



# School Support Plan

**CONFIDENTIAL**

(to be shared only w/individuals named)

Use this as a tool to guide the conversation and to create a shared understanding of how the student's authentic identity will be accounted for and nurtured at school. School staff, the student, and their caregiver(s) or other trusted adult (if the student wishes) should work through this together; this is an iterative process and thus, you should expect to return to this document to make changes as the student's needs change.

**School name:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

## Student Demographic Information

Affirmed Student Name : \_\_\_\_\_

Student's Current Full Name in Synergy (First, Last) :  
\_\_\_\_\_

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

PPS ID : \_\_\_\_\_

Sex assigned at birth:  Intersex  Female  Male

Gender pronouns: \_\_\_\_\_

List name(s) of everyone participating & their relationship to student (ex: parent, therapist etc.):

Name and Gender Pronouns

Relationship

| Name and Gender Pronouns | Relationship |
|--------------------------|--------------|
|                          |              |
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What are the student's biggest concerns about their emotional, physical or spiritual safety (if any) at school?

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**Parent, Guardian or Caregiver Involvement**

Is Caregiver 1 aware of the student's gender identity?  Yes  No  Unsure

Is Caregiver 2 aware of the student's gender identity?  Yes  No  Unsure

If yes, what is their level of support?

| Caregiver 1 | Caregiver 2 |
|-------------|-------------|
|-------------|-------------|

100% supportive/affirming

Somewhat supportive  
(they're trying)

Ambivalent  
(neither supportive or unsupportive)

Openly hostile and unsupportive



**If hostile or unsupportive, what considerations should the school take into account with regard to the student's caregiver(s)?**

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**Are there other things staff should consider related to the student's caregiver(s) or home(s)?**

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### **Teacher, Counselor, Administrator, and School Involvement**

**At school, who will be aware of the student's gender? (fill in all that apply and include the name of individual if unclear)**

| <b>Role</b>                   | <b>Name</b> | <b>Yes/No<br/>Unsure</b> |
|-------------------------------|-------------|--------------------------|
| Bus Driver/related staff      | _____       | _____                    |
| Central Office/District Staff | _____       | _____                    |
| Coach(s)                      | _____       | _____                    |
| Counselor or Psychologist     | _____       | _____                    |
| Principal or AVP              | _____       | _____                    |
| School Office Staff           | _____       | _____                    |
| Teacher                       | _____       | _____                    |



**Teacher, Counselor, Administrator, and School Involvement Continued**

**Regarding peers in school and/or on Sports Teams select all that apply**

|  | <b>School</b> | <b>Sports Team</b> |
|--|---------------|--------------------|
|--|---------------|--------------------|

|  |                          |                          |
|--|--------------------------|--------------------------|
| Peers know and student does not wish to keep this confidential | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

|   |                          |                          |
|---|--------------------------|--------------------------|
| Close friends know and student does not want others to know | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

|               |                          |                          |
|---------------|--------------------------|--------------------------|
| No peers know | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------|--------------------------|--------------------------|

Describe:

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**If the student has requested privacy, what steps will be taken at school to ensure this information stays private?**

Examples: Ensure Synergy has been updated with correct name and gender marker. Ensure student has access to correct facilities without discussing with staff. Ensure need to know staff use correct name/pronouns at all times when referring to student in conversation and in writing.

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**If privacy is broken, who at school should the student notify? How should they notify them?**

**Note: this person will immediately contact the Program Manager for LGBTQ Supports and they will follow up accordingly.**

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**Safety at School (emotional, physical, spiritual etc.)**

**If the student feels unsafe at school, what is the plan for seeking help and how will they signal or alert staff that they need help/assistance? Plan for all that apply.**

**During recess/on playground or field**

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**During PE or Health class**

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**At lunch or snack time**

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## Using the restroom

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## Before/after school (including the bus)

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## Safety at School (emotional, physical, spiritual etc. Continued)

Identify at least two trusted adults to be the student's "go-to" adults at school and indicate where/how the student can access them.

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|                         |   |
|-------------------------|---|
| Primary staff name/role | Location or other info about how/when to reach them |
|-------------------------|---|

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|                           |   |
|---------------------------|---|
| Secondary staff name/role | Location or other info about how/when to reach them |
|---------------------------|---|

## Names, Pronouns, and Record Keeping

Discuss how the student will respond if a TEACHER or other staff unintentionally misgenders them. (e.g. respond/don't respond in the moment, tell a trusted adult, etc)

If this occurs intentionally, it is bullying and should be reported to Title IX ([www.pps.net/TitleIX](http://www.pps.net/TitleIX)) and the Program Manager for LGBTQ2SIA+ Supports.

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## Names, Pronouns, and Record Keeping Continued

Discuss how the student will respond if a PEER unintentionally misgenders them (e.g. respond/don't respond in the moment, tell a trusted adult, etc)

If this occurs intentionally, it is bullying and should be reported to Title IX ([www.pps.net/TitleIX](http://www.pps.net/TitleIX)) and the Program Manager for LGBTQ2SIA+ Supports.

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If the student opts to use the PREFERRED NAME FIELD rather than changing the LEGAL NAME FIELD (for the purposes of Synergy\* ), how will their privacy be accounted for in the following scenarios:

Materials sent to their home address where parent/guardian will see

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Transcripts/report cards

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\* Students do not need parent permission to change their preferred OR legal first name field in Synergy.

## Restrooms, Locker Rooms, PE, and Sports

**Bathroom:** identify the bathroom that aligns with the student's gender identity and work together to create a plan for how to address any safety or privacy concerns.

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I provided a map or went on a tour of the school to locate the All Gender or boys'/girls' bathrooms the student intends to use.

**PE: will the student dress down for PE?**  Yes  No  Unsure

If yes, please note the plan for getting changed (i.e. in locker room, private single stall space) keeping in mind it is up to the student to decide and the school to make it happen. Also discuss how to address any safety or privacy concerns.

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## Restroom, PE, and Locker Rooms, and Sports Continued

**Sports: How will the student's coach and athletic director work to ensure the student has access to sports? Include a plan for locker rooms at home and away games/tournaments.**

A meeting with the student, their coach, athletic director, and any supportive adult should be scheduled at the conclusion of this support meeting. This meeting should cover how the team, coach, and athletic director will maintain the student's right to confidentiality (e.g. not unintentionally outing a student by asking for special locker room accommodations during away games/tournaments or discussing their gender identity with other students/staff).

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## Check in and/or Update

**Please note below when the group will convene again to check in around the contents of this plan. If, for any reason, the student needs to check-in sooner, please respond accordingly.**

Date and location of check-in/update meeting:

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Person who will reach out to student and how:

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Who will attend:

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