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No. 25-1189

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In the  
**Supreme Court of the United States**

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ROCKLIN UNIFIED SCHOOL DISTRICT,  
*Petitioner,*

v.

PUBLIC EMPLOYMENT RELATIONS BOARD; ROCKLIN  
TEACHERS PROFESSIONAL ASSOCIATION,  
*Respondents.*

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On Petition for Writ of Certiorari  
to the California Supreme Court

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**BRIEF OF *AMICUS CURIAE* DR. ERICA E.  
ANDERSON IN SUPPORT OF PETITIONER**

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**INTEREST OF AMICUS<sup>1</sup>**

Dr. Erica E. Anderson, PhD, is a clinical psychologist practicing in California and Minnesota with over 45 years of experience. Between 2019 and 2021, Dr. Anderson served as a board member for the World Professional Association for Transgender Health (WPATH) and as the President of USPATH (the United States arm of WPATH). Since 2016, Dr. Anderson's work has focused primarily on children and adolescents dealing with gender-identity-related issues at a clinic at Benioff Children's Hospital at the University of California, San Francisco (2016 to 2021), and at a private practice (2016 to present). She has seen hundreds of children and adolescents for gender-identity-related issues, many of whom transition, with her guidance and support. Courts have recognized Dr. Anderson's expertise. *See Mirabelli v. Olson*, 691 F. Supp. 3d 1197, 1207 (S.D. Cal. 2023).

As a practitioner serving children and adolescents experiencing gender incongruence, Dr. Anderson has a strong interest in ensuring that such children receive the best possible care (whether or not they ultimately transition), which, in her view, requires involving their parents.

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<sup>1</sup> As required by Supreme Court Rule 37.6, Amicus states as follows: No counsel for a party authored this brief in whole or in part. No counsel or party made a monetary contribution intended to fund the preparation or submission of this brief. No person other than Amicus or its counsel made such a monetary contribution. Counsel of record received timely notice of intent to file this brief under Supreme Court Rule 37.2.

## INTRODUCTION AND SUMMARY OF ARGUMENT

Thousands of schools around the country, covering millions of students,<sup>2</sup> have adopted policies to secretly facilitate gender identity transitions at school and to hide this from parents who might disagree with this approach. These districts treat school as if it were Las Vegas: “What happens at school stays at school.” These policies have generated dozens of lawsuits, multiple of which have reached this Court. Many more are coming. In one such case, this Court recently held that “[t]hese policies likely violate parents’ rights to direct the upbringing and education of their children.” *Mirabelli v. Bonta*, 146 S. Ct. 797, 803 (2026).

In this case, unlike in the other cases that have come before this Court, the school district *did the right thing* and adopted a policy to notify parents when their children seek to change gender at school. But the teachers’ union fought the policy, and California’s Public Employment Relations Board overrode the district, finding the policy to be an “unfair labor practice.” Pet. 2–6. The district appealed, but the California appellate courts denied review without any substantive analysis. Pet. 6. This Court should, at a minimum, grant the petition, vacate the decision below, and remand for reconsideration in light of this Court’s decision in *Mirabelli*.

As explained in more detail below, gender dysphoria can be a serious mental-health issue requiring professional help, which only the parents

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<sup>2</sup> *List of School District Transgender – Gender Nonconforming Student Policies*, Parents Defending Education, <https://bit.ly/4aiLjPW> (last updated May 4, 2026).

can provide. *Infra* Part I. Indeed, in *Mirabelli*, as in multiple other cases around the country, some parents first learned that their school district was hiding their child’s struggles with gender after a suicide attempt. 146 S. Ct. at 801.<sup>3</sup> The Rocklin Unified School District’s policy is not only consistent with this Court’s cases on parental rights, it also “promotes child safety by guaranteeing fit parents a role in some of the most consequential decisions in their children’s lives.” *Id.* at 803; *infra* Part II. This Court should not allow a teachers’ union and labor relations board to override this important protection for parents and children who are struggling. The consequences could be tragic.

