



– Confidential –

Gender Communication Plan

This document supports the necessary planning for a student to communicate with the school community a change in one or more aspects of their gender from its commonly assumed status to something else. Its purpose is to create the most favorable conditions for a successful experience, and to identify the specific actions that will be taken by the student, school, family, or other support providers.

School/District _____	Today's Date _____	
Student's Preferred Name _____	Legal Name _____	
Student's Gender _____	Assigned Sex at Birth _____	Student Grade Level _____
Date of Birth _____	Sibling(s)/Grade(s) _____ / _____ / _____	
Parent(s)/Guardian(s)/Caregiver(s) /relation to student		
_____ / _____	_____ / _____	
_____ / _____	_____ / _____	

What does the student wish to communicate about their gender (change in identity, expression, etc.)?

How urgent is the student's need? Is the child currently experiencing distress regarding their gender?

PARENT/GUARDIAN INVOLVEMENT

Are guardian(s) of this student aware and supportive of their child's gender communication? ___ Yes ___ No

If not, what considerations must be accounted for in implementing this plan? _____

INITIAL PLANNING MEETING

When will the initial planning meeting take place? _____ Where will it occur? _____

Who will be the members of the team supporting the student's communication?

- Student _____
- Parent(s) _____
- School Staff _____
- Other _____

COMMUNICATION DETAILS

What is the specific information that will be conveyed to other students (be specific)? _____

What requests will be made (new name, pronouns, use of facilities, etc.)? _____

With whom and when will this information be shared?

- With peers in the student's class only Date: _____
- With peers in the student's grade level Date: _____
- With some/all students at school (specify) _____ Date: _____
- Other (specify) _____

Who will lead the lessons/activities framing the student's announcement? _____

What will the lesson/activities be? _____

Will the student be present for the lesson/sharing of info about their gender? _____

If yes, what if any role does the student want to play in the process? _____

Once the information is shared, what parameters/expectations will be set regarding approaching the student?

Other notes, considerations or questions _____

KEY DECISIONS PRIOR TO STUDENT'S COMMUNICATION

Communications with Other Families

Will any sort of information be shared with other families about the student's gender? _____

With whom: ___ Families in child's grade ___ Whole School ___ Other (specify) _____

Who will be responsible for creating this? _____ When will it be sent? _____

How will it be distributed? _____

What specific information will be shared*? _____

Questions/Notes: _____

* see sample letters

Training for School Staff

Will there be specific training about this student's gender with school staff? _____ When? _____

Who will be conducting the training? _____ What will be the content of the training?

Questions/Notes: _____

Parent Information Night About Gender Diversity

Will there be specific training for school community members? _____ When? _____

Who'll conduct it? _____ Will it reference the student's gender? _____

What will be the content of the training? _____

Questions/Notes: _____

Class Meeting with Parents

Will there be any meeting with the families of the student's peers? _____ When? _____

Who will lead the meeting? _____ Who will be attending the meeting? _____

What will be the purpose for this meeting? _____

Identifying and Enlisting Parent Allies

Are there any parents/adults in the community you would like to enlist in support of the child's communication?

If so, who? _____

When will you speak with them? _____ What will be your request? _____

Questions/Notes: _____

Identifying and Enlisting Peer Allies

Are there other students you would like to enlist in support of the child's communication? _____

If so, who? _____

When will they be spoken with? _____ What requests will be made? _____

Questions/Notes: _____

Siblings

Does the student have any siblings at the school? _____ What needs to be considered for them?

Training in their classroom(s)? _____ Emotional Support? _____

Questions/Notes: _____

TIMELINE

Which of the following will take place in relation to this student's gender communication, and when will it occur and who will be responsible for making it happen?

<u>Activity</u>	<u>Date</u>	<u>Lead</u>
<input type="checkbox"/> Initial Planning Meeting	_____	_____
<input type="checkbox"/> Lessons/Activities with Other Students	_____	_____
<input type="checkbox"/> Communications with Other Families	_____	_____
<input type="checkbox"/> Training for School Staff	_____	_____
<input type="checkbox"/> Parent Information Night About Gender Diversity	_____	_____
<input type="checkbox"/> Class Meeting with Parents	_____	_____
<input type="checkbox"/> Identifying and Enlisting Parent Allies	_____	_____
<input type="checkbox"/> Identifying and Enlisting Peer Allies	_____	_____

What are the specific follow-ups or action items emerging from this meeting and who is responsible for them?

Action Item	Who?	When?

Pages 111 to 114 of Document from Acalanes Union High School District AUHSD per Public Records Act request