IDENTITY SUPPORT PLAN (IDSP)

The purpose of this document is to create a shared understanding of the student's authentic gender and develop a plan to support the student's identity, success, and safety at school. School staff, caregivers, and the student may work together to complete this document. Most importantly, the purpose of an IDSP is to have discussions prioritizing the student's affirmed name and gender, circle of support, safety, and resource linkages.

This District is committed to making our schools a safe and supportive place for ALL students, regardless of gender, sexual orientation, gender identity or expression:

- Student is the expert in their own risk and safety, and therefore, pursuant to state law, education code, and best practices, the interviewer shall defer to the student regarding the completion of the document.
- Student may decide who is involved in the IDSP process. Recommended support includes the student's school counselor, school social worker or LGBTQ Liaison, and familial support person(s).
- We are committed to developing a working relationship to support the student's safety (e.g. it's not about the document. Only complete portions of the document with which the student is comfortable.
- We are committed to stopping harassment and bullying and immediately seeking appropriate guidance and support for all involved.
- We are committed to advocating for a school campus that teaches staff and students how to create a safe and supportive environment for all students, including LGBTQ students.

If you need assistance with the planning and development of this plan, please contact the Support Services Department at 714-433-3481 and ask to speak with a Senior School Social Worker.

IDENTITY/GUARDIAN/FAMILY INVOLVEMENT

*Only complete the sections of the plan that the student requests and is prepared to discuss.

Today's Date:
Participants in meeting, relationship to the student:_____

_____

1) Student ID Number and Grade Level:
2) Student's Affirmed Name:
3) Student's Gender and Pronouns:
4) Preferred timing of the support plan implementation:
5) Are your guardian(s) aware of your gender identity?
    - If not, what areas need to be considered in order to implement the support plan?
6) Are your guardian(s) supportive of your transition?
    - If not, what areas need to be considered in order to implement the support plan?
7) Do you have siblings at the school, and if so, are they aware of your gender identity? Are they supportive?

NAMES, PRONOUNS AND STUDENT RECORDS, DISCLOSURE

Understanding School and Classroom Records:

Schools use online records systems, such as AERIES, to keep track of students' records, including test scores, grades, and attendance. By law, your official student transcript must be in your legal name. However, you do have the right to update your preferred name and gender on your permanent school record. Parentpermission is not required for this process, and you are not required to provide any documentation to theschool district to support this change.

At school, you may choose to have your gender and preferred name updated in the student database which stores your legal name and gender in an alternative file that cannot be seen by most school staff. There are only a handful of people who have legal access to your stored information. Typically, this includesschool administrators, registrars, and nurses.

Changing your name and gender in the student database would effectively update your record to reflect your authentic identity. It would change your information in attendance rolls, student ID, online learning platforms (e.g. Google Classroom, Canvas, etc.), grade books, yearbooks as well as in the parent section ofthe student database and in official communications home to your legal guardian(s), such as attendance letters and report cards. It will not change your legal name in your permanent records/transcripts, however that can be done if/when you choose to legally change your name.

STUDENT _____ AND IDSP LIAISON _____ INITIALS

1) Do you wish to change the student database system to your affirmed name and gender?

2) Parent Permission is not required for this process, are you comfortable with us discussing this withyour parents?

3) If the student's guardian(s) are not aware and/or supportive of the student's gender status, how will school-home communications be handled? (e.g. what are some ways that teachers and schoolstaff may try to protect student's identity?)

4) Please identify supportive friends and/or school staff who are aware and affirming of your gender:

5) If this transition occurs during the school year, we may want to consider notifying teachers or others in your day to day school experience, are you comfortable with this? Would you like us to notify your teachers via emails or meetings, or would you like us to do this?

SAFETY AND SUPPORT

1) We want to make sure every student feels safe at school. Are there situations at school that make youfeel unsafe? (With staff and teachers? With other students? Etc.)

2) If you feel bullied, harassed or otherwise unsafe, what safe, on-campus adult or adults would you tell?

3) Trained staff have helped to facilitate class-talking circles in order to increase the understanding ofothers and decrease bullying? If you think circles might be helpful, would you like to be involved?

4) Are there locations at school that bring up safety concerns, such as bathrooms or locker rooms?

5) Are you comfortable with someone working with your teachers and school staff to help them better support you?

6) If yes, is there anything you would want to make sure is emphasized or communicated on yourbehalf?

7) Is there anything that you have worried about or felt unsafe about that we have not yet talked about?

RESTROOMS AND LOCKER ROOM FACILITIES

The purpose of this section is to develop a plan to ensure the student has equal access to needed facilities on campus. By law, schools are required to provide access to restrooms and locker room facilities in which astudent feels most comfortable and safe.

1) What restrooms do you feel comfortable using on campus?

2) Is there anything that would make you feel more comfortable using the restrooms, for example arespecific times desired?

3) Where do you prefer to change clothes and/or shower for PE etc.?

EXTRA CURRICULAR ACTIVITIES

1) Does the student participate in an after-school program? Yes ☐ No ☐
   - If so, in what extra-curricular programs or activities will the student be participating (sports, performing arts, clubs, ROTC, etc.)?

2) What steps will be necessary to support the student (i.e. uniforms, supplies, overnights)?

3) Are you comfortable with someone working with the school staff (activity advisors, coaches, commanding officers, etc.) to help them better support you?

4) If yes, is there anything you would want to make sure is emphasized or communicated onyour behalf?

WRAP-UP, REVISIONS AND SIGNATURES

A. Is there anything that you are concerned about that we have not yet discussed? Do you have questions?

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

ACTION ITEM(S)	*WHO?*	*WHEN?*

A copy of this plan should be kept with the student/family; one copy with student's safe contact at the school.
If the student, family, or school wish to revisit the plan they can request a meeting with the student's liaison.

Student Signature:

IDSP Contact/Support:

Parent/Guardian (if applicable):

School Administrator (if applicable):