



**NOTE:** The following form is recommended for use by middle and high school teachers. The form provides an opportunity for students to share the name and pronouns they would feel most comfortable using in your classroom, as well as other information that will help them be successful. If you are interested in modifying this form, or have questions about how to use this form, please contact The LGBTQ Center Long Beach's Youth & Family Services Department: [jgemino@centerlb.org](mailto:jgemino@centerlb.org) | 562-434-4455 ext. 227

## Student Information Sheet (Sample)

1. Student ID Number: \_\_\_\_\_
2. What name would you like to use *in this class*? \_\_\_\_\_
3. What pronouns would you like to use *in this class*?
  - a. She/her/hers
  - b. They/them/theirs
  - c. Ze/zir/zirs
  - d. He/his/his
  - e. No pronouns, use my name only
  - f. I do not wish to disclose
  - g. Fill in: \_\_\_\_\_
4. Can I use this name and these pronouns if I talk to people outside the classroom (e.g. parents/caregivers, your other teachers, etc.) ?     Yes     No
  - a. If NO, which name and pronouns should I use?  
\_\_\_\_\_
5. Describe how you like to learn (e.g. visually, auditory, discussions, reading, activities, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is there anything else that would help you be successful in this class?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*INFORMATION YOU PROVIDED ON THIS FORM CAN BE CHANGED AT ANY TIME!  
JUST ASK THE TEACHER!\*\*\***