**Student Affirmed Name**: Enter student name. **Gender Identity & Pronouns**: Enter pronouns **School/Building**: Choose School **Grade**: Enter grade

**Student Date of Birth**: Enter Date of Birth **Counselor/Teacher**: Counselor/Teacher **Effective Date of Supports**:Click to enter a date.

Supportive Measures & Responsible Persons [*name/title of the responsible person(s)*]:

**Restroom Supports**: Enter information

**Locker Room or Changing Facilities Supports**: Enter information

**Field Trip Facilities Supports**: Enter information

**Overnight Lodging Supports**: Enter information

**Extra-Curricular or Co-Curricular Supports**: Enter information

**Other Supports & Notes**: Enter information

**Other Comments**: Enter information

**Gender Support Plan Coordinator Name & Contact Info** (*building person responsible for monitoring plan*): Enter name & contact info

Please Note: If you have any questions or concerns regarding the details of the Gender Support Plan, you may contact the following individuals.

Christina Watkinson, Director of Student Services Dang Yang, Director of Equity, Diversity, and Inclusion & Title IX Coordinator

Eau Claire Area School District Eau Claire Area School District

500 Main Street 500 Main Street

Eau Claire, WI 54701 Eau Claire, WI 54701

Phone: 715-852-3036 | Fax: 715-852-3066 Phone: 715-852-3069 | Fax: 715-852-3066

Email: [cwatkinson@ecasd.us](mailto:cwatkinson@ecasd.us) Email: dyang1@ecasd.us

*Gender Support Plan At-a-Glance (last updated: 01/2024) Distribution to: Student / Staff / Student Services | Cumulative File*

*Last Updated: 01/2024*

The purpose of this document is to create shared understanding about the ways in which a student’s affirmed name and gender identity will be accounted for and supported at school. School staff, family, and the student should work together to complete this document.

It shall be made clear to the student that **this plan is a student record that will be held in their cumulative file and can be released to their parent(s)/guardian(s), if requested**. Every effort will be made to honor the student’s privacy and wishes, but this is not a privileged document between the student and the school district.

Unless otherwise noted, the information collected in this form is self-reported information from the student or parent/guardian.

# STUDENT INFORMATION

Name of the ***School Counselor or designee*** (Support Plan Coordinator): Enter staff name

School or Building: Choose an item. Date: Enter today’s date.

Student’s Affirmed\* Name: Click or tap here to enter text.

\**Affirmed name* is the best term to refer to a student’s *chosen name* and is used to represent who they are and how they wish to be identified.

Student’s Legal Name: Click or tap here to enter text.

Affirmed Gender Identity & Pronouns: Choose an item. Assigned Sex at Birth: Choose an item.

Student’s Current Grade Level: Choose an item. Date of Birth: Click or tap to enter a date.

Sibling Names & Grades\*\*: Enter name. Enter grade.

Enter name. Enter grade.

Enter name. Enter grade.

Enter name(s). Enter grade(s).

*\*\*This form asks for sibling information to check if siblings are aware and if those siblings need any supports.*

**Planning Meeting Participants** (who is part of this meeting to develop or refine this plan):

Parent/Guardian name(s): Enter name(s).

Administrator name(s): Enter name(s).

Teacher name(s): Enter name(s).

Other(s): Enter name(s).

What name and pronouns should teachers and staff use with family members or others, if different than the student’s affirmed name/pronoun? Enter notes regarding the names & pronouns to use with family or others.

# PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): Enter parent/guardian name.

Enter parent/guardian name.

Describe how **aware** the student’s parents/guardians are of their child’s gender status.

Enter note describing the parent/guardian awareness. “The student shared or stated that…”

Describe how actively supportive the student’s parents/guardians are **of the requests detailed in this plan**.

Enter notes describing the support a parent/guardian has for the details in this plan. “The student stated or shared that…”

# ENSURING A SUPPORTIVE COMMUNITY

Who are the student’s trusted adults at ***school***?

Enter names and roles (teacher, advisor, school counselor, coach, mentor, etc.)

Who are the student’s trusted adults at ***home or outside of school***?

Enter names and relationship (i.e. parent/guardian, grandparent, uncle, aunt, cousin, etc.)

Who are the student’s trusted **peers** (i.e. friends, family, and community members *under 18*)?

Enter names and appropriate details (i.e. friend, cousin, sibling, etc.

Does the student generally feel safe at school?  Mostly Yes  Sometimes  Mostly No

Include notes to identify appropriate safety measures and supports. Check all that apply:

Classroom(s) - Click or tap here to enter text.

Hallways & Transition Times - Click or tap here to enter text.

Cafeteria or lunchroom - Click or tap here to enter text.

Gymnasium - Click or tap here to enter text.

School Library or IMC - Click or tap here to enter text.

Staff office - Click or tap here to enter text.

Playground or any outside spaces on school property - Click or tap here to enter text.

Bus - Click or tap here to enter text.

Other notes on safety measures: Enter notes. Include information on locations, support measures, services, people, times, and other relevant details to help provide clarity.

Where does the student feel like they **belong**? Why?

Enter notes about where the student feels like they belong. This can include spaces in the school, at home, in the community, etc.

# USE OF Restrooms & locker Rooms AT SCHOOL

Name of the primary contact person ensuring these supportive measures are made and communicated:

Click or tap here to enter name of primary contact person.

Provide details and notes regarding the plan (as needed) to help students utilize the appropriate facilities that align with their gender identity. Check all that apply:

Restrooms at school: Enter details about restrooms the student chooses to use. Include clarifying details, such as start dates, primary contacts, alternative plans, key procedures, safety measures, etc.

Locker room use: Enter details about arrangements for locker room use. Include clarifying details, such as start dates, primary contacts, alternative plans, key procedures, safety measures, etc.

Other notes: Enter details about other facilities needs or arrangements. Include clarifying details, such as start dates, primary contacts, alternative plans, key procedures, safety measures, etc.

# STUDENT RECORDS (NAME & PRONOUN)

*Student & Parent/Guardian Engagement Required*

Updates to student records, such as those in Student Information Systems (i.e. Skyward, etc.) require both student request and parent/guardian permission. To initiate this process, the *Parent/Guardian Info & Engagement* section, must indicate that **at least one parent/guardian** is 1) aware of their child’s gender status and 2) are supportive of the details in this gender support plan.

Does the student/parent request an update in ECASD’s Student Information Systems to reflect their affirmed name and gender identity? Check all that apply and include notes, if needed.

Name Enter clarifying notes or explanations, if applicable.

Gender Identity Enter clarifying notes or explanations, if applicable.

No or Not Yet Enter clarifying notes or explanations, if applicable.

## Report Cards

Once a name change is made in the district’s SIS, report cards will default and reflect the student’s affirmed name. However, school Registrars are able to print out report cards with a student’s legal name, at the student’s request, if needed.

Enter any details or information about student report cards.

# STUDENT ID CARD

*Student & Parent/Guardian Engagement Required*

Granting a student ID card with the student’s affirmed name requires both student request and parental/guardian permission. To initiate this process, the *Parent/Guardian Info & Engagement* section, must indicate that **at least one parent/guardian** is 1) aware of their child’s gender status and 2) are supportive of the details in this gender support plan.

Does the student/parent request an updated Student ID card that reflects the “Student’s Affirmed Name?” (The name on the Student ID will reflect the same name found in the “Student’s Affirmed Name” field on pg. 1 of this form).

Yes Enter clarifying notes or explanations, if applicable.

No or Not Yet Enter clarifying notes or explanations, if applicable.

# EXTRACURRICULAR ACTIVITIES

What arrangements or supports will the student need in order to help them continue to have equal access to extra-curricular school activities in a safe and supportive manner? If possible, please include or work closely with the staff member who is leading the extra-curricular activity to develop these details (i.e. coach, advisor, teacher, mentor, etc.).

Enter details and notes regarding the types of supportive measures and/or support systems for the student.

# Arrangements for Overnight Field Trips

*Student & Parent/Guardian Engagement Required*

When school sponsored activities require or include overnight lodging, transgender students shall not be denied the right to participate. Communicate with the field trip coordinator or teacher to understand if there are supportive measures or arrangements needed to ensure equal access to these curricular, co-curricular, or extra-curricular field trips. Special care should be taken to balance student safety, confidentiality, and effective communication with all participants and chaperones involved. Coordinating overnight lodging should include early conversations between the field trip coordinator, student, and parent/guardian to determine what arrangements may provide the safest and most appropriate options. It is the student and parent/guardian’s responsibility to reach out to start the discussion about overnight arrangements and needs.

Enter notes regarding safety measures and/or supportive measures that can be applied and/or considered when engaging in school sponsored activities that involve overnight lodging.

# Starting the Plan: Letting People Know

In order to implement and communicate a student’s gender support plan in a safe and effective manner, work with the student to identify *how* and *when* this important information will be shared, when applicable. It is imperative to balance 1) student safety, 2) confidentiality, and 3) effective communication with staff and other *adults who need to know*. FERPA privacy standards still apply.

