



Meeting Request Form

This form is to be used by students and/or families wishing to request a school meeting to discuss gender diversity, name change, and PPS guidance. **Students have the right to submit this form without parent or family notification.** Students will receive notice of a scheduled meeting to discuss their needs within 10 days of submitting this form. Please contact the Program Manager for LGBTQ2SIA+ Supports (lgbtq@pps.net) immediately if you do not hear from your school **within 10 business days.**

Student asserted name:

Date submitted:

Pronouns:

PPS ID:

Email:

Phone:

Do you require accommodations?

Are interpretation services needed?

If so, what language?

Yes

No

Caregiver(s) name(s) and pronouns:

Reminder: A student may elect to advocate for themselves with or without the presence of a caregiver or trusted adult.

**Primary contact for setting meeting
(can be student or caregiver)**

Name:

**Contact information if different
from above**

Phone:

Email:

Preferred method of contact

Email

Phone

Either

Please check all days/times for a meeting that work with your schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Morning

Afternoon

Form received by:

Date: