

# **Lesbian, Gay, Bisexual, Transgender and Questioning Resource Toolkit**

By Linda Cahill DNP, MSN, RN  
Kim Fallon BSN, BA, RN, CPN



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### **Purpose of a Resource Toolkit**

To improve the comfort level of School Personnel to provide appropriate gender sensitive interactions and responses to the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersexual, Asexual (LGBTQIA+) +. The “+” symbol stands for any additional group not represented by LGBTQIA acronym. The "+" designation in this position statement is used for inclusivity, to encompass other sexual and gender minorities not captured within the acronym LGBTQIA+ (Stokes, 2019).

### **Population: LGBTQIA+ Youth**

Lesbian, gay, bisexual, transgender, and queer (LGBTQIA+) youth, a diverse group that includes youth who identify as lesbian, gay, or bisexual (LGB; regardless of behavior) and/or identify as transgender or a gender identity that does not conform to prevalent binary gender constructions (Garbers, et al. 2018). The Centers for Disease Control and Prevention estimated that there are 1.7 million youth of high school age who identify as LGBTQIA+ (Kann et al., 2016). Two common assumptions that nurses make pose barriers to quality care of LGBTQIA+ patients: the idea that all clients are heterosexual and that all people identify as either male or female (Carabez, et al., 2015).

According to the Human Rights Campaign’s survey, Growing Up LGBTQIA+ in America:

- 1 in 5 LGBTQIA+ youth say that feeling they cannot come out is the greatest problem facing them today.
- 1 in 4 LGBTQIA+ youth believe they cannot come out to their families because it will directly affect their well-being.
- 1 in 3 LGBTQIA+ youth do not feel they have a single adult they can talk to about their identity. (IT GETS BETTER PROJECT, 2018)

The key findings in regards solely to the “Hostile School Climate, Educational Outcomes, and Psychological Well-Being” section of the 2017 National School Climate Survey show:

- LGBTQIA+ students who did not plan to graduate high school (e.g., who planned to drop out **or** were not sure if they would finish high school) most commonly reported mental health concerns and hostile school climate as reasons for leaving school (GLSEN, 2019).
- LGBTQIA+ students who experienced high levels of in-school victimization:
  - Had lower GPAs than other students
  - Were less likely to plan to pursue any post-secondary education
  - Were three times as likely to have missed school in the past month because of safety concerns
  - Were less likely to feel a sense of belonging to their school community
  - Had lower levels of self-esteem and higher levels of depression (GLSEN, 2019).
- LGBTQIA+ students who experienced discrimination at school:
  - Had lower GPAs than other students
  - Were more than three times as likely to have missed school in the past month because of safety concerns
  - Were less likely to feel a sense of belonging to their school community
  - Had lower levels of self-esteem and higher levels of depression. (GLSEN, 2019).

### **Background and Significance**

The school nurse’s role and responsibilities are to assess the social, emotional and physical needs of their students. School nurses are viewed as trusted individuals who can provide counseling and guidance. Nurses are responsible for recognizing, intervening and safeguarding all students including LGBTQIA+ youth. School nurses must be sensitive, knowledgeable and confident with vulnerable populations to overcome health disparities (Perron, Kartoz, & Himelfarb, 2017). Managing the needs of LGBTQIA+ youth, a key function of school nurses (National Association for School Nurses, 2015) specifically as it relates to addressing their unique healthcare needs.

Youth Risk Behavioral Surveillance Survey (YRBSS) data are used widely to compare the prevalence of health-related behaviors among subpopulations of students; assess trends in health-related behaviors over time; monitor progress toward achieving 21 national health objectives; provide comparable state and large urban school district data; and take public health actions to decrease health-risk behaviors and improve health outcomes among youth, grades 9-12 (Center for Disease Control, 2017).

According to the 2017 YRBSS, results show LGBTQIA+ youth suffer from harassment, family/school/community discrimination, an increased risk for suicide, depression, substance abuse, and inequities in care (Kahn, et al., 2018). Khan and colleagues (2018) reported that 33 % of LGBTQIA+ youth have been bullied at school or online compared to 19% of heterosexual students. The prevalence of having been threatened or injured with a weapon on school property was higher among gay, lesbian, and bisexual (9.4%) students than heterosexual (5.4%) students. The study reported that more than 47% of LGBTQIA+ students had seriously contemplated suicide; 23% reported having attempted suicide during the past year; and that LGBTQIA+ students are up to five times more likely than other students to report using illegal drugs. According to the Agency for Health Care and Quality (2011), transgender people are more likely to be uninsured and half of transgender people defer care when sick or injured and among uninsured transgender people, 88% postponed care due to cost and some reported provider denied services based on their gender status.

A survey by the Human Rights Campaign (HRC) reported that 42% of LGBTQIA+ youth do not feel accepted in their communities (HRC, 2016). Also, the HRC (2016) reported that forty percent of homeless youth identifying as LGBTQIA+ felt rejected by their family. Another study by Robinson and Espelage (2011), found similar results related to LGBTQIA+ youth being

at greater risk of suicidal thoughts, suicide attempts, harassment by peers, and increased unexcused absences are significant in high school, these gaps are significantly greater in middle school, putting the younger LGBTQIA+ students at more risk for depression and suicidality.

The 2015 National Climate Survey, comprised of middle (11.8%) and high school (88.1%) responses, demonstrated that 57.6% of LGBTQIA+ students felt unsafe because of their sexual orientation and 43.3%, because of their gender expression (Kosciw, et al., 2016). Eighty-two percent of LGBTQIA+ students reported being verbally harassed in the past year because of their sexual orientation, and 54.5 %, because of their gender expression (Kosciw, et al., 2016). Furthermore, Mahdi, et al., (2014) reported that much of school nurses conveyed limited or no experience practicing skills to interact with LGBTQIA+ youth. According to Mahdi and colleagues (2014), only 22% of school nurses had moderate levels of experience referring students to behavioral health providers with LGBTQIA+ experience, compared to 50% of school counselors. Even fewer school nurses (17.6 %) reported they had moderate to high experience intervening to stop LGBTQIA+ harassment compared to 66.7% of school counselors (Mahdi, et al., 2014).

As an advocate for the individual student, the school nurse provides skills and education that encourage self-empowerment, problem solving, effective communication, and collaboration with others (ANA, 2015). Promoting the concept of self-management is an important aspect of the school nurse role and enables the student to manage his/her condition and to make life decisions (Tengland, 2012). The school nurse advocates for safety by participating in the development of school safety plans to address bullying, school violence, and the full range of emergency incidents that may occur at school (Wolfe, 2013).

## **Disparities**

Among the most significant issues identified by the Institute of Medicine's (IOM) (2011) are the following: LGBTQIA+ youth are more likely to suffer from depression and anxiety disorders, to be homeless and are two to three times more likely to attempt suicide as mentioned previously. LGBTQIA+ populations have high rates of tobacco, alcohol, and other drug use; lesbians are less likely to get preventive services for cancer; lesbians and bisexual women are more likely to be overweight or obese; and gay men are at higher risk of HIV and other sexually transmitted diseases, especially among communities of color (Carabez, et al., 2015; Parker, et al., 2018).

In the realm of sexual and reproductive health, disparities among some LGBTQIA+ youth subgroups include higher rates of sexually transmitted infections and HIV among young men who have sex with men compared to other groups and higher sexual risk including rates of unintended pregnancy among lesbian and bisexual young women compared to those who identify as heterosexual (Garbers, et al., 2018). These health disparities may stem from the stigma, discrimination, and victimization faced by LGBTQIA+ youth at home, in their communities, and at school (Garbers, et al., 2018).

Among persons aged 15-19 years, 209,809 births, 488,700 cases of chlamydia, gonorrhea, and syphilis and 1,652 diagnoses of human immunodeficiency virus (HIV) were reported (Kann, et al., 2018).

