

Transgender Student Support Plan

_____ School District

Student Name

MEETING INFORMATION

Meeting Date: _____

Meeting Type:
 Initial Meeting
 Review

STUDENT'S INFORMATION

LEGAL NAME: _____

PREFERRED NAME: _____

ID NUMBER: _____ GRADE: _____/_____

DATE OF BIRTH: _____ GENDER: _____

ASSIGNED GENDER AT BIRTH: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT/GUARDIAN INFORMATION

Is Student's parent/guardian aware of Student's gender identity? Yes No

Are there considerations to be accounted for if the Student's parent/guardian is unaware of the Student's gender identity? _____

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

TRANSITION PROCESS

Where is the Student in the transition process with his/her gender identity both inside and outside the school community? _____

- Social transition: _____
- Legal transition: _____
- Medical transition: _____

(Simply because a type of transition is listed does not mean that the transition is a requirement or sole determinative factor in order to obtain accommodations, it is one of many factors to be considered.)

SUPPORTING DOCUMENTATION

Has any documentation been supplied by the Student and/or parent/guardian from a doctor, psychiatrist, psychologist, etc.?

Are there other supporting documents regarding the Student's gender identity, i.e. passport, social security card, court orders, etc.?

NAMES, PRONOUNS AND SCHOOL RECORDS

Preferred Name: _____

Preferred Pronoun(s): _____

The following are the school systems, data systems, programs, etc. that will permit the student’s preferred name and gender markers to match the student’s preferred name and gender markers:

The following are the schools systems, data systems, programs, etc. that will not permit the student’s preferred name and gender markets to match the student’s preferred name and gender markers: _____

USE OF FACILITIES

The Student shall use the following restrooms in the District facilities: _____

The Student shall use the following locker room/changing area in District facilities: _____

Are there anticipated school trips, class trips, etc. that need to have expectations set? _____

Are there safety concerns with the outlined use of facilities? _____

Are there privacy and/or confidentiality concerns with the outlined use of facilities? _____

EXTRACURRICULAR ACTIVITIES

Does Student participate or plan to participate in extracurricular activities within the District?

Will supports and/or accommodations be necessary for Student’s participation in the extracurricular activities? If yes, please describe. _____

OTHER CONSIDERATIONS

Dress code implications, if any. _____

Classes or educational units this school year (20__/20__) to be need to be considered and discussed due to content and gender identity implications. _____

Other. _____

It is the intent that this plan should be reviewed on an annual basis by members of the team, including the Student and school officials. If the Student, family or school officials wish to revisit this plan a meeting will be scheduled for the team to discuss any proposed revisions/additions.

Those creating and/or reviewing this plan should be aware that the Student may qualify under 504.

SIGNATURE PAGE

NAME	TITLE	SIGNATURE	DATE
	Student		

Form Prepared by Ennis Britton Co., L.P.A.
August 2015
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