## ARGUMENT

### I. A Social Transition Is a Major Health-Related Decision That Requires Parental Involvement, for Many Reasons.

When children and adolescents express a desire to socially transition to a different gender identity (to change their name and pronouns to ones at odds with their natal sex), there is a major fork in the road, a decision to be made about whether a transition will be in the youth’s best interests. Parents must be involved in this decision, for many reasons.

First, there is an ongoing debate in the mental health community about how quickly and under what conditions children and adolescents who experience

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<sup>3</sup> See also Second Amended Complaint ¶¶54–63, *Perez v. Clay Cnty. Sch. Bd.*, No. 3:22-cv-83 (M.D. Fla., filed May 31, 2023); *Kaltenbach v. Hilliard City Sch.*, No. 24-3336, 2025 WL 1147577, at \*2 (6th Cir. Mar. 27, 2025); *Lee v. Poudre School District R-1*, 135 F.4th 924, 927–29 (10th Cir. 2025).

gender incongruence (a mismatch between their natal sex and perceived or desired gender identity) should transition socially. Childhood social transitions were “[r]elatively unheard-of 10 years ago” but have become far more frequent in recent years.<sup>4</sup> Before the recent trend in some circles to immediately “affirm” every child’s and adolescent’s expression of a desire for an alternate gender identity, a robust body of research had found that, for the vast majority of children (roughly 80 to 90 percent), gender incongruence does not persist.<sup>5</sup> As one researcher summarized, “*every* follow-up study of GD [gender diverse] children, without exception, found the same thing: Over puberty, the majority of GD children cease to want to transition.”<sup>6</sup>

These studies were conducted before the recent trend to quickly transition, whereas some newer studies of youth who *have* socially transitioned show much higher rates of persistence. A study in 2013 found that “[c]hildhood social transitions were important predictors of persistence, especially among

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<sup>4</sup> James R. Rae, et al., *Predicting Early-Childhood Gender Transitions*, 30(5) *Psychological Science* 669–681, at 669–70 (2019), <https://doi.org/10.1177/0956797619830649>.

<sup>5</sup> See, e.g., The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (“WPATH SOC7”) at 11 (Version 7, 2012), available at <https://gendergp.s3.eu-west-2.amazonaws.com/media/Standards-of-Care-V7-2011-WPATH.pdf>.

<sup>6</sup> James M. Cantor, *Transgender and Gender Diverse Children and Adolescents: Fact-Checking of AAP Policy*, 46(4) *Journal of Sex & Marital Therapy* 307–313 (2019), <https://doi.org/10.1080/0092623X.2019.1698481>.

natal boys.”<sup>7</sup> Another recent study of 317 transgender youth found that 94% continued to identify as transgender five years after transitioning.<sup>8</sup>

Considering the vastly different rates of persistence between youth who transition and those who do not, many experts in the field are concerned that a social transition may affect the likelihood that a child’s or adolescent’s experience of gender incongruence will persist.

In the UK, for example, a recent, comprehensive review of the evidence by the National Health Service concluded that “social transition in childhood may change the trajectory of gender identity development for children with early gender incongruence.”<sup>9</sup> This review also found that “those who had socially transitioned at an earlier age and/or prior to being seen in clinic were more likely to proceed to a medical pathway,” with all the associated risks and complications. In view of this evidence, the report

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<sup>7</sup> T. D. Steensma, et al., *Factors Associated with Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study*, 52(6) *Journal of the American Academy of Child & Adolescent Psychiatry* 582–590, at 588 (2013), <https://doi.org/10.1016/j.jaac.2013.03.016>.

<sup>8</sup> Kristina R. Olson, et al., *Gender Identity 5 Years After Social Transition*, 150(2) *Pediatrics* (Aug. 2022), <https://doi.org/10.1542/peds.2021-056082>.

