



## INDIVIDUALIZED STUDENT SUPPORT PLAN: Transgender and Gender Non-conforming Students

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

**CONFIDENTIALITY:** This plan contains confidential information and will only be shared with staff on a need-to-know basis with input from the student and parent/guardian. It will not be kept as part of the student's cumulative records but rather maintained in a confidential location within the Response to Intervention (RtI Database).

**TRANSFERABILITY:** This documentation will transfer with the student such as from elementary to middle and middle to high school. If a student or parent/guardian does not wish for the shared understandings to be formally documented, the questions in the student support plan may be used only to guide the discussion.

**DIVISION-LEVEL CONTACT:** Per the HCS, Guidelines for the Treatment of Transgender and Gender Nonconforming Students the Director of Student Services must be contacted prior to the initial meeting.

★ **Has the Director of Student Services been contacted?**  Yes  No

★ **Date of contact:** \_\_\_\_\_

### MEETING INFORMATION

<b>Meeting Date:</b>	
<b>Student's ID:</b>	
<b>Student's Preferred Name:</b>	
<b>Identified Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Unspecified <input type="checkbox"/> Other
<b>Preferred Pronouns:</b>	
<b>Meeting Participants:</b>	
<b>School Point of Contact:</b>	

### PARENT/GUARDIAN/FAMILY INVOLVEMENT & SUPPORT



<b>Parent/Guardian Name(s):</b>	
<b>Are parents/guardians aware of the student's gender identity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are Parents/Guardians affirming a student's gender identity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>Did the school attempt to contact the parent/guardian?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe any support or resources needed for the family regarding the student's gender identity or transition:</b>	
<b>Are parents/guardians supportive of the student's gender identity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Support Level:</b> (None [1] to Highly Supportive [10])	(None) ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5 ☒ 6 ☒ 7 ☒ 8 ☒ 9 ☒ 10 (Highly Supportive)
<b>If the support level is low, what considerations must be accounted for in implementing this plan?</b>	

## STUDENT WELL-BEING

<b>Describe any barriers or safety concerns and how to address them:</b>	
<b>List/enlist any allies (peers and adults) in the school and describe how they may support the student (e.g., student signal, need for help):</b>	



<b>What support does the student need?</b>	
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**CONFIDENTIALITY, PRIVACY, & DISCLOSURE**

*Using input from the student and the parent/guardian (if applicable), discuss the following:*

<b>How public or private will information about the student's gender identity be?</b>	
<b>Who will be the student's "go to adult" on campus?</b>	
<b>If this person is not available, what should the student do?</b>	
<b>Division-level staff will be aware (i.e., Superintendent, Director of Student Services, etc.):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify who may know:</b>	
<b>School Leadership will be aware (i.e., Principal, Assistant Principal, School Counselor, etc.):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify who may know:</b>	
<b>Teachers and/or other school staff will be aware:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify who may know:</b>	



<p><b>Student is open with others (adults and peers) about their gender:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p><b>Describe what information the student wishes to convey regarding their gender identity:</b></p>	
<p><b>Describe how the student wishes the information to be shared, including when, by whom, and with whom (e.g., classroom lesson plan, communication plan with other families, etc.):</b></p>	
<p><b>Describe any additional privacy/disclosure situations and needs, including any specific dynamics with other students or staff members:</b></p>	

**NAMES, PRONOUNS, & STUDENT RECORDS**

<p><b>Is there a request for Name and/or Gender Change being submitted?</b></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>If name and gender are not being updated in the student information system, describe specific situations and contexts in which the preferred name and pronouns will be used and how they will be communicated and reflected in documentation:</b></p>	
<p><b>If parents/guardians are not aware or affirming of the</b></p>	



<p><b>student's gender identity, describe how school-home communication will be handled:</b></p>	
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**ACCESS TO ACTIVITIES & FACILITIES**

All students shall have access to facilities (e.g., restrooms, locker rooms) that correspond to their gender identity.

Upon request, single-user, gender-inclusive facilities or other reasonable alternatives shall be made available to any student who seeks additional privacy. Any alternative option that is offered shall be non-stigmatizing and minimize the loss of instructional time.

<p><b>Student will use the following restroom(s):</b></p>	
<p><b>Describe plans or options for the student's choice as to where to change clothing:</b></p>	
<p><b>What are the expectations of the student regarding the use of facilities for any field trips?</b></p>	
<p><b>What are the expectations of the student regarding rooming for overnight field trips (if applicable)?</b></p>	
<p><b>Describe any additional considerations regarding the student's access to facilities:</b></p>	
<p><b>Will the student access any programs, activities, or events that are sex-segregated? If so, please note those here:</b></p>	
<p><b>Describe any additional considerations regarding the student's access to programs, activities, and events:</b></p>	



## SUPPORT PLAN REVIEW & REVISION

	RESPONSIBLE (WHO)	NEXT STEPS
<b>Describe any specific action items or follow-ups as a result of this meeting, including who is responsible and timeline for completing them:</b>		
<b>Describe any process for monitoring and/or revising the support plan over time:</b>		
<b>Date/Time of next meeting:</b>		

## REFERENCES

- Gender Spectrum [Gender Support Plan](#)
- Gender Spectrum [Gender Communication Plan](#)
- GLSEN/ACLU [Know Your Rights: A Guide for Transgender and Gender Nonconforming Students](#)
- GLSEN [Safe Space Kit: Guide to Being an Ally to LGBT Students](#)
- Montgomery County Public Schools [Intake Form: Supporting Student Gender Identity](#)
- Rhode Island Public Schools [Transgender, Gender Non-forming, and Transitioning Students Protocol](#)
- Substance Abuse and Mental Health Administration (SAMHA) [A Practitioner's Resource Guide: Helping Families to Support their LGBT Children](#)