

TITLE:

Support Plan for Transgender and Gender Nonconforming Students

Issued on 7/14/2022

Date:	
School:	Grade Level:
Legal Name:	Date of Birth:
Preferred Name:	Preferred Pronouns:
Gender Identification: Sex Listed on	Birth Certificate:
Is a name change requested in Synergy? Yes No	
Is a gender change requested in Synergy? Yes No	

PRIVACY

Per the MPS Guidelines Regarding the Support of Transgender and Gender Nonconforming Students (Guidelines): All students have a right to privacy. This includes the right to keep private their transgender status or gender nonconforming presentation at school. Students also have the right to openly discuss and express their gender-related identity and expression at school and school activities, and to decide when, with whom, and how to share private information. School staff shall not disclose information that may reveal a student's transgender status or gender nonconforming presentation to others except as set forth on this form. Therefore, given the sensitive nature of the information, when speaking with others, school staff should not disclose a student's preferred name, pronoun, or other confidential information pertaining to the student's transgender or gender nonconforming status except as set forth on this form, unless authorized to do so by State law or unless specifically authorized to do so by Legal Services.

^{*} Parents/guardians will be notified if the student requests changes to Synergy.

CONFIDENTIALITY, PRIVACY AND DISCLOSURE Who is the school contact person (Name/Title) chosen by the student to be their Support Facilitator: If the designated Support Facilitator is unavailable, who will the student reach out to? ______ How public or private will information about this student's gender be? Specifically, which groups/individuals does the student wish to share this knowledge with? Check all that apply. Open to all adults and peers (If checked, can proceed to next section with student's permission) School leadership/administration (counselor, assistant principal, etc.) Specify staff: _____ District staff (counselor, specialists, etc.) Specify staff: Teachers and/or other school staff Specify staff: Student will not be openly "out", but some students are aware of the student's gender identification Specify students: Other (specify):

If the student wants to share with certain groups, when, how, and by whom does the student want information communicated?			
FACILITIES AND EXTRACURRICULAR ACTIVITIES			
Students shall have access to the restrooms and locker rooms that correspond with their gender identity consistently asserted at school. Supports and accommodations should also be provided to gender non-binary students and students questioning their gender identity. Any student who has a need or desire for increased privacy, regardless of the underlying reason, should be provided with reasonable alternative arrangements.			
Restroom Plan:			
Locker Room/PE Changing Plan:			
Field Trip Plan:			
Overnight Trip Plan:			
Gendered Activities Plan (e.g. sports):			
Other Co-/Extracurricular Activities Plan (e.g. theater, clubs, etc.):			

SUPPORT PLAN REVIEW AND REVISION

This plan will be reviewed annually and revised upon request of the student or Support Facilitator.

*** For students transitioning from elementary school to junior high, or junior high to high school, this plan should be reviewed with a Support Facilitator from both the sending school and the receiving school prior to the start of the school year.

What are the specific follow-ups/action items resulting from this meeting? Who is responsible for them?

Action Item	Person Responsible	When	Item Status
Date/Time of next meetin	g:		
Location of next meeting:			
Name and Title of Suppo	rt Facilitator:		
Student Signature/Date:			

Updated: 8/23/2022