<sup>9</sup> Hilary Cass, *Independent review of gender identity services for children and young people: Final report* at 31–32 (April 2024), <https://cass.independent-review.uk/home/publications/final-report/>.

concluded that “parents should be actively involved in decision making” about a social transition.<sup>10</sup>

Dr. Kenneth Zucker, who for decades led “one of the most well-known clinics in the world for children and adolescents with gender dysphoria,” has argued that a social transition can “become[ ] self-reinforcing” because “messages from family, peers, and society do a huge amount of the work of helping form, reinforce, and solidify gender identities.”<sup>11</sup> He has also written that “parents who support, implement, or encourage a gender social transition (and clinicians who recommend one) are implementing a psychosocial treatment that will increase the odds of long-term persistence.”<sup>12</sup>

The authors of the 2013 study referenced above expressed concern that “the hypothesized link between social transitioning and the cognitive representation of the self” may “influence the future rates of persistence,” while noting that this “possible impact of the social transition itself on cognitive representation of gender identity or persistence” had

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<sup>10</sup> *Id.* at 31, 164.

<sup>11</sup> Jesse Singal, *How the Fight Over Transgender Kids Got a Leading Sex Researcher Fired*, *The Cut* (Feb. 7, 2016), <https://www.thecut.com/2016/02/fight-over-trans-kids-got-a-researcher-fired.html>.

<sup>12</sup> Kenneth J. Zucker, *The myth of persistence: Response to ‘A critical commentary on follow-up studies and ‘desistance’ theories about transgender and gender non-conforming children’ by Temple Newhook et al.*, 19(2) *International Journal of Transgenderism* 231–245 (2018), available at <https://www.researchgate.net/publication/325443416>.

“never been independently studied,” Steensma (2013), *supra* n.7, at 588–89.

Another group of researchers recently wrote that “early childhood social transitions are a contentious issue within the clinical, scientific, and broader public communities. [citations omitted]. Despite the increasing occurrence of such transitions, we know little about who does and does not transition, the predictors of social transitions, and whether *transitions impact children’s views of their own gender.*” Rae (2019), *supra* n.4, at 669–70 (emphasis added).

The Endocrine Society’s guidelines similarly recognize that “[s]ocial transition is associated with the persistence of GD/gender incongruence as a child progresses into adolescence. It may be that the presence of GD/gender incongruence in prepubertal children is the earliest sign that a child is destined to be transgender as an adolescent/adult (20). However, social transition (in addition to GD/gender incongruence) has been found to contribute to the likelihood of persistence.”<sup>13</sup>

The World Professional Association for Transgender Health (WPATH), which takes a decidedly pro-transitioning stance, has acknowledged that “[s]ocial transitions in early childhood” are “controversial,” that “health professionals” have “divergent views,” that “[f]amilies vary in the extent

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<sup>13</sup> Wylie C. Hembree, et al., *Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline*, Endocrine Society, 102(11) J Clin. Endocrinol. Metab. 3869–3903, at 3879 (2017), <https://doi.org/10.1210/jc.2017-01658>.

to which they *allow* their young children to make a social transition to another gender role,” and that there is insufficient evidence “to predict the long-term outcomes of completing a gender role transition during early childhood.” WPATH SOC7, *supra* n.5, at 17.<sup>14</sup>

In short, when a child or adolescent expresses a desire to change name and pronouns to another gender identity, mental health professionals do not universally agree that the best decision, for *every* such child or adolescent, is to immediately “affirm” their desire and begin treating that child or adolescent as the opposite sex. And whether transitioning will be helpful or harmful likely depends on the individual child or adolescent. As WPATH emphasizes, “an individualized approach to clinical care is considered both ethical and necessary.” WPATH SOC8, *supra* n.14, at S45.

While the mental health community continues to debate whether socially transitioning is generally beneficial or not, it is beyond dispute that there is currently little solid evidence about who is right, given how recent a trend this is. *See supra* n.14.

Even setting aside the debate about socially transitioning, there is near universal agreement that, when a child or adolescent exhibits signs of gender incongruence (and a request to change

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<sup>14</sup> The latest version continues to acknowledge “a dearth of empirical literature regarding best practices related to the social transition process.” *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, WPATH, 23 International J. Trans. Health 2022 S1–S258, at S76 (2022), available at <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>.

name/pronouns would qualify), each should be considered separately and individually and can benefit from the assistance of a mental health professional, for multiple reasons.

