



SECTION I: Student Information

Legal Name (First, MI, Last) _____

Current Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Student ID: _____

Present Grade: _____ Home School: _____

SECTION II: Meeting Information

Date of Meeting: _____ Initiation Date of Plan: _____

SECTION III: Meeting Participants (Name/Role)

1. _____ / _____	5. _____ / _____
2. _____ / _____	6. _____ / _____
3. _____ / _____	7. _____ / _____
4. _____ / _____	8. _____ / _____

SECTION IV: Support Plan

1.	Are adjustments within the educational environment requested by the student/family? If yes, go to question 2. If no, go to Section V.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.	a. Student's Preferred Name:	
	b. Student's Preferred Name on Informal Student Records:	
	c. Student's Preferred Name in Yearbook:	
	d. Student's Preferred Pronouns:	<input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____
	e. Preferred Email Initials:	

3.	Student's Preferred Restroom:	<input type="checkbox"/> Male/Boys <input type="checkbox"/> Female/Girls <input type="checkbox"/> Gender Neutral: _____
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4.	Student's Preferred Locker Room/Changing Location:	<input type="checkbox"/> Male/Boys <input type="checkbox"/> Female/Girls <input type="checkbox"/> Private Location: _____
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5.	Will the student dress out for PE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.	Does the student benefit from a Building Safety Plan? <i>If no, it is understood the school will take its standard measures to address safety.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7.	Plan for Informing Peers of Name or Pronoun Change:	
	<input type="checkbox"/> Classroom teacher and/or counselor will say, "Student would now like to be called (new name) and would like to be referred to as (new pronouns)." <p style="text-align: center;">Student would like to be present during the announcement: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <input type="checkbox"/> Student initiated communication <input type="checkbox"/> Other: _____	

8.	Other Adjustments:
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SECTION V: Signatures

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature	Date

SECTION VI: Plan Review (At least annually or as needed)

<input type="checkbox"/> No revisions needed <input type="checkbox"/> Plan revisions needed (use new form) <input type="checkbox"/> Adjustments within the educational environment are no longer being requested by student/family.			
_____	_____	_____	_____
Parent/Guardian Signature	Date	School Official Signature	Date

**Provide a copy of the signed plan to the parent/guardian
Send a copy to the CHIEF EQUITY OFFICER – Equity Department – Aslin Administration Building**