

Confidential – Gender Support Plan

(Form 1 of 3)



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day,
Whatever it Takes

The purpose of this document is to create shared understanding 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.

Note: This form will be listed as private in our student information system and will only be accessible to District Administrators and approved school personnel.

Family Information and Acknowledgement:

Student's Affirmed Name (from Form 2):	Legal Name:
Student's Affirmed Gender:	Sex Assigned at Birth:
Student's Grade:	Date of Birth:
Siblings and Grades:	
List parent(s)/guardian(s) and relation to student:	

Parent/Guardian Involvement:

Are guardian(s) of this student aware and supportive of their student's gender status? [] Yes [] No

If not, please list considerations that must be accounted for in implementing this plan:

1500 McDaniel Avenue
Evanston, Illinois 60201

P 847.859.8000
F 847.866.7241

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Transition Support Team:

Initial Meeting Date, Time and Location:
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Individuals Present (name and title):

Student Safety:

Who will be the student's "Go-to-adult" on campus (name and title):

If this person is not available, what should the student do?
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What, if any, will be the process for periodically checking in with the student and/or family?
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Are there any specific District 65 staff members the student is requesting to share or not share the information detailed in this support plan? Please provide names:

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

During class:

On campus:

In the halls:

Other:

Other safety concerns and/or questions:

Student Records Action Items (additional forms):

Submit Student Information Change Request Form to Registration Department (form 2 of 3)

Submit Affidavit of Parentage Form (optional) to Registration Department (form 3 of 3)

Use of Facilities (e.g., locker rooms, rest rooms, etc.):

Indicate any student requests with respect to facility use:

Follow-up communication required (list details):

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Follow-up review of facilities (list details):

Extracurricular Activities:

List any athletic program(s) the student participates in (if applicable):

List any extracurricular program(s) the student participates in (if applicable):

Additional Considerations:

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

Factors to be considered regarding sibling needs (if applicable):

Is there any need for training or education to staff and/or students? If so, list details:

Are there any other questions, concerns or issues to discuss? Examples include: yearbook, field trips, dress code, dances, etc.

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Support Plan Review and Revisions:

How will this plan be monitored over time?		
With whom and how would the student wish to communicate the details of this support plan?		
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)?		
What are the specific follow-up or action items emerging from this meeting and who is responsible for them?		
Action Item(s):	Who:	When:

Student, School Administrator, and Support Coordinator Sign-Off:

Follow-up meeting details <i>Follow-up meeting MUST BE completed within 14 school days from the signing date of this plan by School Administrator/s.</i>		
Date:	Time:	Location:

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Student Sign-Off	
Print Name:	Signature and Date:
	<hr/> <p><i>By signing this document, I acknowledge the District cannot guarantee my requested changes to student information will be fully integrated with 3rd party information systems. The District will make every effort possible to accommodate the student's request.</i></p>

School Administrator and Gender Support Coordinator Sign-Off		
Print Name:	Signature and Date:	Title:

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