Data from the 2017 National Youth Risk Behavior Survey (YRBS) conducted by the Center for Disease Control (CDC), reported that:

- 33% LGB students were bullied on school property
- 27.1% LGB students were electronically bullied

- 10% LGB students did not go to school due to safety concerns

Even school-based victimization of LGBTQIA+ young people may have profound consequences for students' school success, health and well-being. LGBTQIA+ students skip classes (13–30%) and miss full days of school (20–32%) at alarming rates because they feel unsafe (Snapp, et al., 2015). The most common reason students reported feeling unsafe was related to their appearance or body size followed by sexual orientation and race (U.S. News & World Reports, 2018). Research from population-based studies has found that young people who experienced biased-based harassment (e.g. harassment based on sexual orientation or factors biases such as race) reported higher rates of mental health concerns and drug use, as well as lower grades and higher rates of truancy (Snapp, et al., 2015).

An article by Rasberry, et al. (2015) shares the following responses from High School youth regarding their School Nurse:

*“The nurses could probably reach out more, too, and just pick up more information and learn more about, like, this type of stuff besides the stuff they just regular do like in the office... Because barely nobody just goes there, unless they’re like referral to like take medication during the day, they have to go down there and get like a pill or whatever.” - Philadelphia youth*

*“She’s just there to, like, you break your arm, here’s a Band-Aid. Like, she’s not going to do much. And, like, you can’t even take . . . let’s say you have a headache. She can’t even give you, like, and aspirin or anything”. - New York City youth*

*“I know some people can be annoying...but you should still have patience because you’re a nurse. You’re there to help.” - Philadelphia youth*

School health services directors and supervisory staff should carefully consider implementation of professional development opportunities to help their health services staff better position themselves to work effectively with sexual minority youth (Rasberry, et al., 2015). Professional development may be used to help nurses and other health staff learn how to engage sexual minority youth in culturally competent ways that allow staff to assess each youth's



specific needs while ensuring the youth can feel safe and supported through the process (Raspberry, et al., 2015). The Society for Adolescent Health and Medicine's position that all health care providers who work with adolescents "should be trained to provide competent and nonjudgmental care for lesbian, gay, bisexual, or transgendered (LGBT) youth" (Society for Adolescent Health and Medicine, 2013, p. 506). Professional development may also be used to help a broad range of school staff (e.g., teachers, counselors, and GSA advisors) understand the role that school nurses can play in helping teach youth about and connect youth to critical sexual health services (Raspberry, et al., 2015).

## Glossary of Terms



According to the National LGBT Health Education Center (2019), the following is a glossary of appropriate LGBT terms. Be mindful that: 1) Definitions vary across communities; not all of your LGBT individuals will agree with all of these definitions; 2) There are many terms not included on this list; we tried to keep the list as concise and relevant as possible; 3) Terms and definitions change frequently; we will try to update this list to keep up with changing language (National LGBT Health Education Center, 2019).

**Agender** (adj.) – Describes a person who identifies as having no gender.

**Ally** (noun) – A person who supports and stands up for the rights of LGBT people.

**Aromantic** (adj.) – An orientation that describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships.

**Asexual** (adj.) – Describes a person who experiences little or no sexual attraction to others.

Asexuality is not the same as celibacy.

**Assigned male/female at birth** (noun) – This phrase refers to the sex that is assigned to a child at birth, most often based on the child's external anatomy.

**Assigned sex at birth** (noun) – The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

**Bigender** (adj.) – Describes a person whose gender identity is a combination of two genders.

**Binding** (noun)- The process of tightly wrapping one's chest to minimize the appearance of having breasts. This is achieved using constrictive materials such as cloth strips, elastic or non-elastic bandages, or specially designed undergarments.

**Biological male/female (see assigned male/female at birth)** (noun) – We avoid using the phrases “biological male” and “biological female” because they may not accurately describe a person's physical sex characteristics, and more importantly, they may not reflect how a person identifies regarding their gender.

**Biphobia** (noun) – The fear of, discrimination against, or hatred of bisexual people or those who are perceived as such.

**Bisexual** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

**Bottom surgery** (noun) – Colloquial way of describing gender affirming genital surgery.

**Cisgender** (adj.) – A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

**Coming out** (noun) – The process by which one accepts and/or comes to identify one's own sexual orientation or gender identity (to come out to oneself). Also, the process by which one shares one's sexual orientation or gender identity with others (to come out to friends, etc.).

**Disorders of Sex Development (DSD)** (noun)- Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some DSDs include Klinefelter Syndrome and Androgen Sensitivity Syndrome. Sometimes called differences of sex development. Some people prefer to use the term intersex.

**Drag** (verb) – The performance of one or multiple genders theatrically. Those who perform are called Drag Kings and Drag Queens.

**Gay** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.

**Gender** (noun) – see **gender identity**.

**Gender affirming surgery (GAS)** (noun) – Surgeries used to modify one's body to be more congruent with one's gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS).

**Gender affirming hormone therapy** (noun) – The administration of hormones for those who wish to match their physical secondary sex characteristics to their gender identity. Also referred to as cross-sex hormone therapy.

**Gender binary** (noun) – The idea that there are only two genders, male and female, and that a person must strictly fit into one category or the other.

**Gender dysphoria** (noun) – Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis.

**Gender expression** (noun) – The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to assigned sex at birth or gender identity.

**Gender fluid** (adj.) – Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some days, and another gender on other days.

**Gender identity** (noun) – A person's internal sense of being a man/male, woman/female, both, neither, or another gender.

**Gender non-conforming** (adj.) – Describes a gender expression that differs from a given society's norms for males and females.

**Gender role** (noun) – A set of societal norms dictating what types of behaviors are generally considered acceptable, appropriate or desirable for a person based on their actual or perceived sex.

**Genderqueer** (adj.) – Describes a person whose gender identity falls outside the traditional gender binary. Other terms for people whose gender identity falls outside the traditional gender binary include gender variant, gender expansive, etc. Sometimes written as two words (gender queer).

**Heteronormativity** (noun) – The assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities.

**Heterosexual (straight)** (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

**Homophobia** (noun) – The fear of, discrimination against, or hatred of lesbian or gay people or those who are perceived as such.

**Intersectionality** (noun) – The idea that identities are influenced and shaped by race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, etc., as well as by the interconnection of all those characteristics.

**Intersex** (noun) – Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some prefer to use the term disorders (or differences) of sex development. Intersex is also used as an identity term by some community members and advocacy groups.

**Lesbian** (adj., noun) – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

**Men who have sex with men/Women who have sex with women (MSM/WSW)** (noun) – Categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual orientation. However, people rarely use the terms MSM or WSW to describe themselves.

**Minority stress** (noun) – Chronic stress faced by members of stigmatized minority groups. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation.

**Outing** (noun) – Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.

**Non-binary** (adj.) – Describes a person whose gender identity falls outside of the traditional gender binary structure. Sometimes abbreviated as NB or “enby.” See more at [gender binary structure](#).

**Pangender** (adj.) – Describes a person whose gender identity is comprised of many genders.

**Pansexual** (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people regardless of gender.

**Polyamorous** (adj.) – Describes a person who has or is open to having more than one romantic or sexual relationship at a time, with the knowledge and consent of all their partners. Sometimes abbreviated as poly.

**Preferred pronouns (see pronouns that you use)** (noun) – We avoid using the phrase “preferred pronouns” because it implies that we can choose to respect or not respect a person’s gender identity. We should respect the pronouns a person uses.

**Pronouns that you use** (noun) – Pronouns are the words people should use when they are referring to you but not using your name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs.

**QPOC** (noun) – An acronym that stands for Queer Person of Color or Queer People of Color.

**Queer** (adj.) – An umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity.

Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.

**Questioning** (adj.) – Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.

**Same gender loving (SGL)** (adj.) – A term used as an alternative to the terms gay and lesbian. SGL is more commonly but not exclusively used by members of the African American/Black community.

**Sex** (noun) – See **assigned sex at birth**.

**Same-sex attraction (SSA)** (noun) – A term that is used to describe the experience of a person who is emotionally and/or sexually attracted to people of the same gender. Individuals using this term may not feel comfortable using the language of sexual orientation (i.e., gay, lesbian, bisexual) for personal reasons. Use of this term is not indicative of a person's sexual behavior. It is used most commonly in religious communities.

