

**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, Director of Inclusive Education, 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

<b>STUDENT SAFETY</b>
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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 \_\_\_\_\_

<b>NAMES, PRONOUNS AND STUDENT SAFETY</b>
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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?

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Factors to be considered regarding sibling(s) needs?

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## SUPPORT PLAN REVIEW

Monitor and Review Plan

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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

Person responsible

Initial Planning Meeting Date \_\_\_\_\_

Training for School Staff Date \_\_\_\_\_

Follow-up Meeting Date \_\_\_\_\_