

### RSU 68 Gender Support Plan

The purpose of this document is to create a shared understanding about the 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 this document. Ideally, each will spend time completing the various sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student’s formal gender transition at school.

School \_\_\_\_\_ Today’s Date \_\_\_\_\_

Student’s Preferred Name \_\_\_\_\_ Legal Name \_\_\_\_\_

Student’s Gender Identity \_\_\_\_\_ Assigned Sex at Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Grade Level \_\_\_\_\_ Sibling(s)/Grade(s) \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_

Parent(s), Guardian(s), or Caregiver(s)/Relation to Student

\_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

Meeting Participants \_\_\_\_\_

#### PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child’s gender status? \_\_\_\_\_ Yes \_\_\_\_\_ No

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, etc.)  
Specify the adult staff members: \_\_\_\_\_
- Site level leadership/administration will know (Principal, head of school, 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 students: \_\_\_\_\_
- Student is open with others (adult and peers) about gender
- Other – describe: \_\_\_\_\_

How will a teacher/staff member respond to any 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, what should student do? \_\_\_\_\_

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 their need for help?

During class \_\_\_\_\_

During recess \_\_\_\_\_

In the halls \_\_\_\_\_

Other (field trips, buses, etc.) \_\_\_\_\_

Other safety concerns/questions \_\_\_\_\_

If parents are concerned about how others are treating their child at school they will notify principal or counselor.

## NAMES, PRONOUNS AND STUDENT RECORDS

Name and gender markers must be listed as the student birth name on legal documents.

Name/gender marker entered into the student information system under student notes on Web2School.

Name to be used when referring to the student \_\_\_\_\_ Pronouns \_\_\_\_\_

Principal will be the point person at school for ensuring these adjustments are made and communicated as needed.

How will instances be handled in which the incorrect name or pronoun are used by staff members? \_\_\_\_\_

By students? \_\_\_\_\_

The student's privacy will be accounted for and maintained by the Principal and Data Entry Clerk.

### Official/Legal

- Standardized Tests
- IEPs/Other Services
- Transcript
- Student Cumulative File
- Taking Attendance
- Official School-Home Communication

### Unofficial

- School Photos
- Summons to Office
- Yearbook
- Student ID/Library Cards

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

**USE OF FACILITIES**

Where would you feel most comfortable using the restroom(s) on campus? \_\_\_\_\_

Where would you feel most comfortable changing clothes? \_\_\_\_\_

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? \_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES**

Does the student participate in an after-school program? \_\_\_\_\_

What steps will be necessary for supporting the student there? \_\_\_\_\_

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

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 sibling(s) at school? \_\_\_\_\_ Factors to be considered regarding sibling's needs? \_\_\_\_\_

Are there lessons, units, content or other activities (dance instruction, school dances, etc.) coming up this year to consider? \_\_\_\_\_

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 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 \_\_\_\_\_

Adopted: June 20, 2017