## Student Name & Gender Identity

When will the use of a student’s affirmed name and gender identity begin? (i.e. date, time, etc.) Please specify. *Note: the use of a student’s affirmed name and gender identity (that doesn’t require changes to the SIS)* ***only*** *requires a student request.*

Click or tap here to enter details regarding when a student will begin using their affirmed name and gender identity.

Identify who is included in the student’s communication plan. Include *who* will be notified, *when* will they be notified, *how* will they be notified, and *who is responsible* for sending this notification. List the person’s name and enter the date of notification. Work with the student to determine these details. Use a holistic approach to this communication plan and consider including teachers, administrators, district staff, SEA’s, BEA’s, mentors, allies, friends, family members, etc.

*Example 01: All teachers of the student, sent by email on Feb 1, from the student*

*Example 02: Feb 1, the student will send email or speak to all their teachers by this date*

Enter details about WHO will be notified, WHEN they will be notified, HOW they will be notified, and WHO IS RESPONSIBLE for communicating the notification.

## Plans to Communicate with Family

Students may ask for help coming out to their family members. Staff may refer the student to the resource in the link below from the Trevor Project, “The Coming Out Handbook.” Staff may refer students to other helpful resources, as well including School Based Mental Health Resources and community agencies that support LGBTQIA+ people. Work with the student to discuss how staff may be able to help, including the opportunities and limitations that staff might have in the process.

<https://www.thetrevorproject.org/resources/guide/the-coming-out-handbook/>

Enter notes regarding how to assist students with coming out to family members, if applicable.

## Checklist of Potential Stakeholders in the Communication Plan (*in no particular order*)

**Updates to Student Information Systems (SIS) & Student Records**. Send notification of student name change in SIS to the ECASD Director of Student Services (Pupil Services). Enter notes regarding WHO and WHEN this step will be initiated, if applicable.

**Student ID Cards**. Notify the Director of Student Services (Pupil Services) to initiate Student ID updates with LifeTouch or photography vendor. Enter notes, if applicable.

**Extra-Curricular**. Send notification to the appropriate people (i.e. advisors, coaches, Athletic Directors, etc.) about the safety measures or arrangements needed in extra-curricular programs or activities. Enter notes regarding WHO and WHEN this step will be initiated, if applicable.

**Sleeping Arrangements for Overnight Field Trips**. Send notification to the appropriate people (i.e. parents/guardians, Principal, teacher or trip coordinator, etc.) about the safety measures or arrangements needed for overnight lodging. Enter notes regarding WHO and WHEN this step will be initiated, if applicable.

**School records, registrars, school nurses, IEP/504 Coordinators, etc**. Send notification to the appropriate building staff that oversee student cumulative files, student records (including health records), and student documentation about any changes to student name, safety measures, or adjustments needed. Enter notes regarding WHO and WHEN this step will be initiated, if applicable.

**Family & Community**. Does the student request assistance with sharing any of this information with other family members or with any community member? If so, how might the Support Plan Coordinator support them in this process? Staff may share this linked resource from the “Gay, Lesbian, & Straight Education Network (GLSEN)” <https://www.glsen.org/activity/coming-out-resource-lgbtq-students>.

Additional resources can be found at the Pupil Services SharePoint ([School Based Mental Health](https://ecasdk12wi.sharepoint.com/ResourceCenter/SitePages/StudentServices/StudentServicesCoordinators.aspx)), as well as on the ECASD Equity website (<https://www.ecasd.us/District/About/Equity/EDI-Resources>).

Enter notes regarding WHO and WHEN this step will be initiated, if applicable.

# OTHER CONSIDERATIONS

Enter any additional considerations, supportive measures, or action items that require follow up.

Click or tap here to enter notes and details.

# REVISION and REVIEW

Generally, the School Counselor, their designee, or the Support Plan Coordinator will maintain primary oversight of a student’s Gender Support Plan. Identify any applicable details regarding who will monitor this plan (review at least once per school year)?

Click or tap here to enter notes and details.

*At minimum this plan should be reviewed at least once per school year between the Support Plan Coordinator and the student. However, meetings may also be required on an as-needed basis. Please provide ample time to plan and coordinate any new supportive measures or arrangements.*

Date, Time & Location of next meeting/check in, if applicable:

Click or tap to enter a date.

# ADDITIONAL NOTES

Use this space to include notes or updates that may not fall within the fields provided above. Consider including the dates of these notes, as well as the names or initials of the person making these notes for clarity.

Enter notes and details.