Every major professional association recommends a thorough professional evaluation to assess, among other things, the underlying causes of the child's or adolescent's feelings and consider whether a transition will be beneficial. The American Psychological Association, for example, recommends a "comprehensive evaluation" and consultation with the parents and youth to discuss, among other things, "the advantages and disadvantages of social transition during childhood and adolescence."<sup>15</sup> The Endocrine Society likewise recommends "a complete psychodiagnostic assessment." *Supra* n.13, at 3877. WPATH, too, recommends a comprehensive "psychodiagnostic and psychiatric assessment," covering "areas of emotional functioning, peer and other social relationships, and intellectual functioning/school achievement," "an evaluation of the strengths and weaknesses of family functioning," any "emotional or behavioral problems," and any "unresolved issues in a child's or youth's environment." WPATH SOC7, *supra* n.5, at 15.<sup>16</sup>

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<sup>15</sup> American Psychological Association, *Guidelines for Psychological Practice With Transgender and Gender Nonconforming People*, 70(9) APA 832–864, at 843 (2015), <https://www.apa.org/practice/guidelines/transgender.pdf>.

<sup>16</sup> WPATH SOC8, *supra* n. 14, at S45, likewise states that "a comprehensive clinical approach is important and necessary," "[s]ince it is impossible to definitively delineate the contribution of various factors contributing to gender identity development for any given young person."

WPATH also recommends that mental health professionals “discuss the potential benefits and risks of a social transition with families who are considering it.” WPATH SOC8, *supra* n.14, at S69.

A professional assessment is especially important given the “sharp increase in the number of adolescents requesting gender care” recently, particularly among adolescent girls (“2.5-7.1 times” adolescent boys). WPATH SOC8, *supra* n.14, at S43. As WPATH acknowledges, an increasing number of “adolescents [are] seeking care who have not seemingly experienced, expressed (or experienced and expressed) gender diversity during their childhood years,” indicating that “social factors also play a role,” including “susceptibility to social influence.” *Id.* at S44–S45.

There is also growing awareness of adolescents who come to “regret gender-affirming decisions made during adolescence” and later “detransition,” which many find to be a “difficult[.]” and “isolating experience.” *Id.* at S47. In one recent survey of 237 detransitioners (over 90% of which were natal females), 70% said they realized their “gender dysphoria was related to other issues,” and half reported that transitioning did not help.<sup>17</sup>

Another reason for professional involvement is to assess whether the child or adolescent needs mental health support. Many experience dysphoria—psychological distress—associated with the mismatch

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<sup>17</sup> Elie Vandenbussche, *Detransition-Related Needs and Support: A Cross-Sectional Online Survey*, 69(9) *Journal of Homosexuality* 1602–1620, at 1606 (2022), <https://doi.org/10.1080/00918369.2021.1919479>.

between their natal sex and perceived or desired gender identity. Indeed, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders' (DSM-V) official diagnosis for "gender dysphoria" is *defined by* "clinically significant distress." See *What Is Gender Dysphoria?*, American Psychiatric Association.<sup>18</sup>

Gender incongruence is also frequently associated with other mental health issues. WPATH's SOC8 surveys studies showing that transgender youth have higher rates of depression, anxiety, self-harm, suicide attempts, eating disorders, autism spectrum disorders, and other emotional and behavioral problems than the general population. *Supra* n.14, at S62–63. All major professional organizations recommend screening for these coexisting issues and treating them if needed. *Id.*; APA Guidelines, *supra* n.15, at 845; Endocrine Society Guidelines, *supra* n.13, at 3876.

Finally, professional support can be vital *during* any transition. A transition can "test [a young] person's resolve, the capacity to function in the affirmed gender, and the adequacy of social, economic, and psychological supports," and "[d]uring social transitioning, the person's feelings about the social transformation (including coping with the responses of others) is a major focus of [ ] counseling." Endocrine Society Guidelines, *supra* n.13, at 3877.

It should go without saying, but parents cannot obtain a professional evaluation, screen for dysphoria

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<sup>18</sup> American Psychiatric Association, *What is Gender Dysphoria?* <http://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>.

and other coexisting issues, or provide professional mental health support for their children, if their school hides from them what is happening at school.

To summarize, no professional association recommends that teachers and school officials, who have no expertise whatsoever in these issues, should facilitate a social transition while at school, treating minors as if they are really the opposite sex, in secret from their parents.

