

IPS Confidential Student Gender Identity Support Plan

STUDENT INFORMATION

School:

Meeting Date:

Student's Preferred Name:

Student's Preferred Pronouns:

Name on Birth Certificate:

Sex Assigned at Birth:

Date of Birth:

Student's Grade Level/Student ID:

Parent(s)/Custodian/Guardian(s)/Relation to Student:

Meeting Participants:

Gender Support Planning Steps (As applicable)

1. The student or a parent/guardian informs the principal, social worker or Title IX Coordinator of their wish or need for a gender support plan.
2. The principal or social worker contacts and meets with the student and a parent/guardian (where applicable). The principal or social worker will provide answers to questions about dress code, requests for accommodations, etc.
3. The principal or social worker provides the student or parent with a copy of any applicable Board Policy and its accompanying administrative procedures.
4. This form will be completed by the principal or social worker using information provided by the student and a parent/guardian (where applicable).
5. If the student or their parent/guardian has questions about the student's non-discrimination rights, the principal or social worker will contact the district Title IX office to set up a meeting.

PARENT/GUARDIAN INVOLVEMENT

- Student's parent(s)/guardian(s) are aware of student's gender identity status?
Yes/No Support Level: (none) 0 1 2 3 4 5 6 7 8 9 10 (high)
- If support level is low, what considerations must be accounted for in implementing this plan: _____
- **Has the student been informed that complete confidentiality is not guaranteed?** Yes/No

PRIVACY: CONFIDENTIALITY AND DISCLOSURE

How public or private will information about this student's gender identity be (check all that apply)?

- District staff will be aware (Superintendent, Student Services, etc.). Specify the individuals who will be informed.

- Site level administrators will be aware. Specify the individuals who will be informed.

- Teachers and/or other school staff will be aware. Specify the individuals who will be informed.

- Student will not be openly "out" to peers but some students are aware of the student's gender identity. Specify the individuals who are aware, as may be known by student and/or parent.

- Student is open with others (adults and peers) about gender identity.

- Other -- describe:

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- What actions should be taken if the degree of privacy requested is believed to have been compromised or breached?

- How will any staff member who is aware of the student's gender identity respond to questions regarding this student's identity?

STUDENT SAFETY PLAN

Name of the administrator who will oversee this plan: _____

Name(s) of the student's "go-to adult(s)" on campus: _____

If these individuals are not available, what steps should the student take?

Periodic check in plan needed?

If the student feels unsafe at any time, they should: _____

If the parent(s)/guardian(s) has concerns about their student's safety or environment, they should contact: _____

Other safety concerns: _____

PRIVACY: NAMES, PRONOUNS AND STUDENT RECORDS

Did the student or parent(s)/guardian(s) request that preferred name and/or pronouns be entered into PowerSchool and/or used on school documents? Yes/No

Student's preferred name and/or pronouns entered into PowerSchool on (date): _____

By: _____

List documents that will include student's preferred name/pronouns: _____
Seating charts, use by teachers and other students, school ID, school programs or clubs, athletic participation/teams lists, PA announcements, school to home communications

List documents/situations that will use the student's name as listed on the birth certificate (as required by law):
IDOE requires legal name on: School registration, Attendance records, grade transcript, IEP/504

Administrator who will be responsible to ensure the preferred name and pronouns are used appropriately on school documentation:

(Consider the following documents/reporting/situations: reporting to IDOE or other entities; school registration; enrollment information; cumulative file; IEPs/other services; seating charts; attendance rolls; substitute

assignment of IT accounts/email addresses; distribution of textbooks or school supplies; after-school programs; official school-home communication; unofficial school-home communication; outside district personnel/providers; office summons; PA announcements; posted lists; team lists, etc.)

The following plan will be in place for instances in which a staff member refuses to use the student's preferred name and/or pronouns:

If another student refuses:

Are there other situations in which the student's privacy may be compromised? **Yes/No**
If yes, how will these situations be handled?

If the student's parent(s)/guardian(s) are not aware and/or supportive of the student's gender identity status (and that student is over 16 yrs), how will school-home communications be handled, including when staff members need to contact the parent/guardian?

USE OF FACILITIES

Student will use the following bathroom(s) on campus:

Student will use the following locker room(s) on campus:

If the student requests additional privacy in restrooms or locker rooms, the following plan will be in place:

If the student/parent(s)/guardian(s) have questions/concerns about facility use, they should contact:

For questions/concerns regarding facility use and/or rooming for overnight field trips, contact:

EXTRACURRICULAR ACTIVITIES

The student plans to participate in the following extracurricular activities:

What steps will be necessary for supporting the student in these spaces?

Are there any questions/concerns about extracurricular activities?

OTHER CONSIDERATIONS

Does the student have any sibling(s) at the school? **Yes/No**

If so, list the sibling(s):

Factors to be considered regarding sibling's needs:

Are there lessons, content, traditions, or other activities coming up in this school year that require consideration (i.e. growth and development, social justice units, name projects, Pride events, school dances, etc.)? **Yes/No**

If so, how will they be handled?

Are there any dynamics with other students/staff members that should be discussed or considered? **Yes/No**

If so, how will they be handled?

FOLLOW-UP: SUPPORT PLAN REVIEW AND/OR REVISION

List any specific follow-ups or action items necessary for this plan to take effect, the person responsible, and a required

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