



**STUDENT SITE PLAN (SSP)**  
**(Education Code § 221.5, AB 1266)**

The SSP is intended to be a safe, confidential, dignified, student-initiated, and student-driven process used when a student or parent/guardian requests a change to the student's name and/or pronoun, or student access to a facility consistent with their gender identity different than previously used. The District recognizes the importance of site staff collaborating with parents/guardians, while protecting our students and taking into account student's behavior record. It is recommended that the form be completed with an SSP Facilitator or other PPS/Admin credential holder.

**PART A. PARENTS/GUARDIANS INVOLVEMENT**

1. Name of Parents/Guardians: \_\_\_\_\_
  
2. Parent(s)/guardians present during and/or consent to Student Site Plan:  
 Yes (If yes, proceed to Part B.)  
 No (If "No," proceed to question 3.)  
Student may also request a staff member be present.
  
3. Does the student express concern for their physical or emotional health if the parent/guardian is informed of their request to acknowledge their gender identity?  
  
 Yes (If yes, discuss with student the pros and cons of having a formalized document or a verbal plan\* and parents' involvement in continuing this SSP. Continue discussion with student regarding available school programs and activities and use of facilities. Students will still have access to programs and facilities consistent with their gender identity.  
  
 No (If no, develop a plan with the student on how to incorporate the parent(s)/guardian(s) into the SSP process)  
  
**Safety Concerns:** Involve principal if there are safety concerns regarding disclosing the student's gender identity to his/her/their parents.
  
4. Discuss with student options for supporting them in coming out to their parents/guardians. Tools could include: role playing, facilitating a conversation with a parent/guardian, and discussing the value of having the parent/guardian involved.

**PART B. STUDENT INFORMATION**

1. Legal Name: \_\_\_\_\_ Student I.D.: \_\_\_\_\_
2. Chosen/Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_
3. Sex at Birth:  Male  Female
4. Gender Identity: \_\_\_\_\_ Gender Expression: \_\_\_\_\_
5. Student records in Q have or will be updated to reflect the information in 2 – 4 above?  Yes  No
6. Name and pronoun to be used with parents/guardians:
  - a. Parent/guardian 1: \_\_\_\_\_
  - b. Parent/guardian 2: \_\_\_\_\_
  - c. Parent/guardian 3: \_\_\_\_\_
  - d. Parent/guardian 4: \_\_\_\_\_

\* For a verbal plan, continue going through SSP questions with student, but do not complete a formal written plan.



**PART C. IDENTITY IN SCHOOL PROGRAMS, ACTIVITIES, AND FACILITIES**

1. Identity in School Programs and Activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(e.g.: attendance roster, names used with different teachers and staff, public acknowledgment at school, yearbook, student ID card, walk-through registration, diploma, PE Fitness testing.)

If student requests to participate in athletics consistent with gender identity, involve principal or designee.

2. Facilities: Check applicable box(es)

- 2.1 Restroom:             Consistent with sex at birth
- Consistent with gender identity
- Gender neutral/nurse office/cluster office
- 2.2 Locker/Changing Room:  Consistent with sex at birth
- Consistent with gender identity
- Gender neutral/nurse office/cluster office

3. Additional Conditions/Safeguards \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(e.g., safeguards needed during field trips, in the swim unit, during overnight trips, CIF guidelines for sports (if relevant, provide copy to student), etc., attach page(s) for additional space)

4. Date Effective: \_\_\_\_\_. **This Student Site Plan will remain in effect throughout student's enrollment at CUSD; any changes will need to be made to this Student Site Plan. Students desiring to make changes to the SSP should contact \_\_\_\_\_. Student privacy and confidentiality shall be maintained in accordance with applicable laws.**

By signing below, student and parents/guardians (if applicable) acknowledge that student, starting on the date stated above, will participate in sex-segregated school programs and activities and/or use school facilities as stated in this Student Site Plan. Student and parents/guardians also consent to update, if applicable, student records as stated in Section B.5 above. It is recommended the SSP be reviewed at least annually with the student, parent/guardian (if applicable), and staff.

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PART D. DISTRIBUTION OF STUDENT SITE PLAN**

1. **Distribution of Student Site Plan** to the site principal, deputy principal/learning director (7-12), guidance instructional specialist (elementary schools) and the following (**mark as applicable with student and parent / guardian (if applicable) permission**):

- Additional Site Administrators, including Learning Director and Counselor
- School Registrar
- Teacher(s) and PE Supervision: \_\_\_\_\_
- Support Staff (School Psychologist, MHSP, Transitions Team, Student Relations Liaisons, School Nurse): \_\_\_\_\_
- Athletic Coaches and/or Club Advisors: \_\_\_\_\_
- Another CUSD School or School District if Student Transfers

2. **Update in Q**, if applicable, student records as stated in Section B.5:  Yes  No

**SSP Facilitator:**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Principal (required if Principal is not the SSP Facilitator):**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_