**Sexual orientation** (noun) – How a person characterizes their emotional and sexual attraction to others.

**Social stigma** (noun) – Negative stereotypes and social status of a person or group based on perceived characteristics that separate that person or group from other members of a society.

**Structural stigma** (noun) – Societal conditions, policies, and institutional practices that restrict the opportunities, resources, and well-being of certain groups of people.

**Top surgery** (noun) – Colloquial way of describing gender affirming surgery on the chest.

**Trans man/transgender man/female-to-male (FTM)** (noun) – A transgender person whose gender identity is male may use these terms to describe themselves. Some will just use the term man.

**Trans woman/transgender woman/male-to-female (MTF)** (noun) – A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term woman.

**Transfeminine** (adj.) – Describes people who were assigned male at birth, but identify with femininity than with masculinity.

**Transgender** (adj.) – Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.

**Transition** (noun) – For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/or medical changes, such as changing their clothing, name, sex designation, and using medical interventions. Sometimes referred to as gender affirmation process.

**Transmasculine** (adj.) – Describes people who were assigned female at birth, but identify with masculinity than with femininity.

**Transphobia** (noun) – The fear of, discrimination against, or hatred of transgender or gender non-conforming people or those who are perceived as such.

**Transsexual** (adj.) – Sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions.

**Trauma-informed care** (noun) – an organizational structure and treatment framework that centers on understanding, recognizing, and responding to the effects of all types of trauma.

**Tucking** (verb)- The process of hiding one's penis and testes with tape, tight shorts, or specially designed undergarments.

**Two-Spirit** (adj.) – A contemporary term that connects today's experiences of LGBT Native American and American Indian people with the traditions from their cultures.

### Outdated Terms to Avoid

The following terms may have been used in the past, but are now considered outdated and sometimes offensive. We recommend replacing these words with the suggested terms provided.



-Berdache	See <a href="#">two-spirit</a>
-Hermaphrodite	See <a href="#">intersex/disorders of sex development</a>
-Homosexual	See <a href="#">gay or lesbian</a>
-Sexual preference	See <a href="#">sexual orientation</a>
-Transgendered/A transgender/Tranny	See <a href="#">transgender</a>
-Sex change	See <a href="#">gender affirmation surgery</a>

## **Laws Related to Gender Identity**

### ***Adapted from the Department of Elementary and Secondary Education***

Several Massachusetts laws exist to ensure that all students have access to the education they need to thrive, including:

- The Massachusetts Student Anti-discrimination Law, Chapter 76, Section 5, which was amended in 1993 to include sexual orientation as a protected category; <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section37O>
- The 2012 Gender Identity Law, which amended Chapter 76, Section 5 to prohibit discrimination based on gender identity. <http://www.malegislature.gov/Laws/GeneralLaws/PartIV/TitleI/Chapter272/Section98>

The Massachusetts Department of Elementary and Secondary Education (MA DESE) has explicit recommendations to include wording in policies, school documents and handbooks reflecting on the above laws. Note that the Gender Identity Law explicitly states that “gender identity” should appear directly after “sex” in enumerated categories:

*No person shall be excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school because race, color, sex, gender identity, religion, national origin or sexual orientation.*

MA DESE (2011) implemented guidance on how to inform parents when a student has been bullied based on sexual orientation, which broadened the anti-discrimination law. The Department issued the [\*Guidance on Notifying Parents When a Student Has Been Bullied Based\*](#)

on Sexual Orientation or Gender Identity/Expression (MA DESE, 2011). If there is bullying based on someone's gender identity, expression or sexual orientation then the process is as follows:

1. A staff person is designated who is proficient in the bullying laws.
2. A plan is drawn up in collaboration with the student, above mentioned person and guidance staff to including an assessment of safety to share if parents are knowledgeable of the student's gender identity, or sexual orientation.
3. An interpreter (that is not family) should be provided if the parents' primary language is not English.
4. Relevant research and resources are provided to support the student and family.
5. If a parent is unaware of the student's sexual identity, then the students should be supported on whether they decide to disclose that information to the parents in their own terms.
6. It is recommended that the information be discussed with the parents in person.
7. School officials should use their discretion on sharing information if it might endanger the physical, mental health or safety of the student.
8. The focus of the discussion with parents should be on facts that the student was a target, or an aggressor and the focus should be on safety planning and offering resources for the family and student(s). <http://www.doe.mass.edu/lawsregs/603cmr49.html>

In February 2013, to assist school officials in implementing the Act Relative to Gender Identity, MA DESE issued the Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment: Nondiscrimination based on Gender Identity (MA DESE, 2019).

An Act Relative to Gender Identity (The General Court of the Commonwealth of Massachusetts, 2019), amended several Massachusetts statutes prohibiting discrimination based on specified categories, to include discrimination based on gender identity. Among the statutes amended is G.L. c. 76, § 5, prohibiting discrimination based on gender identity against students who enroll in or attend the public schools. G.L. c. 76, §5 now reads as follows:

*Every person shall have a right to attend the public schools of the town where he resides, subject to the following section. No school committee is required to enroll a person who does not actually reside in the town unless said enrollment is authorized by law or by the school committee. Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools. **No person shall be***

*excluded from or discriminated against in admission to a public school of any town, or in obtaining the advantages, privileges and courses of study of such public school on account of race, color, sex, gender identity, religion, national origin or sexual orientation. Some transgender and gender nonconforming students are not open at home about their gender identity for reasons such as lack of acceptance, and safety concerns. A discussion with the student should occur first about parental knowledge of the student's gender identity, names and pronouns before any phone calls are made to the parents.*

The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act (Section 504) are the two main special education laws. IDEA governs the creation and implementation of Individualized Education Plans (IEPs), and Section 504 establishes the rules for Section 504 Plans. Although these laws serve similar purposes, the level of supports, services and accommodations a school must provide to meet its legal obligations under IDEA tend to be higher, which translates into more legal protections for students than under Section 504. A student also must be experiencing more significant difficulties in school to qualify for an IEP. Even when the school is fully supportive of a transgender student, having an IEP or Section 504 Plan in place will help ensure that the student receives a consistent level of support throughout any changes in school or district administration, even if the student moves to another school or district (National Center for Lesbian Rights, 2019).

### **Gender Equality in Sports**

Physical education is a required course in all grades in Massachusetts' public schools, and school-based athletics are an important part of many students' lives. Most physical education classes in Massachusetts' schools are coed, so the gender identity of students should not be an issue with respect to these classes. Where there are sex-segregated classes or athletic activities, including intramural and interscholastic athletics, all students must be allowed to participate in a manner consistent with their gender identity. With respect to interscholastic athletics, the Massachusetts Interscholastic Athletic Association will rely on the gender determination made

by the student's district; it will not make separate gender identity determinations (MA DESE, 2017).

### **Student Record Related to Gender Identity**

The school must first resolve to create a safe and supportive environment for the student. It is best to engage the student first or if a younger student the parent with the respect of names and pronouns. Massachusetts' law accepts common law name changes (Massachusetts General Laws, 2012). An individual may adopt a name that is different from the name that appears on his or her birth certificate provided the change of name is done for an honest reason, with no fraudulent intent. Nothing more formal than usage is required. Hence, when requested, schools should accurately record the student's chosen name on all records, whether the student, parent, or guardian provides the school with a court order formalizing a name change. Pupils have student assigned student identifiers (SASID). When changing information in this system or if there is more than one SASID in this system after a name change, please consult your data collection support specialist (MA DESE, 2018).

### **Amending the Student Record**

(1) The eligible student or the parent shall have the right to add information, comments, data, or any other relevant written material to the student record.

(2) The eligible student or the parent shall have the right to request in writing deletion or amendment of any information contained in the student record, except for information which was inserted into that record by an Evaluation Team. Such information inserted by an Evaluation Team shall not be subject to such a request until after the acceptance of the Evaluation Team Educational Plan, or, if the Evaluation Team Educational Plan is rejected, after the completion of the special education appeal process. Any deletion or amendment shall be made in accordance with the procedure described below:

(a) If such student or parent believes adding information is not sufficient to explain, clarify or correct objectionable material in the student record, either student or parent shall present the objection in writing and/or have the right to have a conference with the principal or his/her designee to make the objections known.

