

Pájaro Valley Unified Gender Affirmation Support Plan

Date Completed: _____

Team Member(s) Present: _____

The purpose of this document is to create shared understanding of the ways in which the student's authentic gender will be recognized and supported at PVUSD. This document may be completed by student and support staff. Document may be requested and reviewed by the student at any time. Student Declined Document as of _____

STUDENT INFORMATION

| | |
|--|---|
| Student's Name: _____ | Legal Name (optional) : _____ |
| Advisor: _____ | Student's Birth Date: _____ |
| Student's Grade Level: _____ | Assigned Sex At Birth (optional): _____ |
| Student's Gender Identity: _____ | Student's Pronouns: _____ |
| Guardians or Caregivers / Relation to Student: _____ _____ _____ / _____ _____ / _____ | _____ _____ _____ |

GUARDIAN INVOLVEMENT:

Are guardian(s) aware and supportive of their student's authentic gender? Yes No

Additional Information:

CONFIDENTIALITY AND PRIVACY

How public or private will information about your gender be? Check all that apply:

- Only Specific People: _____
- All School Staff
- Some Students: _____
- All School Staff and Students

If you have asserted a degree of privacy what steps will be taken if that privacy is compromised or is believed to be compromised? _____

SCHOOL RESPONSES

How will a staff member respond to any questions about your gender from:

Other students: _____

Staff members: _____

Community: _____

STUDENT SAFETY

Who will be your "go to adult" on campus? _____
 Who should your guardian(s) contact if they have questions or concerns? _____
 If this person is not available what should the student do? _____

NAMES, PRONOUNS, AND STUDENT RECORDS

Name and gender marker listed on the student's identification documents: _____
 How will instances be handled in which the incorrect name and/or pronoun are used by:
 A staff member: _____
 A student: _____

Places/Situations to use student's name and gender:

- School Enrollment/Registration
- E-School*
- PVUSD Email
- Standardized Tests
- IEP/504 Plans*
- Narrative Evaluations
- DS/ Class Folders
- School Photos
- School Guest Speakers
- Posted Lists (ASOC/SOC/ARC)
- Yearbook
- School-home Communication

Use student's legal name and sex assigned at birth:

- School Enrollment/Registration
- E-school*
- PVUSD Email
- Standardized Tests
- IEP/504 Plans*
- Narrative Evaluations
- DS/ Class Folders
- School Photos
- School Guest Speakers
- Posted Lists (ASOC/SOC/ARC)
- Yearbook
- School-home Communication

The above listed documents have been updated *Additional paperwork may be needed.

****All student records must revert back to legal name and sex assigned at birth upon graduation unless legal documentation of name and/or gender change is provided to the school****

SUPPORT PLAN REVIEW AND REVISION

Review support plan at evaluation meetings
 Review by request only Date(s) Reviewed: _____

| ACTION ITEM | WHO? | WHEN? |
|-------------|------|-------|
| | | |
| | | |

SIGNATURES AND DATES

Student signature: _____ Date _____

Team member signatures: _____ Date: _____

_____ Date: _____