



CONFIDENTIALITY & PRIVACY

(Pg. 43 in Best Practices Guide)

1) Who will be aware of the student’s affirmed gender (check all that apply)?

- Teachers
- Student Services Staff
- School/Grade Level Administrator(s)
- Student will not be openly “out” but the following students are aware of the student’s gender: _____
- Student is open with adults and peers
- Other(s), please describe: _____

2) How will “in the know” teachers/staff respond to any questions about the student’s gender from:

- Peers? _____
- _____
- Staff Members? _____
- _____
- Parents/Community Members? _____
- _____

STUDENT SAFETY

1) Who will be the student’s “go to” adult on campus? _____

*Who is the “back up” if this person is unavailable? _____

2) What, if any, process will be utilized for periodically checking in with the student and/or parents/guardians? _____

3) What are the expectations in the event the student is feeling unsafe/how will the student signal their need for assistance?

- During class _____
- In hallways _____



Lunchroom _____

Restroom/locker room _____

Other: _____

Other: _____

4) If necessary, who should the student's parents/guardians contact with concerns about their child's treatment at school? _____

NAME, PRONOUNS, RECORDS

(Pgs. 43-44 in Best Practices Guide)

1) What name and gender are listed in official records (myStudent)? _____

2) What name & pronouns should be used when referring to the student? _____

3) How will the team address any instances where the incorrect name or pronouns are used by staff or students? _____

4) What considerations will be made to maintain the student's privacy in the following situations?

Registration/enrollment _____

Class rosters _____

With substitute teachers _____

Standardized/district testing _____

On IEPs/504s _____

Yearbook/ID badge _____

When summoned to office _____

Clinic _____

Awards/certificates _____

Other: _____

Other: _____



5) What name/pronouns will be utilized in the following home-school communications?

Letters home _____

Calls/emails from teachers _____

Discipline referrals _____

Calls from clinic _____

Other: _____

USE OF SCHOOL FACILITIES

(Pgs. 44-45 in Best Practices Guide)

1) Student will use the following bathroom(s) on campus _____

2) If enrolled in P.E., where will the student dress out? _____

3) Student will use the following facilities during field trips: _____

Rooming considerations for overnight trips _____

EXTRACURRICULAR ACTIVITIES & PROGRAMS/SPORTS

(Pg. 45 in Best Practices Guide)

1) Will the student participate in any extracurricular activities (e.g. theatre, clubs, etc)?

Yes No *If yes, please specify: _____

If yes, what considerations need to be made to support the student in above activities? _____

2) Will the student participate in school-sponsored sports? Yes No

If yes, what considerations need to be made to support the student's participation?

3) *Elementary only:* Is the student enrolled in PLACE? Yes No

If yes, what considerations need to be made for supporting the student there?



OTHER CONSIDERATIONS

(Pgs. 45-46 in Best Practices Guide)

1) What considerations will need to be made in regards to the dress code? _____

2) Will considerations need to be made for human growth & development lessons?

- Yes No

If yes, please specify: _____

3) Will LGBTQ+ sensitivity trainings for staff be needed in order to build awareness/capacity?

- Yes No

If yes, please specify who will contact the district's LGBTQ+ Liaison to coordinate training: _____

4) What mode of transportation will the student use for arrival & dismissal?

- School bus
- Bike rider
- Car rider
- Walker

*If student will utilize the school bus, who will speak to the bus driver to ensure confidentiality and affirmation of student's gender? _____

5) Other issues/concerns to be addressed: _____

SUPPORT PLAN REVIEW & REVISIONS

1) Who will lead the team in monitoring the utilization and effectiveness of this plan?

2) What steps will be taken in the event the Gender Support Plan needs to be revised?



3) Are any future action steps or follow-up tasks necessary? Yes No

If yes, please specify:

<i>What?</i>	<i>Who is responsible?</i>	<i>Timeframe</i>

4) Does a follow-up meeting need to be scheduled? Yes No

If yes, when will it be held and who is responsible for coordinating the meeting?

If you have additional questions regarding the information contained in this guide, please contact the Office for Student Support Programs and Services (OSSPS) at (813) 794-2600.

**Adapted from Gender Spectrum's Gender Support Plan*