(b) The principal or his/her designee shall within one week after the conference or receipt of the objection, if no conference was requested, render to such student or parent a decision in writing, stating the reason or reasons for the decision. If the decision is in favor of the student or parent, the principal or his/her designee shall promptly take such steps as may be necessary to put the decision into effect.

(MA DESE, 2006)

### **Regulatory Authority:**

603 CMR 23.00: M.G.L. c. 71, 34D, 34E.

### **Privacy and Confidentiality of Student Records**

Family Educational Rights & Privacy Act (FERPA) prohibits schools from releasing “personally identifiable information,” such as the student’s name, without the permission of the parent or student, if the student is over 18 years old (34 C.F.R. § 99.30).

Under state law, information about a student’s assigned birth sex, name change for gender identity purposes, gender transition, medical or mental health treatment related to gender identity, or any other information of a similar nature, regardless of its form, is part of the individual’s student record (Massachusetts Student Records Regulations, 603 CMR 23.00), is confidential, and must be kept private and secure, except in limited circumstances (603 CMR § 23.04). One circumstance is when authorized school personnel require the information to provide administrative, teaching, counseling, or other services to the student in the performance of their official duties. For transgender students, authorized school personnel could include individuals such as the principal, school nurse, classroom teacher(s), or guidance or adjustment counselor.

When a student new to a school is using a chosen name, the birth name is considered private information and may be disclosed only with authorization as provided under the Massachusetts Student Records Regulations. If the student has previously been known at school or in school records by his or her birth name, the principal should direct school personnel to use

the student's chosen name. Every effort should be made to update student records (for example, Individualized Education Programs) with the student's chosen name and not circulate records with the student's assigned birth name. Records with the student's assigned birth name should be kept in a separate, confidential file.

*One school nurse dealt with information in the student's file by starting a new file with the student's chosen name, entered previous medical information (for example, immunizations) under the student's chosen name, and created a separate, confidential folder that contained the student's past information and birth name.*

When determining which, if any, staff or students should be informed that a student's gender identity is different from the assigned birth sex, decisions should be made in consultation with the student, or in the case of a young student, the student's parent or guardian. The key question is whether and how sharing the information will benefit the student.

*In one case, parents of a transgender male-to-female elementary school student requested that only the school principal and the school nurse be aware that the student was assigned the sex of male at birth. After a discussion with the school principal, the parents agreed that the student's teacher, the school secretary, and the district superintendent would also be informed. In this situation, the school principal kept the student's birth certificate in a separate, locked file that only the principal could access, and put a note in the student's other file saying that the principal had viewed the student's birth certificate. In another situation, where a biological male came to school after April vacation as a girl, the school principal and guidance counselor, in collaboration with the student and her parents, developed a plan for communicating information regarding the student's transition to staff, parents, and students. The plan included who was going to say what to whom, and when the communication would take place.*

Transgender and gender nonconforming students may decide to discuss and express their gender identity openly and may decide when, with whom, and how much to share private information. A student who is 14 years of age or older, or who has entered the ninth grade, may consent to disclosure of information from his or her student record. If a student is under 14 and is not yet in the ninth grade, the student's parent (alone) has the authority to decide on disclosures and other student record matters.

## **Gender Markers**

If requested, by a student over 14 years or a parent, a school must change the gender marker on the record to reflect their gender identity. Schools should only collect gender information only when necessary. Also, if a student transitions after high school and wants the name on their record or diploma changed then a school must comply. The Fenway Institute (2018) has a quick guide entitled [\*Massachusetts-Specific Name and Gender Marker Changes Quick-Guide\*](#). This guide assists individuals in changing gender markers on various documents.

## **Bathroom and Locker Room Use**

All students are entitled to safe and suitable, locker room, changing facilities and bathrooms. Each situation is unique. The principal, transgender student and parent should meet to discuss a plan of what is acceptable to the student. If the student is not comfortable using a sex-segregated facility, then an alternative option must be provided (an alternative may be the nurses office restroom).


## **Transitioning**

Gender transitioning is when one person goes from living and identifying as one gender to living and identifying as another. Social transitions occur first with ones' manner of dress, hairstyles and preferred names and pronouns are used. Medical transitioning includes hormone suppressants, cross gender hormone therapy and gender conforming surgeries. A gender transition plan involving the students, family and school staff will ease the transition and educate staff in ensuring a safe and supportive environment for the student (Gender spectrum.org). The plan includes how and when the preferred names and pronouns will be communicated to staff. If the student is starting a new school, then the student's privacy will be maintained.

## Creating a Welcoming Environment for LGBTQIA+ Youth



Youth specifically mentioned that they did not want to talk with school staff if they were uncertain about the staff members' opinion or perceptions about LGBTQIA+ people (Rasberry et al., 2015). For the LGBTQIA+ students to trust nurses, teachers and staff, the environment must become more accepting allowing the LGBTQIA+ students to feel safe in school so they are able to achieve their highest potential. Student school engagement is a modifiable factor that can predict student academic outcomes such as grades, truancy, and dropping out, as well as non-academic outcomes such as depression, substance abuse, and delinquency (Seelman, et al., 2015).



### Handy Guide to Pronouns

These are just some of many pronouns people use to describe themselves! If you're not sure what pronoun somebody uses, ask! A good way to ask is: "What are your preferred pronouns?"

For more information, e-mail us at [itgetsbetteryk@hotmail.com](mailto:itgetsbetteryk@hotmail.com)

<b>he - his - him</b>	<b>He went to the store to buy himself a hat. I saw him wearing his hat today.</b>
<b>she - her - her</b>	<b>She went to the store to buy herself a hat. I saw her wearing her hat today.</b>
<b>ze - hir - hir</b>	<b>Ze went to the store to buy hirself a hat. I saw hir wearing hir hat today.</b>
<b>ze - zem - zir</b>	<b>Ze went to the store to buy zirsself a hat. I saw zem wearing zir hat today.</b>
<b>they - their - them</b>	<b>They went to the store to buy themselves a hat. I saw them wearing their hat today.</b>
<b>ey - eir - em</b>	<b>Ey went to the store to buy emself a hat. I saw em wearing eir hat today.</b>



## **Tips to assist in making the Schools more LGBTQIA+ friendly**

- Let students identify themselves on the first day of class. Ask them to fill out index cards with their preferred name and pronouns, then be sure to update the class list and share that list when there's a substitute teacher.
- Avoid using gendered language to address students ("ladies and gentlemen," "boys/girls"). Instead, use words like "scientists," "readers," "athletes," "writers," "artists," "scholars," "students," "folks," etc.
- Avoid grouping students by gender. Instead, use birthdays, ice cream preferences, pet preferences, etc.
- If there are all-gender bathrooms, make sure students know where they are and that they are for everyone.
- Make your ally status known by hanging a rainbow flag, sharing your own pronouns and/or supporting the school's LGBTQIA+ groups.
- Having visual images of people that don't fit gender norms.
- Have signage stating that all genders are welcome.
- Being openly intolerant of references of intolerance or bullying every time it occurs.
- Customize forms to be gender inclusive.
- Display posters and brochures of LGBTQIA+ health concerns.
- Establishment of Gay-Straight Alliances (GSAs) and LGBTQIA+ support groups in the middle and high schools.
- Schools should through curricula, encourage respect for the rights of all individuals.
- Creation of LGBTQIA+ related bibliographies for students and staff.
- Purchase of age-appropriate LGBTQIA+ books and resources for school libraries and classrooms.
- Provision of administrator and staff training on LGBTQIA+ harassment, bullying and suicide prevention.
- Provide family support for family members of LGBTQIA+ students.
- Support for special events such as World AIDS Day and Day of Silence.
- Technical support around LGBTQIA+ issues for district administrators and board members.
- Schools are encouraged to have a designated staff member who is proficient in issues related to sexual orientation and gender identify.
- Schools are encouraged to review policies, procedures and data to identify issues and patterns that may create barriers to a safe and successful learning experience for LGBTQIA+ students.
- Schools should have a diversified work force.

