MAKING DECISIONS TEMPLATE

GENDER AFFIRMING SUPPORT PLAN

Student Name (Preferred): _____

Legal Name: _____

Pronoun: _____

Grade: _____

Teacher: _____

School: _____

Date: _____

Primary Staff Ally: _____

_____

Identified Staff for Gender Affirming Support Team: _____

_____

_____

_____

MAKING DECISIONS TEMPLATE CONT'D

GENDER AFFIRMING SUPPORT PLAN

ACCOMMODATION AREA	WHAT? What is the accommodation need?	WHEN? When will the accommodation begin or occur?	PRIOR NEEDS What preparation is necessary before the accommodation begins? (Policy Updates? Training/ Education? Infrastructure?)	ONGOING NEEDS What needs to happen now that the accommodations have begun? (Policy Updates? Training/Education? Infrastructure?)
GENDER AFFIRMING NAME AND PRONOUNS	**IN REFERENCE TO STUDENT**			
	DATA SYSTEMS (Attendance/Class Lists, Report Card, EQAO testing)			
ACCESS TO GENDER SEGREGATED SPACES — such as washrooms or change rooms				
HEALTH AND PHYSICAL EDUCATION				