EXHIBIT 1
Gender Support Plan
-CONFIDENTIAL-

The purpose of this document is to create shared understandings about the ways in which the student’s gender-related accommodation requests will be accounted for and supported at school. School staff, caregivers, mental health support, and the student should work together to complete this document. This document may be updated any time when requested by student, caregiver, and/or staff.

School ________________________________ Today’s Date ________
Student’s Preferred Name ____________________________________________
Student’s Legal Name ________________________________________________
Student’s Gender _____ Assigned sex at birth _____ DOB _______ Grade Level______
Student’s Preferred Pronouns __________________________________________
Parent(s)/Guardian(s)/Caregiver(s) - Relation to student
____________________________________________________________________
____________________________________________________________________

Meeting Participants
____________________________________________________________________
____________________________________________________________________

History of transition
student under the care of a medical professional ____________________________

Are parent(s)/guardian(s) of this student aware ____ Yes ____ No
Are parent(s)/guardians(s) supportive of their child’s gender status? ____ Yes ____ No

Confidentiality, Privacy, and Disclosure

How public or private will information about this student’s gender be (check all that apply)? A building leader will be made aware of the Gender Support Plan for safety purposes.

____ District staff will be aware (Superintendent, etc…)
Specify any exceptions__________________________________________________________

____ Building level leadership/administration will know (Building administrator, counselor, etc…)
Specify any exceptions__________________________________________________________

____ Teachers and/or other school staff (i.e. nurse, secretaries) will know
Specify any exceptions__________________________________________________________

____ Student will not be openly “out”, but some students are aware of the student’s gender.
Specify any exceptions__________________________________________________________

____ Student is open with others (adults and peers) about gender
May share Gender Support Plan when student is promoted to the next school
May share Gender Support Plan if the student transfers
Other – describe: ________________________________
If the student has asserted a degree of privacy, discuss how teacher/staff member respond to questions about the student’s gender:

[ ] Gender

[ ] Student Safety

Is the student currently experiencing mental health issues related to their transition?____________________

What are some of the coping skills that are helpful to the student when they are struggling?

________________________________________________________________________________________

Who will be the student’s “go to adult” at school? ________________________________

If this person is not available, what should the student do? ______________________________

What, if any, will be the process for periodically checking in with the student and/or family?

________________________________________________________________________________________

What are the expectations in the event the student is feeling unsafe and how will the student access help:

During class ________________________________

Outside of the building ________________________________

In the halls ________________________________

Other ________________________________

[ ] Other safety concerns/questions:

________________________________________________________________________________________

Other Considerations or Requests to Discuss:

PA announcements ________________________________

School-home communication ________________________________

Substitute Teachers - Attendance sheet, seating chart, etc: ________________________________

Tech (email and account information) ________________________________

Diploma ________________________________

Transcript ________________________________

Yearbook ________________________________

Facilities ________________________________

Locker rooms ________________________________

Choir, Band, Drama Productions ________________________________

Extracurriculars ________________________________

Field Trips/Overnight Trips ________________________________

Any family dynamics to consider ________________________________

Other considerations ________________________________

________________________________________________________________________________________
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?

What are the specific follow-up or action items emerging from this meeting and who is responsible for them?

Date/Time of next meeting or check-in ________________ Location ________________