



# Gender Support Plan

## CONFIDENTIAL

The purpose of this document is to ensure shared understandings about the ways in which a student's authentic gender will be accounted for and supported at school. School staff and the student should work together to complete this document. The student **MUST** consent for each item to be completed.

### STUDENT INFORMATION

School/Education Authority: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student's Chosen Name: \_\_\_\_\_ Student's Gender Identity: \_\_\_\_\_

Student's Chosen Pronoun(s): \_\_\_\_\_ Student's Gender Identity: \_\_\_\_\_

Name on Student's Birth Certificate: \_\_\_\_\_ Student's Gender Assigned at Birth: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Sibling(s)/Grade(s): \_\_\_\_\_

Parent(s)/Guardian(s)/Caregiver(s) Relation to Student:

\_\_\_\_\_

Meeting Participants:

\_\_\_\_\_

### PARENT(S)/GUARDIAN(S)/CAREGIVER(S) INVOLVEMENT

Are parent(s)/guardian(s)/caregiver(s) of the student aware of their child's gender status?  Yes  No

Are parent(s)/guardian(s)/caregiver(s) of the student supportive of their child's gender status?  Yes  No

If no, the following considerations must be accounted for in implementing this plan:

\_\_\_\_\_

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## CONFIDENTIALITY, PRIVACY, AND DISCLOSURE

Consent must be granted by the student for information to be shared. Care must be taken to discuss with the student what they deem appropriate to share publicly, and with whom. As names, pronouns, gender and sexuality can shift, so too can the student's desire to share information. This may change based on the student's needs and desires, and consent may be withdrawn at any time by the student. The student can ask to generate a new plan, or ask for the plan to be destroyed, if their needs and desires change – the staff member filling out this form **MUST** inform the student of this.

*(Check all that apply)*

- The student is open about their gender status.

Please specify in what contexts:

- Students are aware of the student's gender status.

Please specify the students:

- District staff (Superintendent, Regional Inclusive Schooling Coordinator, etc.) will be made aware.

Please specify all adult staff members:

- Site level leadership/administration (Principal, Assistant Principal, etc.) will be made aware.

Please specify all adult staff members:



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Other school staff (Teachers, Program Support Teacher, Counsellors, etc.) will be made aware.

Please specify all adult staff members:

Student is open to others (adults or peers) outside of the school community about their gender status.

Other (please describe):

Staff members will respond to any questions about the student's gender in the following ways:

From other students:

From staff members:

From parent(s)/guardian(s)/caregiver(s)/community members:

If the student has asserted a degree of privacy, the following steps will be taken if that privacy is compromised, or is believed to have been compromised:





The following staff member is the student's go-to adult at the school:

If this person is not available, the student should:

The process for periodically checking in with the student (and/or family) is:

The student will signal their discomfort or their need for help if they are feeling unsafe in the following situations by:

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

In the schoolyard \_\_\_\_\_

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

Elsewhere \_\_\_\_\_

Other safety concerns: \_\_\_\_\_

If the student's parents are concerned about how others are treating their child at school, they can:





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## NAMES, PRONOUN(S), AND STUDENT RECORDS

Name and gender marker listed on the student's legal identity documents:

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Name and gender marker entered in the Student Information System (SIS):

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Chosen name to be used when referring to the student: \_\_\_\_\_

Pronoun(s): \_\_\_\_\_

The student's name/gender marker can be reflected in the SIS?

Yes

No

If yes, how: \_\_\_\_\_

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If no, why not and what adjustments will be made to protect this student's privacy?

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The point person at the school for ensuring these adjustments are made and communicated as needed is:

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Instances in which the incorrect name(s) or pronoun(s) are used deliberately will be handled in the following way:

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If the student's parent(s)/guardian(s)/caregiver(s) are NOT aware and/or supportive of the student's gender status, the school-home communications will be handled in the following way:

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What are some other ways the school needs to anticipate the student's privacy being compromised? How will these be handled?

Substitute teachers will:

Specific substitute teachers that may require a different approach:

## USE OF FACILITIES

Student requested use of the following restroom(s):

Student requested to change clothes in the following places:

If student has questions/concerns about facilities, the contact person will be:

The expectations regarding the use of facilities for any class trips are:

The expectations regarding rooming for any overnight trips are:

Does the student have any questions or concerns about their access to facilities?





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## EXTRA-CURRICULAR ACTIVITIES

The student participates in the following extra-curricular programs or after-school activities:

The following steps will be in place to support the student's participation:

## OTHER CONSIDERATIONS

Are there any specific social dynamics with other students, families, or staff members that need to be discussed or accounted for?

Are there any factors to be considered regarding the student's siblings' needs?

Does the student have concerns about lessons, units, content, or activities coming up this year to consider?  
(i.e.: name projects, school dances, sexual health, etc.)

The school will engage in the following training(s) to build capacity for working with gender-expansive student:

Are there any other questions, concerns, or issues to discuss?

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## SUPPORT PLAN REVIEW & REVISION

How will this plan be monitored over time?

The following process will be in place should the student, family, or school wish to revisit any aspects of or seek additions to the plan:

Identify the specific follow-up or action items emerging from this meeting, and who is responsible for them:

ACTION ITEM	WHO?	WHEN?

## NEXT MEETING

Date/Time: ..... Location: .....

