**What is an Identity Support Plan for Elementary (IDSPE)?**

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| **What is an IDSPE?** (For Students*)****:*** *Your school wants all students to feel safe and successful in the classroom and throughout their school each day. The IDSPE was created to help students share anything that might make them feel unsafe or uncomfortable. It also gives students a chance to share and express how they feel about their name and gender expression or identity.*  **This process is confidential, which means that everything in this form belongs to you and can only be shared with the people whom you give permission for us to share.** | |
| **Purpose of an IDSPE?** (For Family and Staff):  *The purpose of the IDSPE is to provide a safe space for the development of strategies to support and protect student identity, success, and safety at school. School staff, caregivers, and the student are encouraged to collaborate to complete this IDSPE Plan. The district is committed to supporting the development and implementation of IDSPE plans to foster an educational environment that is safe and supportive for ALL students.* | |
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| **Short List of Student Rights** | **Brief Overview of Student Rights** |
| **For Students** | **For Family and Staff** |
| You/student may tell us what name you want to be called at school. | Students have the right to use affirmed names and pronouns at school, including online. Staff are expected to put forth their best efforts to respect affirmed identity and honor privacy; failure to do so may be considered harassment. |
| You may choose to have this name be the one that everyone will call you and you will use on your homework, class assignments, attendance, with friends, online, etc. | Based on student/family assertion, all unofficial records may reflect the student's affirmed name and gender identity (male, female, or non-binary). |
| You may attend events, use bathrooms, and play on teams whenever and wherever you feel safe and comfortable. | All students have the right to access school facilities and sex-segregated activities based on gender identity. |
| You do not need Caregiver/Parent/Guardian permission to make the identity changes that we have talked about (or will talk) about when you go to school.  You may invite members of your family who support you when you share this information about yourself. | Family collaboration is highly encouraged; family involvement and support nurture the student’s sense of safety and likelihood of sharing emotional struggles and/or concerns for safety.  However, if a student does not feel safe involving caregivers, then their wishes for privacy are protected by the law. |

**Let’s get started planning together…**

**It is only necessary to complete portions of the form relevant to the student’s current needs, situations, and requests.**

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| **Student ID#** | **Grade:** | **Date:** |
| **For Student Only:**   1. While caregiver/parent/guardian permission is not required for this process, we want you to have as many people supporting you as possible. Who would you like to invite to help us? 2. Are you comfortable with us discussing this with your caregiver/parent/legal guardian? | | |
| 1. Student and/or caregiver/parent/guardian concerns or requests for support: | | |

**IDENTITY INFORMATION:**

**Again, only complete the sections of the plan that the student and their family request and/or are prepared to discuss.**

1. Student’s affirmed/chosen name:
2. Student’s gender and pronouns:
3. List participants in meeting, relationship to student:
4. Does your family and/or the people you live with know about your gender identity or how you feel about your identity?
5. Are your family members and/or the people you live with supportive of your identity?
6. Do you have siblings at the school, and if so, are they supportive of your gender?

**SAFETY AND SUPPORT:**

1. We want to make sure every student feels safe at school. Can you name some friends and/or school staff who know about and are supportive of your identity?
2. Do you have a safe place at recess?
3. Are there places at school that feel scary or unsafe, such as bathrooms?
4. Are there activities, events, or people at school that make you feel unsafe or uncomfortable? (Staff, teachers, other students etc.?)
5. Are you ever teased for how you look or things you wear?
6. If you feel bullied, or otherwise unsafe, who are safe, on-campus adults you could tell?
7. If we have training for our school staff, is there anything you want to make sure we talk about? Is there anything you do not want us to say or share?
8. Is there anything that makes you feel scared or unsafe that we have not yet talked about?

**RESTROOM SAFETY AND ACCESS:**

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

1. Do you feel comfortable using the restrooms at school? Are some better than others? Do you feel safe?
2. Is there anything that would make you feel more comfortable? Would you like to go inside any restrooms to see what might feel safest?

