



Orange County School District Hillsborough, North Carolina

**– 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.

School _____	Today’s Date _____
Student’s Chosen or Preferred Name: _____ Name on Birth Certificate: _____	
Student’s Gender Identity _____ Assigned Sex at Birth _____ Grade Level _____	
Date of Birth _____ Sibling(s)/Grade(s) _____ / _____ / _____ Parent(s), Guardian(s), or Caregiver(s) /relation to student	
_____ / _____ / _____	
_____ / _____ / _____	
Meeting participants: _____	

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child’s gender status? ___Yes ___No

*By law, OCS cannot create a written gender support plan or other written record student that is confidential from the student’s parent/guardian (“parent” in this context is defined in Board Policy 4700). Therefore, if a student’s parent does not know or is not supportive, it may be preferable to not complete this form and instead provide other types of support to the student as appropriate, in consultation with the Director of Student Services.

CONFIDENTIALITY, PRIVACY AND DISCLOSURE

Does the student have requests regarding privacy of the student’s gender identity, including which staff members can be told? If so, please describe. School staff who are aware of the student’s gender identity will make their best efforts to abide by the student’s wishes regarding privacy.

___ Other – describe: _____

How should a teacher/staff member respond to any questions about the student's gender from:

Other students? _____

Staff members? _____

Parents/community? _____

STUDENT SAFETY

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

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

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

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

During class _____

On the yard _____

In the halls _____

Other _____

Other safety concerns/questions: _____

What should the student's parents do if they are concerned about how others are treating their child at school?

NAMES, PRONOUNS AND STUDENT RECORDS

What name and gender marker are listed on the student's identity documents? _____

Name/gender marker entered into the Student Information System _____

Name to be used when referring to the student _____ Pronouns _____

Can the student's name/gender marker be reflected in the SIS? _____ If so, how? If not, why not?

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

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

will instances be handled in which the incorrect name or pronoun are used by staff members? _____

By students? _____

If unable to change the student's profile in the student information system, how will the student's privacy be accounted for and maintained in the following situations or contexts:

During registration _____

Completing enrollment _____

With substitute teachers _____

Standardized tests _____

School photos _____

IEPs/Other Services _____

Student cumulative file _____

After-school programs _____

Lunch lines _____

Taking attendance _____

Teacher grade book(s) _____

Official school-home communication _____

Unofficial school-home communication _____

Summons to office _____

Yearbook _____

Student ID/library cards _____

Posted lists _____

Distribution of texts or other school supplies _____

Assignment of IT accounts _____

PA announcements _____

List any other privacy considerations not listed above: _____

USE OF FACILITIES

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

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

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

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

What are the student's preferences regarding rooming for any overnight trips? _____

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

EXTRA CURRICULAR ACTIVITIES

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

***Note: participation in NCHSAA sports is governed by NCHSAA policy, consult athletic director for more information.**

Does the student participate in an after-school program? _____

Will any steps be necessary for supporting the student there? _____

Questions/Notes: _____

OTHER CONSIDERATIONS

Does the student have any sibling(s) at school? _____ Factors to be considered regarding sibling's needs?

Does the school have a dress code? _____ How will this be handled? _____

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

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

Does the student use district-provided transportation services? If so, are there any issues the driver or Transportation department should be aware of? _____

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

SUPPORT PLAN REVIEW AND REVISION

How will this plan be monitored over time? _____

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)? _____
