

Individual Transition Plan (ITP)

Education Code Section 221.5 (f) A pupil shall be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with his or her gender identity, irrespective of the gender listed on the pupil's records.

Date of meeting: _____

Identified Name: _____

Name as it Appears on Pupil's Records: _____

Identified Gender for student records: ☐ Male ☐ Female

Preferred: ☐ Male ☐ Female ☐ Non-Binary/Other

I agree the following individuals have a legitimate need to know both Legal Name & Identified Name:

☐ Principal ☐ Assistant Principal(s) ☐ Registrar ☐ School Counselor ☐ Health Office Staff

☐ Parents ☐ Mother ☐ Father ☐ Campus Supervisor ☐ Locker Room Attendant

Other adults who may know of transition plan: _____

Teacher(s) Notification (Upon request, the school will notify selected teacher(s) of the Individual Transition Plan (ITP), so they can apply confidentiality safeguards, equal access to educational opportunities, and intervention if bullying or harassment issues are perceived.):

☐ School shall not notify any of my teachers. ☐ School may notify ALL of my teachers.

☐ School may notify the following teacher(s): _____

☐ School may notify substitute teacher(s)

Notification of classmates (It is a personal decision to release confidential information to class-mates and/or staff.):

Identify safe friends and/or staff who may be made aware of the ITP: _____

Identify potential unsafe students and/or situations: _____

Response Plan for dealing with unsafe students and/or situations:

All instances of Harassment/Bullying shall be Immediately reported to the designated site administration.

Report Harassment/Bullying to the following staff member(s):

All transgender students (male, female or non-binary/other) have the right to use the restroom and locker room.

Preferred restroom:

☐ Female ☐ Male ☐ Non-gender specific restroom ☐ Health Office

Preferred locker room:

- ☐ Student will change in common female locker room area
☐ Student will change in common male locker room area
☐ Student will change in a private area: _____

Student requests access to shower: ☐ Yes ☐ No

Plan: _____

Other Accommodations for ITP: _____

Optional Questions:

What supports do you have: _____

What supports do you need: _____

My parents/guardians are aware of my transition: ☐ Yes ☐ No

Notes: _____

Agreement to implement ITP:

_____ Student	_____ Signature	_____ Date
_____ Parent/Guardian /Relationship *	_____ Signature	_____ Date
_____ Parent/Guardian/Relationship*	_____ Signature	_____ Date
_____ Site Administrator/Title	_____ Signature	_____ Date
_____ Other Staff Member/Title	_____ Signature	_____ Date

**Optional per AB1266*