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**CONFIDENTIAL**  
**Gender Transition Plan**

The document supports the necessary planning for a student’s formal transition of gender from its commonly assumed status to something else. Its purpose is to create the most favorable conditions for a successful experience, and to identify the specific actions that will be taken by the student, school, family, or other support providers.

School: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Student’s Preferred Name: \_\_\_\_\_

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

Student’s Gender: \_\_\_\_\_ Assigned Sex at Birth: \_\_\_\_\_

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

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

Parent(s)/Guardian(s)/Relation to Student:  
\_\_\_\_ (\_\_\_\_)/\_\_\_\_ (\_\_\_\_)  
\_\_\_\_ (\_\_\_\_)/\_\_\_\_ (\_\_\_\_)

What is the nature of the student’s transition (male-to-female, female-to-male, a shift in gender expression, etc.)  
\_\_\_\_\_

**PARENT GUARDIAN INVOLVEMENT**

Are guardian(s) of this student supportive of their child’s gender status? \_\_\_ Yes \_\_\_ No

If not, what considerations must be accounted for in implementing this plan?

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**INITIAL PLANNING MEETING**

When will the initial planning meeting take place?

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Where will it occur?

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Who will be the member of the team supporting the student's transition?

– Student

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– Parent(s)

– School Staff

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– Other

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**STUDENT TRANSITION DETAILS**

What specific information that will be conveyed to other students (be specific)?

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What requests will be made?

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With whom and when will this information be shared?

- With peers in the transitioning student's class only  
Date: \_\_\_\_\_
- With peers in the student's grade level  
Date: \_\_\_\_\_
- With some/all students at school (specify) \_\_\_\_\_  
Date: \_\_\_\_\_
- Other (specify) \_\_\_\_\_  
Date: \_\_\_\_\_

Who will lead the lessons/activities framing the student's announcement?

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What will the lesson/activities be?

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Will the student be present for the lesson/sharing of info about the transition? \_\_\_\_Y \_\_\_\_N  
If yes, what if any role does the student want to play in the process?

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Once the information is shared, what parameters/expectations will be set regarding approaching the student?

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Other notes, considerations, or questions:

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**KEY DECISIONS PRIOR TO STUDENT'S TRANSITION**

**Communications with Other Families**

Will any sort of information be shared with other families about the student's transition?

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With whom: \_\_\_\_\_ Families in child's grade \_\_\_\_\_ Whole School \_\_\_\_\_ Other (specify)

Who will be responsible for creating this?

When will it be sent?

How will it be distributed?

What specific information will be shared\*?

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Questions/Notes:

\* see sample letters

**Training for School Staff**

Will there be specific training about this student's transition with school staff?

\_\_\_\_\_ Y \_\_\_\_\_ N

When? \_\_\_\_\_

Who will be conducting the training? What will be the content of the training?

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Questions/Notes:

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**Parent Information Night about Gender Diversity**

Will there be specific training for school community member? \_\_\_\_Y \_\_\_\_N

When? \_\_\_\_\_

Who will conduct it? Will it reference the student's transition? What will be the content of the training?

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Questions/Notes:

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**Class Meeting with Parents**

Will there be any meeting with the families of the transitioning student's peers? When?

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Who will lead the meeting? Who will be attending the meeting?

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What will be the purpose for this meeting?

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**Identifying and Enlisting Parent Allies**

Are there any parents/adults in the community you would like to enlist in support of the child's transition? If so, who?

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When will you speak with them? What will be your request?

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Questions/Notes:

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**Identifying and Enlisting Peer Allies**

Are there other students you would like to enlist in support of the child's transition?

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If so, who?

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When will they be spoken with? What requests will be made?

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Questions/Notes:

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**Siblings**

Does the student have any siblings at the school? What needs to be considered for them?

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Training in their classroom (s)?

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Emotional Support?

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Questions/Notes: \_\_\_\_\_

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**TIMELINE**

Which of the following will take place in relation to this student's gender transition, and when will it occur and who will be responsible for making it happen?

✓	Activity	Date	Lead
	Initial planning meeting		
	Lessons / activities with other students		
	Communications with other families		
	Training for school staff		
	Parent information night about gender diversity		
	Class meeting with parents		
	Identifying and enlisting parent allies		
	Identifying and enlisting peer allies		

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

<u>Action Item</u>	<u>Who?</u>	<u>When?</u>

Date / Time of next meeting or check in

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Location

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**Exhibit:**

**End of File:**