

**OYDC
Youth SOGIE Questionnaire**

This form is to be filled out by OYDC Intake Staff in order to provide an opportunity for youth to privately disclose their sexual orientation, gender identity, and gender expression (SOGIE). Information gathered in this form is confidential. Youth have the right to refuse to provide the information below and may not be penalized for refusal. If a youth identifies themselves as an LGBTQI2-S youth, that youth is to be referred to the OYDC Gender Classification Specialist (GCS) and/or qualified personnel within 72 hours of completion of this form. All procedures, questioning, and follow-up must be in compliance with OYDC Policies XIII.24 (LGBTQI2-S) and XV.7 (PREA).

Youth Name: _____ **Date:** _____

Youth Permission for Expression Status:

I agree to provide information concerning my individual LGBTQI2-S status:

_____ Yes _____ No

Youth Signature: _____ **Date:** _____

Gender Identity Questions:

- What is your sex?
 - Female
 - Male
 - Intersex
 - 2-Spirit

- When a person's sex and gender do not match, they might think of themselves as transgender. Sex is determined at birth based on anatomy. Gender is how a person feels. Which one response best describes you?
 - I am not transgender
 - I am transgender and identify as a boy or man
 - I am transgender and identify as a girl or woman
 - I am transgender and identify in some other way

- Do you feel safe in your gender identity?
 - Yes
 - No

- If no, what are you most concerned about?

Gender Expression Questions

- A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people would describe you?
 - Very feminine
 - Mostly feminine
 - Somewhat feminine
 - Equally feminine and masculine
 - Somewhat masculine
 - Mostly masculine
 - Very masculine
- What pronouns do you use?
 - Male pronouns (i.e. he/him/his)
 - Female pronouns (i.e. she/her/hers)
 - Other _____
- A youth has a right to use a preferred name and pronoun. Would you like us to use a preferred name? If yes, what?

○ Do you feel safe in your gender expression?

- Yes
- No

○ If no, what are you most concerned about?

Sexual Orientation Questions

○ Which of the following best describes you?

- Straight (Heterosexual)
- Lesbian
- Gay
- Bisexual
- Asexual
- Not Sure/Questioning

○ Do you feel safe in your sexual orientation?

- Yes
- No

○ If no, what are you most concerned about?

- Are there any other concerns that you have related to your sex, gender, gender expression, and/or sexual orientation that relate to your being here at OYDC?
 - Yes
 - No
- If yes, what are your concerns?

Staff Information

- Based upon the information given above and OYDC policies XIII.24 (LGBTQI2-S) and XV.7 (PREA), does the youth require referral to an OYDC GCS?
 - Yes
 - No

Staff Signature: _____ **Date:** _____