



### CONFIDENTIAL MCPASD Gender Support and Communication Plan

Preferred Name: \_\_\_\_\_

Preferred Gender/Pronouns: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Legal Gender: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Siblings: \_\_\_\_\_

Parent/guardianship info: \_\_\_\_\_

Members of the team who are developing the plan: \_\_\_\_\_

Date of plan development and revisions: \_\_\_\_\_

**\*\*Notice to families that this document will be electronically stored in a place where student services and building administration staff will have access to this plan.**

### SUPPORTING STUDENTS AND FAMILIES

#### Meeting students where they're at...

What does the student wish to communicate about their gender/name?

What does the student need from student services? (Just wanting someone to know, having someone to listen, guidance, transition support, referral to outside resources and support)

#### Family Involvement

*Guiding questions for this conversation should include:*

Is your parent/guardian aware of your preferred gender identity/pronouns? Y or N

Is your parent/guardian aware of your preferred name? Y or N

If your parent/guardian asks specific questions about your gender identity, how much information would you prefer be shared?

What name should be placed on your school work, understanding that your parent/guardian may ask to view school work during conferences or academic conversations?

What is the family's view on the student's gender identity and/or expression?

What support and/or resources does the family need or want?

Are there any needs the student's siblings might have? (check-in?, knowledge of support plan?)

**Student and/or family wishes regarding school staff response to questions about the student's gender identity:**

From students:	
From staff members:	
From other parents/ community members:	

**Student and/or family wishes regarding school staff response to use of incorrect name or pronoun:**

From students:	
From staff members:	
From other parents/ community members:	

**Student Safety and Support:**

Who will be the student's adult allies at school (primary and secondary)?

Who are the student's peer allies at school?

What will be the process for periodic check-ins with the student and/or family?

What will be the process if the student is feeling unsafe?

**Use of facilities:**

Restroom:	
Changing facilities:	
Facility usage during class trips:	
Rooming for overnight trips:	

Questions or concerns about use of facilities:

**Extracurricular Activities:**

In what extracurricular programs or activities will the student be participating?

\*If student will be participating in High School sports, also review the [WIAA Eligibility Appendix](#)

What steps will be necessary for supporting the student there?

In what after-school programs does the student participate?

What steps will be necessary for supporting the student there?

**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 lessons, units, content or other activities coming up this year to consider? (human growth and development, dance units, swim units, etc).

If/when the student changes schools, how would the student/family prefer the plan be communicated?

What steps should be taken if student privacy is compromised?

## COMMUNICATION OF PLAN

### Communication Details:

	District/ Building Level Leadership	Teachers*	Other staff (front office, bus driver, coaches, food service, para professionals, etc.)	Students**	Other (other parents, siblings, etc.)
What will be shared?					
To whom specifically?					
Who will share (student, parent, SST, etc.)?					
How will the plan be shared (email to staff, class meeting, etc.)					
When?					

\**Teachers/Staff*: Consider if the student/family wishes to share with specific identified teachers/staff or all teachers/staff.

\*\**Students*: Consider whether the student will not be openly “out”, but some students will be aware and consider if the student/family wishes to share with the whole class or grade level.

*Other*: Consider whether the student/family wishes to be a part of a family information night about gender diversity, etc.

### Timeline

Which of the following will take place, when will it occur and who is responsible?

<u>Activity</u>	<u>Date</u>	<u>Lead</u>
<input type="checkbox"/> Initial Communication Meeting	_____	_____
<input type="checkbox"/> Lessons/Activities with Other Students	_____	_____
<input type="checkbox"/> Communications with Other Families	_____	_____
<input type="checkbox"/> Training for School Staff	_____	_____
<input type="checkbox"/> Parent Information Night re: Gender Diversity	_____	_____
<input type="checkbox"/> Class Meeting with Parents/Guardians	_____	_____
<input type="checkbox"/> Identifying and Enlisting Student Allies	_____	_____
<input type="checkbox"/> Identifying and Enlisting Family Allies	_____	_____
<input type="checkbox"/> <a href="#">Name/Gender Change Request Form</a>	_____	_____