name _____	
Legal name _____	
Student's gender identification _____	
Assigned sex at birth _____	
Student's date of birth _____	Student's grade _____
Sibling(s)/grade(s) _____ / _____	_____ / _____
Parent(s)/guardian(s)/relation to student:	
_____ / _____	_____ / _____
_____ / _____	_____ / _____
Meeting participants:	

Parent/Guardian Involvement

Are guardians(s) of this student aware and supportive of their child's gender transition? Y N

If not, what considerations must be accounted 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)?

- District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.).
Specify members: _____
- Site level leadership/administration will know (Principal, Assistant Principal, Counselor, etc.).
Specify members: _____
- Teachers, Coaches and/or other school staff will know.
Specify members: _____
- Student will not be openly "Out" but some students are aware of the student's gender.
Specify students: _____
- Student is open with others (adults and peers) about gender.
- Other – describe _____

Confidentiality, Privacy and Disclosure (continued)

If the student has asserted a degree of privacy, what are the expectations of the institution 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

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

If this person is not available, who should the student go to?

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 a need for help:

During class: _____

During recess: _____

Class transitions: _____

Other: _____

Other safety concerns/questions:

Names, Pronouns and Student Records

Name/gender marker entered into the Student Information System _____

Name to be used when referring to the student _____ Pronouns _____

Can the student's affirmed name and gender marker be reflected in the SIS? _____

If so, how?

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

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 cum file: _____

After-school programs: _____

Lunch lines: _____

Taking attendance: _____

Teacher grade books: _____

Office school-home communication: _____

Unofficial school-home communication (PTA/other): _____

Outside district personnel or providers: _____

Summons to office: _____

Yearbook: _____

Student/library cards: _____

Posted lists: _____

Distribution of texts or other school supplies: _____

Assignment of IT accounts: _____

PA announcements _____

If student's guardians are not aware and supportive of the child'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 will use the following restroom(s) on campus: _____

Student will change clothes in the following place(s): _____

What shower will the student use? _____

If student has questions/concerns about 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 after-school programs? _____

What steps will be necessary for supporting the student there?

In what extracurricular programs or activities will the student be participating (sports, theater, clubs, etc.)?

What steps will be necessary for supporting the student there?

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?

Does school have a dress code? ____ How will dress code be handled?

What are considerations for specific activities this year (growth and development, social justice units, name projects, dance instruction, Pride events, school dances, etc.)?

Are there other questions, concerns, or issues to discuss?

Support Plan Review and Revision

How will the 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 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 _____

*With permission, a copy of this plan should be placed in the student's cumulative folder. ____