**EXTRA-CURRICULAR AND/OR AFTER SCHOOL ACTIVITIES:**

1. Do you participate in an after-school or before school program?
2. In what extra programs or activities will you be participating at school (music, theater, clubs, sports, after school tutoring etc.)?
3. Let’s think through what we can do to support you in these programs (i.e., uniforms, supplies, overnights)?
4. Are you comfortable with someone talking with these staff (after school program, art teacher, tutor etc.) to help them better support you? Is there anything you want to make sure we say (i.e., sharing pronouns, safety concerns)?

**CLASSROOM INCLUSIVITY PLAN:**

1. Can you name supportive classmates and/or school staff who know about and are supportive of your identity in the classroom?
2. How would you like to let your classmates know about your affirmed name and pronouns? Would you like us to help? Let’s discuss what this might look like and make sure you are comfortable (class circle, teacher announcement, student or facilitator could email, etc.).
3. Are there activities or moments that feel uncomfortable in the classroom?
4. Do you have any wishes for a change in your classroom or things the teacher might say?

**BEST PRACTICES FOR CLASSROOM ENVIRONMENT**(If Teacher Is Present at The Meeting):

1. Language - All classroom, academic, and behavior related “instructions” or “announcements” made in the learning environment shall utilize inclusive and affirming language and terms that are gender neutral (e.g.,” students” and/or “scholars” in lieu of “boys and girls” and/or “ladies and gents”). Additionally, when referring to parents and caregivers, it is preferable to use language such as “family” or “grownups” (as opposed to “moms and dads”).
2. Lines – Students shall not be directed to line-up separately as boys and girls.
3. Clothing expression – Students may wear clothing or accessories that support their gender expression when they choose and without notice.
4. Recess/activities – Teams and games shall not be delineated by gender (birthdate, last name, or favorite color can be alternative options).

**IDSPE FACILITATOR INITIALS CLASSROOM TEACHER**

**NAMES, PRONOUNS AND STUDENT RECORDS, EXPLAINED:**

*Helping Students Understand School Records:*

1. Your school keeps track of information about you, such as test scores, grades, and attendance. This is called your “student record.”
2. Records include your name and gender.
3. You have the right to update your records with your affirmed name and gender (male, female, or non-binary).
4. Changing your name and gender will update things like Google classroom, attendance, and grade books.
5. You don’t need anyone’s permission to change your name at school.
6. Remember, the name in your records will show in the parent section online and will automatically be on letters and phone calls home to your family/caregivers.
7. Even if you choose not to change your student records, your teacher and everyone at school can still use your affirmed name and pronouns if you choose.
8. When you are ready, you can request that your records be changed in our database (SIS) to your affirmed name and gender.

**Would you like the district to update your records in our database (SIS) to your affirmed name and gender (legal gender options in California are male, female, and non-binary)? If so, when do you want these changes to begin?**

**WRAP-UP, REVISIONS AND SIGNATURES:**

Is there anything that you are worried about that we have not yet discussed? Do you have questions?

*IDSPE Facilitator:*

1. What specific follow-ups or action items are emerging from this meeting and who is responsible for them? Who should be notified?
2. If the classroom teacher is not involved in the IDSPE process, how will they be updated of the plan?

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| **ACTION ITEM(S)** | **WHO?** | **WHEN?** |
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*A copy of this plan should be kept with the student/caregiver/family, if desired, and one copy with the student’s safe contact at school. If the student, family, or school wish to revisit the plan, they can request a meeting with the student’s IDSPE Liaison.*

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| ***Date:*** |
| ***Student Signature (optional):*** |
| ***IDSPE Facilitator/Support Lead:*** |
| ***Caregiver/Parent/Guardian (if applicable):*** |
| ***Classroom Teacher:*** |
| ***School Administrator (if applicable):*** |

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