(MA DESE, 2017; NPR, 2017; Gender Spectrum, 2018; Hilliard, et al., 2014)

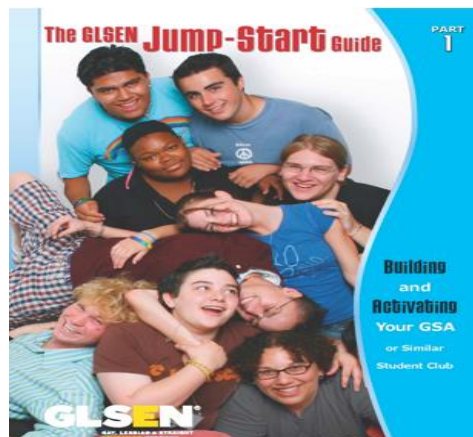
## **Starting a Gay Straight Alliance**

Gay-Straight Alliances or Gender & Sexuality Alliances (GSAs) are forming student-led groups in schools across the United States which helps to welcome and accept all students in a safe environment: GSAs are protected by the First Amendment (protection of speech and

assembly) and the Equal Access Act which provides equal treatment for all student initiated, non-instructional clubs (Williams, 2017). Recognizing that discrimination, bullying, or harassment of LGBTQIA+ or unsure students in school settings violates Title IX of the Education Amendments of 1972 and many times, schools may be held accountable for failure to protect this population (Kimmel, 2016).

Student clubs can provide an environment for support of all students regardless of their gender identity or sexual orientation. Studies that have shown that there is an increase in favorable outcomes related to school connectedness, mental health and decreased substance abuse, if students participate in GSA activities (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Heck, Flentje, & Cochran, 2011; Poteat, Sinclair, DiGiovanni, Koenig, & Russell, 2012; Toomey, Ryan, Diaz, & Russell, 2011).

Another study by Toomey et al. (2013), demonstrated that participating in a GSA during high school promoted young adult well-being with fewer problems with substance use and greater college education achievement. Having a GSA within a school has been shown to foster a positive school climate and provides for opportunities for more staff to become educated on issues faced by the LGBTQIA+ population.



The Gay, Lesbian and Straight Educational Network (GLSEN) is a national organization that makes schools safer for all students regardless of their sexual identity or sexual orientation (GLSEN, 2019). GLSEN (2019) offers advice on how to start a GSA and activities to do with your GSA group.

Here are some tips for starting a GSA from GLSEN (2019):

1. Follow school guidelines for stating a club.
2. Find a faculty advisor.
3. Find students that would be interested. Remember to be all-inclusive.
4. Inform administration.
5. Pick a meeting place Find a time of day and place that would most benefit the students.
6. Advertise
7. Plan your meeting: choose topics to discuss: Pronouns, terminology, school climate, school issues.
9. Hold your meeting.
10. Establish ground rules.
11. Plan: Set Mission and goals, Elect officers, focus on projects: fundraisers, field trips, Day of Silence, Education to staff and fellow students on LGBTQIA+.

### **Curriculum Including LGBTQIA+ Topics**

Students in the GSA groups also suggested that integrating bullying and harassment issues into the school curriculum is effective; they stated that it was important for teachers to continue to intervene and educate students about harassment to create a more positive school climate (Hilliard, et al., 2014). GSAs also often serve to affirm the importance of youths who participate as allies, but are not structured to address the mental health needs of LGBT youth who may be experiencing stressors both inside and outside their school contexts (Craig, et al., 2018).

The presence of LGBTQIA+-inclusive curricula has also been associated with greater peer support: 67% of LGBTQIA+ students reported that their classmates were accepting of LGBTQIA+ people when the school taught inclusive curricula (Snapp, et al., 2015).

LGBTQIA+-inclusive curricula not only offer a sense of validation for LGBTQIA+ students, but

also, they provide other students with an opportunity to understand experiences that may differ from their own, which may in turn help reduce intolerance and prejudicial attitudes towards LGBTQIA+ individuals (Snapp, et al., 2015).

At the school level, when schools teach inclusive curricula, especially in sexuality education/health, students report less bullying and more safety (Snapp, et al. 2015). When lessons are viewed as more supportive, in sexuality education/health, music/art/drama and PE, safety increases and bullying decreases (Snapp, et al., 2015).

LGBTQIA+ students who have supportive, affirming, and protective teachers also have better educational and health outcomes (Coulter & Miller, 2018). Coulter & Miller (2018) also state the importance of supporting LGBTQIA+ students and to intervene against anti-LGBTQIA+ remarks, one of the most frequently cited barriers by teachers to implementing such practices is simply their lack of training.

### **How Can School Nurses Help the LGBTQIA+ Students?**

School nurses are frontline healthcare providers for children in the school's system. Gaps in knowledge and confidence related to the care of students that identify as LGBTQIA+ provides a barrier for youth to access resources such as health services, mental health counseling and community services specific to the LGBTQIA+ population. LGBTQIA+ youth are more likely to be bullied, harassed and are at higher risk for mental health issues and suicidality (Merieish, O'Cleirigh, & Bradford, 2013). Early assessment and intervention to alleviate factors that influence the health and safety of LGBTQIA+ youth are significant for educational achievement, student health and safety (Hager, Burkhart, Komara, & Davis, 2018). Developmental changes that occur during school age are complex (IOM, 2011). LGBTQIA+ youth face the same challenges as their heterosexual counterparts but also have stigma that contribute to health

disparities. The capability to address these disparities is hampered by lack of knowledge of the unique needs of LGBTQIA+ students. The school nurse is encouraged to examine the needs of LGBTQIA+ youth through the lens of minority stress, life course, intersectionality, and social ecology perspectives (IOM, 2011).

In its mission statement, the American Academy of Pediatrics (AAP) (2018) promotes the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. The AAP also stands in support of LGBTQIA+ children and adults, and condemns attempts to stigmatize or marginalize them. Studies have shown that LGBTQIA+ individuals have many inequities in care and avoid or delay care because of discrimination by healthcare providers and institutions (Bristow et al., 2018; Hafeez, Zeshan, Tahir, Jahan, & Naveed, 2017). Healthcare providers can take positive steps to improve access to care of their LGBTQIA+ patients (GLMA, 2017). School nurses as providers can create an environment where all patients feel welcome and can better meet their patients' often-complex health care needs.

Since children have a stable sense of their gender identity by age four and are exploring sexual orientation by approximately age 10 and older (AAP, 2015), it is imperative that all school staff be educated on variation in sexuality, sexual expression and gender identity. It is essential for school nurses to become more knowledgeable in best practices in LGBTQIA+ sensitive care to assist their students in overcoming disparities, and by addressing situation of harassment and bullying.

Nurses still lack basic education about LGBT patient care and, as a result, may have negative attitudes, endorse stereotypes, and/or feel uncomfortable providing care (Carabez, et al., 2015). Nurses must develop an awareness of beliefs, attitudes and values related to sexuality,

and awareness of how these beliefs, attitudes, and values affect their practice (Akinci, 2011). The development of good communication skills through role-playing and asking questions that proceed from less sensitive to more sensitive issues was found to be most helpful (Akinci, 2011). Opening the door to a discussion on current or potential alterations in sexuality and sexual function is often met with relief by the patient (Akinci, 2011).

School staff can help ease the social burden on LGBTQIA+ youth by helping them identify their feelings, using language that affirms their identity and creates an environment where LGBTQIA+ youth can safely express themselves without fear of judgment or retribution (Perron, Kartzos & Himelfarb, 2017). School nurses can help reduce disparities in health for LGBTQIA+ youth by understanding risk for psychological consequences of bullying and advocating for a just and responsive social school culture (Perron, et al., 2017). Implications for school nurses include educating school staff and families as well as providing prompt and appropriate referrals for necessary psychological care (Perron, et al., 2017).

Without infusion of LGBTQIA+-related concerns into sexual health programming, it remains unlikely that LGBTQIA+ adolescents will acquire the appropriate knowledge, skills, and self-efficacy necessary to prevent HIV, STDs, and pregnancy during their adolescent years (Coulter & Miller, 2018). The lack of LGBTQIA+-related topics integrated into health curricula probably has secondary detriments as well (Coulter & Miller, 2018).

