

Intake Form: Supporting Student Gender Identity



Office of Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850
See MCPS Guidelines for *Student Gender Identity*

MCPS Form 560-80
September 2019
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Instructions: The school administrator, counselor, or psychologist should complete this form with the student. Parents/guardians may be involved if the student states that they are aware of and supportive of the student's gender identity. This form should be kept in a secure, confidential location. See distribution information on Page 2. This form is not to be kept in the student's cumulative or confidential folders. All plans should be evaluated on an ongoing basis and revised as needed.

STUDENT INFORMATION

What is your preferred name? _____ MCPS ID # _____

What is your preferred gender? Male Female Other _____

Words you use (if any) for your gender identity? _____

What pronouns do you use in school? _____

SUPPORT/SAFETY FOR STUDENT

Is parent/guardian aware of your gender identity? Yes No

Support Level: (None) 1 2 3 4 5 6 7 8 9 10 (High)

If support level is low what considerations must be accounted for in implementing this plan?

PRIVACY, CONFIDENTIALITY, AND DISCLOSURE

Plan for bathroom/locker use:

Plan for sports/extracurricular activities:

Other issues to be considered/addressed:

Who will be the student's "go to adult" on campus?

If this person is not available, what should student do?

What, if any, will be the process for periodically checking in with the student and/or family?

What are expectations in the event the student is feeling unsafe and how will the student signal their need for help?

OTHER SCHOOL ACTIVITIES

Are there lessons, units, content or other school activities during the school year to consider (health curriculum, swim unit, social justice units, name projects, dance instruction, Pride events, school dances, promotion/graduation ceremonies, etc.)?

COMMUNICATION PLAN

Identify staff to whom this information may be disclosed:

How public or private will information about this student's gender be?

SUPPORT PLAN REVIEW AND REVISION

How will this plan be monitored over time?

Form completed by (print name) _____ Date ____/____/____

Distribution: Copy 1/School Confidential folder (in principal's office)
Copy 2/Student Welfare and Compliance Unit, via scan to COS-StudentWelfare@mcpsmd.org,
or via pony to CESC, Room 162, in a envelope marked confidential