



**Boulder Valley School District**  
**File: AC-E5**  
**May 10, 2016**

**CONFIDENTIAL**  
**Gender Support Plan**

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. Ideally, each will spend time completing the various sections to the best of their ability and then come together to review sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student's formal gender transition at school.

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:

\_\_\_\_\_ (\_\_\_\_)/\_\_\_\_\_

\_(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

\_\_\_\_\_ (\_\_\_\_)

Meeting Participants:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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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**CONFIDENTIALITY, PRIVACY AND DISCLOSURE**

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

- District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.)  
Specify the adult staff members:
- Site level leadership/administration will know (Principal, head of school, counselor, etc.)  
Specify the adult staff members:
- Teachers and/or other school staff will know  
Specify the adult staff members:
- Student will not be openly "out," but some students are aware of the student's gender  
Specify the students:
- Student is open with others (adults and peers) about gender
- Other - describe:

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If the student has asserted a degree of privacy, what are expectations of the institution if that privacy is compromised? How will a teacher/staff member respond to questions about the student's gender from:

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Other students?

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Staff members?

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**STUDENT SAFETY**

Who will be the student's "go to adult" on campus?

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If this person is not available, what should student do?

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What, if any, will be the process for periodically checking in with the student and/or family?

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What are expectations in the event the student is feeling unsafe and how will student signal need for help:

During class

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On the yard

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In the halls

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Other

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Other Safety concerns/Questions

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**NAMES, PRONOUNS AND STUDENT RECORDS**

Name/gender marker entered into the Student Information System:

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Name to be used when referring to the student:

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Pronouns: \_\_\_\_\_

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

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

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Who will be the point person for ensuring these adjustments are made and communicated as needed?

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How will instances be handled in which the incorrect name or pronoun are used?

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

During registration

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Completing enrollment

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With substitute teachers

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Standardized tests

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School photos

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IEPs/Other Services

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Student cumulative file

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After-school programs

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Lunch lines

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Taking attendance

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Teacher grade book(s)

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Official school-home communication

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Unofficial school-home communication (PTS/other)

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Outside district personnel or providers

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Summons to office

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Yearbook

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Student ID/library cards

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Posted lists

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Distribution of texts or other school supplies

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Assignment of IT accounts

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What are some other ways the school needs to anticipate information about this student's preferred name and gender marker potentially being compromised? How will these be handled?

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**USE OF FACILITIES**

Student will use the following restroom(s) on campus:

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Student will change clothes in the following place(s):

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

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

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What are the expectations regarding rooming for any overnight-trips?

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Are there any questions or concerns about the-student's access to facilities?

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**EXTRACURRICULAR ACTIVITIES**

Does the student participate in an after-school program? \_\_\_\_\_Y \_\_\_\_\_N

What steps will be necessary for supporting the student there?

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In what extra-curricular programs or activities will the student be participating (sports, theater, clubs, etc.)?

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What steps will be necessary for supporting-the student there?

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

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**OTHER CONSIDERATIONS**

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

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Does the student have any sibling(s) at school? \_\_\_\_Y \_\_\_\_N  
Factors to be considered regarding sibling's needs?

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Does the school have a dress code? \_\_\_\_Y \_\_\_\_N  
How will this be handled?

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Are there lessons, units, content or other activities coming up this year to consider (growth and development, social justice units, name projects, dance instruction, Pride events, school dances etc.)?

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What training(s) will the school engage in to build capacity for working with gender-expansive students?

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

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**SUPPORT PLAN REVIEW AND REVISION**

How will this plan be monitored over time?

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What will be the process should the student, family, or school wish to revisit any aspects of the plan (or seek additions to the plan)?

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

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Action Item	Who?	When?

Date / Time of next meeting or check-in:

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Location:

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**Exhibit:**

**End of File:**