Over 89% of the 8,006 respondents on the national school nurse survey indicated that they preferred one-day local educational offerings; absent that, 70% said that they would prefer self-paced self-study learning opportunities (Yonkaitis, 2018). This “flexibility” in how school nurses desire to be taught is a call to provide an assortment of learning opportunities which have the potential to reach all school nurses no matter where they practice (Yonkaitis, 2018).

Nurses with additional continuing education about sexuality have more positive attitudes towards discussing sexual health issues with patients, more perceived confidence and knowledge for sexual counseling, more practice about sexual counseling and more perceived responsibility to provide sexual counseling compared to those without such education (Akinci, 2011).

Participating in safe zone and other training about the physical and mental health risks of the LGBTQIA+ and unsure population as well as training on bullying, violence, cultural competency, and suicide prevention may be particularly useful to the school nurse (Williams, 2017).

Widespread use of preferred names and pronouns throughout the institution is best achieved by incorporating this process into institutional policy that covers how to address patients/students in person as well as how to refer to them with other members of the care team and in medical documentation (Nisly, et al., 2018). In short, it is imperative to use a patient/student's preferred name whether the patient/student is present or not (Nisly, et al., 2018). In creating an environment of true respect for the individuals' identities, it decreases the risk of mistakes, which can be caused by changing back and forth between legal and preferred name (Nisly, et al., 2018). Similarly, by documenting a patient/student's preferred pronouns and committing to using these when talking to the patient/student, about them, and documenting in the medical record, there are less chances for using the incorrect pronouns while communicating with the patient/student and their family (Nisly, et al., 2018). It takes some practice at first, but once the institution adopts these standards, it quickly becomes easy and comfortable for all (Nisly, et al., 2018). Proper education regarding the importance of sexual orientation and gender identity (SOGI) terminology and consistent use results in a significant increase in comfort for

individuals and improves the level of confidence and satisfaction for providers and staff members (Nisly, et al., 2018).

Using wrong or offensive language not only re-traumatizes LGBTQIA+ individuals, it might put them at further risk of continuing harmful and dangerous behavior due to not receiving the help they need and deserve (McCabe, et al., 2018). Do not assume that you know a patient's gender identity, sexual orientation, sexual behaviors or number of partners but rather, create an open and respectful dialogue when collecting appropriate data (McCabe, et al., 2018).

Beyond environmental cues and LGBT- inclusive policies, clinicians can also make strides in improving the health of their LGBT patients by fostering a welcoming environment and by educating themselves about LGBT health topics (Ard & Makadon, n.d.). Taking an open, non-judgmental sexual and social history is key to building trust with LGBT patients. Rather than making assumptions about sexual orientation or gender identity based on appearance or sexual behavior, clinicians should ask open-ended questions, mirroring the terms and pronouns patients use to describe themselves (Ard & Makadon, n.d.). For example, rather than asking a patient: "Do you have a boy/girlfriend?", consider asking "Do you have a partner?" or "Are you in a relationship?", and "What do you call your partner?". Such questions allow clinicians to initiate discussion about relationship and sexual behavior without assuming heterosexuality (Ard & Makadon, n.d.).

### **Summary**

School staff must play a key role in assessing concerns and reducing disparities by bridging the gaps in accessing these unique resources. Efforts by school staff to improve LGBTQIA+ student's success include: Appropriately investigating about and being supportive of a patient's sexual orientation and gender identity, enforcing anti-bullying policies in schools



and providing supportive services and safe place for students (Office of Disease Prevention and Health Promotion, 2014). Research suggests that school staff can improve the health of LGBTQIA+ students through the following interventions; starting a GSA club if one is not in place, providing LGBTQIA+ inclusive curriculum, supporting teachers and school wide education on issues affecting LGBTQIA+ youth, including students, staff, families and community partners in this education starting at an elementary age level (Greytak, Kosciw, & Boesen, 2012). Increased knowledge about inclusive language, terminology, laws and policies fosters a more supportive and safer environment for LGBTQIA+ students and staff. School staff can intervene with students having difficulties in school and linking them with much needed resources.

## Referrals and Resources

Organization	Description
Beyond Gender Project	Resources that help explain the complicated idea of gender, information about advocacy and current issues. <a href="http://www.beyondgenderproject.org">www.beyondgenderproject.org</a>
Boston Children's Hospital Gender management services	A program of Boston Children's Hospital dedicated to providing health care for any youth who has questions about their gender identity and/or sex development. (617) 355-GEMS (4367)
Centers for Disease Control (CDC): Lesbian, Gay, Bisexual and transgender health	Website that provides information and resources on LGBTQIA+ health and services <a href="https://www.cdc.gov/lgbthealth/">https://www.cdc.gov/lgbthealth/</a>
Family Acceptance project™	Program that provides research, intervention, education and policy initiatives that works to decrease major health and related risks for (LGBT) youth. <a href="https://familyproject.sfsu.edu/">https://familyproject.sfsu.edu/</a>
Fenway health	Provides comprehensive medical, behavioral, dental and eye health care in 3 different Boston neighborhoods: West Fens, South Boston, and Chinatown. Services include 24/7 consultations with on-call health care providers.  <a href="#">Primary Care Providers</a> : A list of primary care providers and specialists at Fenway Health Center, with their photo and bio. <a href="https://fenwayhealth.org/care/medical/providers/">https://fenwayhealth.org/care/medical/providers/</a>  <a href="#">Transgender Health</a> : Fenway Health transgender information from walk-in support groups, to hormone therapy, to community resources. <a href="https://fenwayhealth.org/care/medical/transgender-health/">https://fenwayhealth.org/care/medical/transgender-health/</a> <a href="https://fenwayhealth.org/">https://fenwayhealth.org/</a>
Forcier, Michelle MD	Dr. Forcier is a progressive pediatrician, out of Providence RI, delivering up-to-date and cutting-edge care in sexual and transgender health. Her primary practice is Adolescent Healthcare Center while also providing adolescent care out of RI Hospital. <a href="https://www.lifespan.org/michelle-forcier-md">https://www.lifespan.org/michelle-forcier-md</a>
Gender Spectrum	Resources to empower your relationships, work, and interactions with youth and children, including how-to guides, sample training materials, and tools necessary to create gender inclusive environments. <a href="http://www.genderspectrum.org">www.genderspectrum.org</a>
GLAD	GLBTQ legal advocates & defenders <a href="https://www.glad.org/">https://www.glad.org/</a> , Email: <a href="mailto:gladlaw@glad.org">gladlaw@glad.org</a>
GLMA	National Gay and Lesbian Medical Association ensure equality in healthcare for lesbian, gay, bisexual and transgender (LGBT) individuals and healthcare providers. <a href="http://www.glma.org/">http://www.glma.org/</a>
GLSEN	The leading national education organization focused on ensuring safe and affirming schools for lesbian, gay, bisexual, transgender, queer or questioning students. <a href="http://www.glsen.org">www.glsen.org</a>
GSA network	Connects LGBTQIA+ youth for ethnic and gender justice through GSA clubs. <a href="https://gsanetwork.org/">https://gsanetwork.org/</a>

