

AP Appendix 1101: Confidential Gender Support Plan Form

The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete this document.

School _____	Today's Date _____
Student's Preferred Name _____	Legal Name _____
Student's Preferred Gender _____	Assigned Sex at Birth _____ Grade Level _____
Date of Birth _____	Sibling(s)/Grade(s) _____
Meeting Participants _____	

PARENT/GUARDIAN INVOLVEMENT

Are parent(s)/guardian(s) of the student aware and supportive of their child's gender status?

- Yes No

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

How public or private will this information be about this student's gender be (check all that apply)?

- District staff will be aware (e.g.: Superintendent, Assistant Superintendent, Manager of Safe Schools).
Specify the adult staff members: _____
- Site level administration will be aware (principal, vice-principal) Specify the adult staff members: _____
- Teachers and/or other school staff or bus drivers will be aware
Specify the adult staff members: _____

- Some students are aware of the student's gender

Specify the students: _____

- Student is open with others (adults and peers) about gender

- Other

(describe): _____

If the student has asserted a degree of privacy, describe how a teacher/staff member will respond to questions about the student's gender.

STUDENT SAFETY

Who will be the student's primary "go-to" adult at school?

If this person is not available, who is the secondary "go-to" adult in the school?

Who monitors and periodically checks-in with the student and/or family?

What are the procedures in the event the student is feeling unsafe? How will the student access help?

During class: _____

In the halls: _____

During extracurricular activities: _____

Other areas: _____

NAMES, PRONOUNS AND STUDENT SAFETY

Who will be the person who will ensure these adjustments are made and communicated as needed? _____

Name to be used when referring to the student: _____

Pronoun: _____

Can the student's preferred name and gender marker be reflected in MYEDBC? ___ If so, how?

Name/gender marker entered into MYEDBC:

If not, what adjustments can be made to protect the student's privacy?

How will the student's privacy be accounted for and maintained in the following situations or contexts:

Student ID: _____

During registration: _____

Completing enrolment: _____

With substitute teachers: _____

Standardized tests: _____

School photos: _____

IEPs/Support plans: _____

Student cumulative file/transcript: _____

After-school programs: _____

Taking attendance: _____

MYED: _____

Official school-home communication: _____

Unofficial school-home communication: _____

Outside district personnel or providers: _____

PA announcements: _____

Yearbook / School publications: _____

If the student's parent(s)/guardian(s) are not aware and supportive of the child's gender status, how will school-home communications be handled?

USE OF FACILITIES

Student chooses to use the following restroom(s) on site:

Student chooses to change clothes in the following place(s):

What are the procedures regarding the use of facilities for any class trips?

What are the procedures regarding rooming for any overnight trips?

EXTRACURRICULAR ACTIVITIES

Does the student participate in an after-school program?

What steps are necessary for supporting the student at this program?

OTHER CONSIDERATIONS

Does the student have any siblings at school?

Factors to be considered regarding sibling(s) needs?

SUPPORT PLAN REVIEW

Monitor and Review Plan

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

Action Item	Who?	When?

Date/Time of next meeting or check-in: _____

Location: _____

TIMELINE

Activity:

Date:

Person responsible:

Initial Planning Meeting: _____

Training for School Staff: _____

Follow-up Meeting: _____