



FORM 1: Pupil initial thoughts page

Date of meeting:		Initial meeting? Y/N	
Legal Name:	D.O.B.:	Year:	Gender Marker: (M/F)
Designated staff member:			
Pupil thoughts/ questions/ pathways they are considering.			
Are parents/carers aware of the above thoughts?			
Does the pupil want parents/carers to be aware?			
Next steps: <ul style="list-style-type: none">• Information will be shared with a small number of staff who will take on board the information outlined above.• If parents are aware/ will be involved an initial call will be made to highlight that a conversation has taken place and the steps that will follow will be explained. A date for a meeting will be set• Meeting to discuss pupil wishes/ thoughts and decide on appropriate next steps• Meeting to discuss further next steps will follow this			
This process will be carefully processed to meet the needs of the individual			

FORM 2a: Initial Parent and pupil meeting

Date of meeting:		Meeting number:	
Legal Name:	D.O.B.:	Year:	Gender Marker: (M/F)
Designated staff member:			
Attendees:			
Pupil to explain their thoughts/ ideas/ questions			
Parents to raise their thoughts/ ideas/ questions			
Areas for further consideration? (GP/ CAMH/ All in agreement?/ questions)			

Potential next steps:

- Meeting to discuss further next steps will follow this and potentially completing Pupil Support Plan

Date for next meeting

Agenda for meeting

Signed by all attendees

Pupil: _____ Date: _____

Parent/Carer Name (if applicable): _____ Date: _____

Staff: _____ Date: _____

FORM 2b: Pupil meeting with minimum 2 staff where pupil has requested parents are not involved

Date of meeting:		Meeting number:	
Legal Name:	D.O.B.:	Year:	Gender Marker: (M/F)
Designated staff member:			
Attendees:			
Pupil to explain their thoughts/ ideas/ questions			
Staff to check that pupil doesn't want parents involved and reasons why			
Areas for further consideration? (GP/ CAMH/ All in agreement?/ questions)			

Potential next steps:

- Meeting to discuss further next steps will follow this and potentially completing Pupil Support Plan

Date for next meeting

Agenda for meeting

Signed by all attendees

Pupil: _____ Date: _____

Staff: _____ Date: _____

Staff: _____ Date: _____

FORM 3a: Transgender Pupil Support Plan

The details and associated time frames included in this support plan should be led by the pupil. There will be regular opportunities for review, especially in the early stages, and the pupil has the right to change the support plan at any point.

Date of meeting:	Initial meeting/s completed prior to this? Y/N Meeting number:
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Section A

Legal Name:	D.O.B.:	Year:	Gender Marker: (M/F)
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Designated staff member:

Has pupil engaged with any other services? (e.g. CAMHS/ GP)

History/other relevant considerations (e.g. siblings at the school)

Parent/ Carer Name: Contact details:	Parent/ Carer informed? Y/N	Parent/ Carer in attendance at meeting? Y/N
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Further comments:

Section B

Is a name/ pronoun change being requested? Y/N	Preferred name:	Preferred pronoun:	From (date):
Gender Identification: Does the young person have a gender identity different to that of their sex assigned at birth? (provide details):		Is the young person requesting to have their gender identity recognised? Yes / No	From (date):

Section C

Plans for toilets:	From (date):
Plans for changing:	From (date):
Plans for residential trips:	From (date):
Plans for gendered activities (e.g. sport):	From (date):
Plans for communication with wider school community/ other young people:	From (date):

Section D

Details of other support (e.g. access to CAMHS, educational psychology, counsellors or resilience support):	From (date):
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Is pupil concerned about negative impacts? (Social isolation/ transphobic bullying/ other?) Y/N	Plans to support pupil if there are any arising negative impacts:
Plan next reviewed (date): <i>The first review should take place within 6 weeks of support plan meeting.</i>	
Signed by all attendees Pupil: _____ Date: _____ Parent/Carer Name (if applicable): _____ Date: _____ Staff: _____ Date: _____	

FORM 3b: Transgender Pupil Support Plan

The details and associated time frames included in this support plan should be led by the pupil. There will be regular opportunities for review, especially in the early stages, and the pupil has the right to change the support plan at any point.

Date of meeting:

Meeting number:

Section A

Legal Name:

D.O.B.:

Year:

Gender Marker: (M/F)

Designated staff member:

Has pupil engaged with any other services? (e.g. CAMHS/ GP)

History/other relevant considerations (e.g. siblings at the school)

Parent/ Carer

Parent/ Carer informed? Y/N

Parent/ Carer in attendance at meeting? Y/N*

Name:

Contact details:

Further comments:

Section B

Is a name/ pronoun change being requested? Y/N	Preferred name:	Preferred pronoun:	From (date):
Gender Identification: Does the young person have a gender identity different to that of their sex assigned at birth? (provide details):		Is the young person requesting to have their gender identity recognised? Yes / No	From (date):
If Parents are not being involved: <ul style="list-style-type: none"> - Will Go4schools be changed? - Will name badge be changed? - Discussion surrounding reports that go home - Discussion surrounding parents evening/ home communication 			Is the pupil aware that as much as possible these steps will be implemented and the potential that something could happen that means this information is shared?
Section C			
Plans for toilets:		From (date):	
Plans for changing:		From (date):	
Plans for residential trips:		From (date):	
Plans for gendered activities (e.g. sport):		From (date):	

Plans for communication with wider school community/ other young people:	From (date):
Section D	
Details of other support (e.g. access to CAMHS, educational psychology, counsellors or resilience support):	From (date):
Is pupil concerned about negative impacts? (Social isolation/ transphobic bullying/ other?) Y/N	Plans to support pupil if there are any arising negative impacts:
Plan next reviewed (date): <i>The first review should take place within 6 weeks of support plan meeting.</i>	
Signed by all attendees Pupil: _____ Date: _____ Parent/Carer Name (if applicable): _____ Date: _____ Staff: _____ Date: _____	

FORM 4: Review Meeting
(within 6 weeks of support plan meeting)

Date of meeting:	Attendees
How is everything going?	
Next steps/ action points	

Next meeting date

Signed by all attendees

Pupil: _____ Date: _____

Parent/Carer Name (if applicable): _____ Date: _____

Staff: _____ Date: _____