Human rights campaign	Largest national largest civil rights organization working to achieve equality for LGBTQIA+ individuals and groups. <a href="https://www.hrc.org/">https://www.hrc.org/</a>
It gets better project	Global resource for LGBT troubled youth including: community, family, housing, legal, medical, mental health, online, social and youth crisis. <a href="https://itgetsbetter.org/">https://itgetsbetter.org/</a>
Massachusetts commission on LGBTQ youth	<ul style="list-style-type: none"> <li>• Provides training and technical assistance to schools across the state</li> <li>• Organizes the statewide network of Gender and Sexuality Alliances (GSAs)</li> <li>• Works to make schools safer for all students</li> </ul> <a href="https://www.mass.gov/orgs/massachusetts-commission-on-lgbtq-youth">https://www.mass.gov/orgs/massachusetts-commission-on-lgbtq-youth</a>
Lambda legal	A national organization that focuses on lesbian, gay, bisexual, and transgender (LGBT) community's litigation, education, and public policy work. <a href="https://www.lambdalegal.org/">https://www.lambdalegal.org/</a>
National Center for Transgender Equality	Resources on laws and policies affecting transgender people, including legal name and gender marker changes and educational materials. <a href="http://www.transequality.org">www.transequality.org</a>
The National LGBT Health Education Center	Webinars, video training, learning modules, continuing education, and resources. <a href="http://www.lgbthealtheducation.org">www.lgbthealtheducation.org</a>
The Network/La Red	Survivor organization to end partner abuse. Toll free hotline: (617) 742-4911
RAD Remedy	A non-profit organization seeking to connect transgender, gender non-conforming, intersex and queer (TGIQ) people with safe, respectful, and comprehensive health care in their area. <a href="https://radremedy.org/">https://radremedy.org/</a>
PFLAG	National organization that assist families including siblings in finding local chapters for support, resources, information and tools. <a href="https://www.pflag.org/">https://www.pflag.org/</a>
Psychology today finding a therapist	Put your zip code in to find a therapist in your area that specializes in LGBTQIA+ health. <a href="https://www.psychologytoday.com/us/therapists/gay/massachusetts">https://www.psychologytoday.com/us/therapists/gay/massachusetts</a>
Safe Schools program	<p>Program for LGBTQIA+ students through the Massachusetts Department of Elementary and Secondary Education (ESE) and the Massachusetts Commission on LGBTQIA+ Youth. The program offers a range of services designed to help schools implement state laws impacting LGBTQIA+ students</p> <p><a href="http://www.doe.mass.edu/sfs/LGBTQIA+">http://www.doe.mass.edu/sfs/LGBTQIA+</a></p> <p>Email: safeschoolsprogram@doe.mass.edu</p>
Stop Bullying.gov	National website that provides information from government agencies on what various kinds of bullying is, who is at risk, and how you can prevent and respond to bullying <a href="http://www.stopbullying.gov/at-risk/groups/lgbt/index.html">http://www.stopbullying.gov/at-risk/groups/lgbt/index.html</a>
Sydney Borum Jr health center	<p>The Borum is a program of Fenway Health that provides safe, non-judgmental care for young people ages 12–29 "who may not feel comfortable going anywhere else".</p> <p><a href="#">The Borum Providers</a>: Call 617-457-8140 to make an appointment with any of The Borum's expert health providers.</p>
Transgender Medicine and Surgery Boston Medical	<p>This program offers a unified approach giving patients a single point of contact for their sexual and transgender health care needs.</p> <p><a href="https://www.bmc.org/center-transgender-medicine-and-surgery">https://www.bmc.org/center-transgender-medicine-and-surgery</a></p>

Trans Lifeline	A hotline staffed by transgender people primarily for transgender people experiencing a crisis. <a href="http://www.translifeline.org">www.translifeline.org</a> United States: (877) 565- 8860 Canada (877) 330-6366
The Trevor project	The Trevor Project is a national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQIA+) young people ages 13-24. Hotline available 24hours/7days a week: (866) 488-7386
UCSF Center of Excellence for Transgender Health	Guidelines for the care of transgender and gender non-binary people. <a href="http://www.transhealth.ucsf.edu/protocols">www.transhealth.ucsf.edu/protocols</a> . Learning center topics include routine care, cultural competency, mental health, policy; primary care guidelines; online training; and education.
Welcoming Schools	Resources for schools, families and individuals including curriculum, and reading books for all age levels. A division of the human rights campaign.  <a href="http://www.welcomingschools.org/resources/books/lgbtq-inclusive-schools/">http://www.welcomingschools.org/resources/books/lgbtq-inclusive-schools/</a>
World Professional Association of Transgender Health (WPATH)	An interdisciplinary professional and educational organization devoted to transgender health. WPATH also provides the standards of care for the health of transsexual, transgender, and gender nonconforming people. <a href="http://www.wpath.org">www.wpath.org</a>

### Gender Presentation Categories and Considerations

Category	Common Presentation	Nursing Considerations
<ul style="list-style-type: none"> <li>Insistent, consistent, and persistent, cross-sex gender identity</li> </ul>	Early verbal statements of “I am a boy” or “I am a girl”	Listen and do not ignore what these children are saying about their gender
	Early onset gender expression consistent with cross-sex gender identity	Assess and provide support/referrals for parent/guardians
	Gender dysphoria and rejection of genital body parts, often but not always prior to onset of physical pubertal changes.	Carefully assess children with chronic behavioral problems for any struggles with gender expression or identity.
	<ul style="list-style-type: none"> <li>Anxiety, anger, and reclusive behavior that resolves when gender identity is affirmed.</li> </ul>	
	<ul style="list-style-type: none"> <li>Relatively fixed gender identity and expression as boy or girl from very young ages.</li> </ul>	

<ul style="list-style-type: none"> <li>• Creative gender expression</li> </ul>	<ul style="list-style-type: none"> <li>• Creative gender expression (hair, clothes, and play), yet have a gender identity that matches the gender assigned at birth.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and intervene if child is experiencing bullying due to gender expression</li> </ul>
	<ul style="list-style-type: none"> <li>• Does not experience gender dysphoria or distress from assigned sex or gendered body parts.</li> </ul>	<ul style="list-style-type: none"> <li>• Remain cognizant of the differences between gender identity, gender expression, and sexual orientation-do not assume a certain trajectory just because of a creative gender expression.</li> </ul>
	<ul style="list-style-type: none"> <li>• May be annoyed that because of their creative gender expression, people see them as the opposite gender.</li> </ul>	
<ul style="list-style-type: none"> <li>• Non-binary gender identity and gender expression</li> </ul>	<ul style="list-style-type: none"> <li>• Statements include “I’m a boy on the outside and a girl on the inside” or “I am not a boy or girl”.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the lead of the child or adolescent about their gender identity and expression.</li> </ul>
	<ul style="list-style-type: none"> <li>• Gender identity and expression does not fall into male/female binary</li> </ul>	<ul style="list-style-type: none"> <li>• Provide safe spaces to use the bathroom if gender-neutral facilities are not available.</li> </ul>
	<ul style="list-style-type: none"> <li>• Authentic gender is fluid and may change throughout life.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess and intervene if child is experiencing bullying due to gender identity or expression.</li> </ul>
		(Cicero & Wesp, 2017)

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## Sample Transitioning letter

Dear Families,

I am writing to share some information with you. As some of you are aware, we have a child in our school that has recently socially transitioned from a **boy to a girl (or girl to boy)**. This child's gender **(her sense of herself as a girl)** or **(his sense of himself as a boy)** is different from her assigned sex at birth. Social transition means that **she (or he)** is now living as **a girl (or boy)**, and is being referred to by **her (or his)** preferred name and with **female or (male)** pronouns. **She (or he)** lives as a **girl or (boy)** in our school community.

This has been, and will continue to be, a learning experience for our school. Although this situation is new to most of us, we will, as we have always done at the name of the school, continue to be kind and respectful to everyone, and to support, accept and appreciate this student and **her (or his)** family as valued members of our community. This is in keeping with our core values, of the right to a safe, healthy, and well-maintained learning environment.

Some of you may wonder how best to talk with your children in the event that they ask you questions. The simplest response is often the best. The following are some examples of language that may be helpful:

- There are different ways boys and girls express themselves. She feels most comfortable as a girl.
- Referring to someone by the name he or she prefers is a safe and caring thing to do.
- **She's or He's** happiest being called by her new name.

Our school nurse, **name**, and I would be happy to provide you with further resources, including additional language to use in conversations with your children. Please feel free to be in touch with us.

Sincerely,

Principal

**– Confidential –**  
**Gender Support Plan**

The purpose of this document is to create shared understandings about the ways in which the student's authentic gender will be accounted for and supported at school. School staff, caregivers and the student should work together to complete this document. Ideally, each will spend time completing the various sections to the best of their ability and then come together to review sections and confirm shared agreements about using the plan. Please note that there is a separate document to plan for a student formally communicating information about a change in their gender status at school.

