-Confidential-

Gender Support Plan

Updated: 4.2022

The purpose of this document is to create shared understanding about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, family, and the student should work together to complete this document.

If parents are not involved in creating this plan, and student states they do not want parents to know, it shall be made clear to the student that this plan is a student record and will be released to their parents when they request it. This is a not a privileged document between the student and the school district.

School: Choose an item. Date: Click or tap to enter a date.

Student's Preferred Name: Click or tap here to enter text.

Legal Name: Click or tap here to enter text.

Student's Gender: Choose an item. Assigned Sex at Birth: Choose an item.

Student's Grade Level: Choose an item.

Date of Birth: Click or tap to enter a date.

Sibling names/Grades: Click or tap here to enter text./Click or tap here to enter text.

Parents/Guardians: Click or tap here to enter text.

Meeting Participants:

- ☐Parents/Guardian name(s): Click or tap here to enter text.
- ☐Student name(s): Click or tap here to enter text.
- ☐Administrator name(s): Click or tap here to enter text.
- ☐Teacher name(s): Click or tap here to enter text.
- ☐Other: Click or tap here to enter text.

PARENT/GUARDIAN INVOLVEMENT

Are parents/guardians of this student aware of their child's gender status? ☐Yes ☐No

Are the parents/guardians aware of student's requests at school? ☐ Yes ☐No

If yes to both statements above, at parents' request ECASD will walk them through the Skyward name process and Student ID card change.

-Preferred name: Click or tap here to enter text.

-Pronouns: Click or tap here to enter text.

-Restroom: Choose an item. (Please note not all schools are equipped with gender neutral restrooms at this time.)

-Locker room: Choose an item.

-School field trips (lodging for overnight trips): Click or tap here to enter text.
(Please see Administrative Guidelines Section VII for more information.)

What considerations might need to be accounted for?

Click or tap here to enter text.

CONFIDENTIALITY, PRIVACY, AND DISCLOSURE

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

☐District Staff

-Specify the district staff members:Click or tap here to enter text.

☐Building level staff members (Principal(s), counselor, teachers, nurse, etc…)

-Specify building staff members:Click or tap here to enter text.

☐Others (Friends, classmates, office staff, etc…)

-Describe:Click or tap here to enter text.

NAMES, PRONOUNS, and STUDENT RECORDS

Name/gender marker entered into the Student Information System:

Click or tap here to enter text.

USE OF FACILITIES

Name of the point person ensuring these adjustments are made and communicated as needed:

Click or tap here to enter text.

What is the plan regarding? Check all that apply:

☐Restrooms at school: Click or tap here to enter text.

☐Locker room use: Click or tap here to enter text.

☐Facilities for any class trips: Click or tap here to enter text.

☐Lodging for overnight trips: Click or tap here to enter text.

EXTRACURRICULAR ACTIVITIES

Does the student participate in after school activities? ☐Yes ☐No

What is the plan to support the student in after school activities?

Click or tap here to enter text.

Who needs to be notified regarding the plan? Click or tap here to enter text.

OTHER CONSIDERATIONS

Does the student have siblings? ☐Yes ☐No

What is the plan, if needed, for supporting the siblings? Click or tap here to enter text.

What trainings will staff need to build capacity for working with gender-expansive students?

Click or tap here to enter text.

SUPPORT PLAN

Who are the student's trusted adults at school?

Click or tap here to enter text.

Does student feel safe at school? ☐Yes ☐No

If no, identify appropriate options for student safety-check all that apply:

☐During class: Click or tap here to enter text.

☐Transition time: Click or tap here to enter text.

☐Other: Click or tap here to enter text.

REVISION and REVIEW

Who will monitor this plan? Click or tap here to enter text.

Date of next meeting/check in: Click or tap to enter a date.

Time of next meeting/check in: Click or tap here to enter text.

Location: Click or tap here to enter text.

Notes: Click or tap here to enter text.