School/District \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Name Student Uses: \_\_\_\_\_ Name on Birth Certificate: \_\_\_\_\_  
 Student's Gender Identity \_\_\_\_\_ Assigned Sex at Birth \_\_\_\_\_ Student Grade Level \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sibling(s)/Grade(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Parent(s), Guardian(s), or Caregiver(s) /relation to student  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Meeting participants: \_\_\_\_\_

**PARENT/GUARDIAN INVOLVEMENT**

Guardian(s) aware of student's gender status? 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**

How public or private will information about this student's gender be (check all that apply)?

- ☐ District staff will be aware (Superintendent, Student Support Services, District Psychologist, etc.)  
Specify the adult staff members: \_\_\_\_\_
- ☐ Site level leadership/administration will know (Principal, head of school, counselor, etc.)  
Specify the adult staff members: \_\_\_\_\_
- ☐ Teachers and/or other school staff will know  
Specify the adult staff members: \_\_\_\_\_
- ☐ Student will not be openly "out," but some students are aware of the student's gender  
Specify the students: \_\_\_\_\_
- ☐ Student is open with others (adults and peers) about gender
- ☐ Other – describe: \_\_\_\_\_

If the student has asserted a degree of privacy, what steps will be taken if that privacy is compromised, or is believed to have been compromised? \_\_\_\_\_

How will a teacher/staff member respond to any questions about the student's gender from:

Other students? \_\_\_\_\_  
 \_\_\_\_\_

Staff members? \_\_\_\_\_  
 \_\_\_\_\_

Parents/community? \_\_\_\_\_  
 \_\_\_\_\_

### STUDENT SAFETY

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 student signal their need for help:

During class \_\_\_\_\_

On the yard \_\_\_\_\_

In the halls \_\_\_\_\_

Other \_\_\_\_\_

Other safety concerns/questions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What should the student's parents do if they are concerned about how others are treating their child at school?  
 \_\_\_\_\_  
 \_\_\_\_\_

### PRIVACY: NAMES, PRONOUNS AND STUDENT RECORDS

Name/gender marker are listed on the student's identity documents \_\_\_\_\_

Name/gender marker entered into the Student Information System \_\_\_\_\_

Name to be used when referring to the student \_\_\_\_\_ Pronouns \_\_\_\_\_

Is there a process/form for changing the student's name in the SIS? \_\_\_\_\_ How is accessed/used?  
 \_\_\_\_\_  
 \_\_\_\_\_

If not, what adjustments can be made to protect this student's privacy (see below)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who will be the point person at school for ensuring these adjustments are made and communicated as needed?  
 \_\_\_\_\_

How will instances be handled in which the incorrect name or pronoun are used by staff members? \_\_\_\_\_  
 \_\_\_\_\_

By students? \_\_\_\_\_  
 \_\_\_\_\_

If unable to change the student's profile in the student information system, how will the student's privacy be accounted for and maintained in the following situations or contexts:

During registration \_\_\_\_\_

Completing enrollment \_\_\_\_\_

With substitute teachers \_\_\_\_\_

Standardized tests \_\_\_\_\_

School photos \_\_\_\_\_

IEPs/Other Services \_\_\_\_\_

Student cumulative file \_\_\_\_\_

After-school programs \_\_\_\_\_

Lunch lines \_\_\_\_\_

Taking attendance \_\_\_\_\_

Teacher grade book(s) \_\_\_\_\_

Official school-home communication \_\_\_\_\_

Unofficial school-home communication (PTA/other) \_\_\_\_\_

Outside district personnel or providers \_\_\_\_\_

Summons to office \_\_\_\_\_

Yearbook \_\_\_\_\_

Student ID/library cards \_\_\_\_\_

Posted lists \_\_\_\_\_

Distribution of texts or other school supplies \_\_\_\_\_

Assignment of IT accounts/email address \_\_\_\_\_

PA announcements \_\_\_\_\_

If the student's guardians are not aware and/or supportive of the student's gender status, how will school-home communications be handled?

\_\_\_\_\_

\_\_\_\_\_

What are some other ways the school needs to anticipate the student's privacy being compromised? How will these be handled?

\_\_\_\_\_

\_\_\_\_\_

#### **USE OF FACILITIES**

Student will use the following bathroom(s) on campus \_\_\_\_\_

Student will change clothes in the following place(s) \_\_\_\_\_

If student/parent have questions/concerns about facilities, who should they contact? \_\_\_\_\_

What are the expectations regarding the use of facilities for any class trips? \_\_\_\_\_

\_\_\_\_\_

What are the expectations regarding rooming for any overnight trips? \_\_\_\_\_

\_\_\_\_\_

Are there any questions or concerns about the student's access to facilities? \_\_\_\_\_

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#### EXTRA CURRICULAR ACTIVITIES

In what extra-curricular programs or activities will the student be participating (sports, theater, clubs, etc)?

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What steps will be necessary for supporting the student there? \_\_\_\_\_

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Does the student participate in an after-school program? \_\_\_\_\_

What steps will be necessary for supporting the student there? \_\_\_\_\_

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Questions/Notes: \_\_\_\_\_

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#### OTHER CONSIDERATIONS

Does the student have any sibling(s) at school? \_\_\_\_\_ Factors to be considered regarding sibling's needs?

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Does the school have a dress code? \_\_\_\_\_ How will this be handled? \_\_\_\_\_

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Are there lessons, units, content or other activities coming up this year to consider (growth and development, swim unit, social justice units, name projects, dance instruction, Pride events, school dances etc.)? \_\_\_\_\_

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Are there any specific social dynamics with other students, families or staff members that need to be discussed or accounted for? \_\_\_\_\_

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What training(s) will the school engage in to build capacity for working with gender-expansive students? How will the school work to create more gender inclusive conditions for all students? \_\_\_\_\_

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Does the student use school- or district-provided transportation services? If so, how will the student's gender be accounted for? \_\_\_\_\_

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Are there any other questions, concerns or issues to discuss? \_\_\_\_\_

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**NEXT STEPS: SUPPORT PLAN REVIEW AND REVISION**

How will this plan be monitored over time? \_\_\_\_\_

What will be the process should the student, family, or school wish to revisit any aspects of the plan (or seek additions to the plan)? \_\_\_\_\_

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

Action Item	Who?	When?

Date/Time of next meeting or check-in \_\_\_\_\_ Location \_\_\_\_\_

### Gender Inclusive Registration Forms (guardian)

\_\_\_\_\_ School is committed to recognizing the rich diversity of our students. If you have any questions about any of the information we are collecting, please don't hesitate to discuss with us.

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First Name Child Uses: \_\_\_\_\_

Child's First Name on Birth Certificate : \_\_\_\_\_ Decline to state

Child's Gender: \_\_\_\_ Decline to state \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Another gender (please share child's gender, below)

\_\_\_\_\_

Pronoun child uses: \_\_\_\_ He \_\_\_\_ She \_\_\_\_ They \_\_\_\_ Another pronoun: \_\_\_\_\_

Child's sex on birth certificate: \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Intersex /Other \_\_\_\_ Decline to state (see below if you wish to share details)

Is there anything about your child's gender or sex that you would like for us to know? If you prefer to share this information privately, attach a separate note or we can set up a time to discuss with you in person. Please know that \_\_\_\_\_ school considers this private and confidential information that will only be shared with your expressed permission and guidance.

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## Gender Inclusive Registration Forms (student)

\_\_\_\_\_ School is committed to recognizing the rich diversity of our students. If you have any questions about any of the information we are collecting, please don't hesitate to discuss with us.

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Name You Use: \_\_\_\_\_

First Name on Birth Certificate : \_\_\_\_\_ Decline to state

Gender: \_\_\_\_ Decline to state \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Another gender (please share your gender, below)

\_\_\_\_\_

Pronoun you use: \_\_\_\_ He \_\_\_\_ She \_\_\_\_ They \_\_\_\_ Another pronoun: \_\_\_\_\_

Sex listed on birth certificate: \_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Intersex /Other \_\_\_\_ Decline to state  
(see below if you wish to share details)

Is there anything about your gender or sex that you would like for us to know? If you prefer to share this information privately, attach a separate note or we can set up a time to discuss with you in person.

Please know that \_\_\_\_\_ school considers this private and confidential information that will only be shared with your expressed permission and guidance.

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