## **II. Parental Decision-Making Authority Includes the Right to Decide How One's Own Minor Children Are Addressed at School.**

A long line of cases from this Court establishes that parents have a constitutional right “to direct the upbringing and education of their children.” *Mirabelli*, 146 S. Ct. at 803; *Mahmoud*, 145 S. Ct. at 2351; *Troxel v. Granville*, 530 U.S. 57, 65 (2000) (plurality op.); *Pierce v. Soc’y of Sisters*, 268 U.S. 510, 534–35 (1925). This is “perhaps the oldest of the fundamental liberty interests recognized by this Court,” *Troxel*, 530 U.S. at 65 (plurality op.), and is “established beyond debate as an enduring American tradition,” *Wisconsin v. Yoder*, 406 U.S. 205, 232 (1972). It is a “basic civil right[ ] of man,” *Skinner v. Oklahoma*, 316 U.S. 535, 541 (1942), “far more precious ... than property rights,” *May v. Anderson*, 345 U.S. 528, 533 (1953).

The “decisional framework” is what matters—government must apply a “presumption that a fit parent will act in the best interest of his or her child,” *Troxel*, 530 U.S. at 69 (plurality op.), and may only override parents after providing procedural due process and a sufficiently high substantive standard, such as “clear and convincing evidence” of harm or abuse, *id.*; *Santosky v. Kramer*, 455 U.S. 745 (1982).

Parental decision-making authority rests on two core presumptions: “that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life’s difficult decisions,” *Parham*, 442 U.S. at 602, and that “natural bonds of affection lead parents to act in the best interests of their children,” far more than anyone else. *id.*; *Yoder*, 406 U.S. at 232 (“The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children.”).

The fact that “the decision of a parent is not agreeable to a child or ... involves risks does not automatically transfer the power to make that decision from the parents to some agency or officer of the state.” *Parham*, 442 U.S. at 603; *cf. Mahmoud*, 145 S. Ct. at 2377 (Thomas, J., concurring). Likewise, the unfortunate reality that some parents “act[ ] against the interests of their children” does not justify “discard[ing] wholesale those pages of human experience that teach that parents generally do act in the child’s best interests.” *Id.* at 602–03. The “notion that governmental power should supersede parental authority in *all* cases because *some* parents abuse and neglect children” is “statist” and “repugnant to American tradition.” *Id.* at 603 (emphasis in original). Thus, as long as a parent is fit, “there will normally be no reason for the State to inject itself into the private realm of the family to further question the ability of that parent to make the best decisions concerning the rearing of that parent’s children.” *Troxel*, 530 U.S. at 68–69 (plurality op.).

Allowing teachers and school staff to hide a child’s struggles with gender from the parents violates parental rights in at least three different ways.

*First*, parents have the constitutional right to *make the decision* about whether a social transition is in their child's best interest. When children or adolescents experience gender dysphoria, whether they should socially transition is one "of the most consequential decisions in their children's lives." *Mirabelli*, 146 S. Ct at 803. As described above, there is an ongoing debate among mental health professionals over how to respond when a child experiences gender incongruence, and, in particular, whether and when children should socially transition. Parental rights include the right to "participat[e] in [this] decision[]." *Mirabelli*, 146 S. Ct. at 803. *Parham*, 442 U.S. at 603.

By overriding the District's parental notification policy, Respondents have taken this life-altering decision out of parents' hands and placed it with educators and young children, who lack the "maturity, experience, and capacity for judgment required for making life's difficult decisions." *Parham*, 442 U.S. at 602. Given the significance of changing gender identity, especially at a young age, parents "can and must" make this decision. *Parham*, 442 U.S. at 603.

*Second*, allowing teachers and staff to conceal a serious mental health issue from parents effectively circumvents their involvement altogether on this sensitive issue. *See Mahmoud*, 145 S. Ct. at 2358 (emphasizing that the district "will not notify parents when the books are being read"); *H. L. v. Matheson*, 450 U.S. 398, 410 (1981) (parents' rights "presumptively include[] counseling [their children] on important decisions"); *Arnold v. Bd. of Educ. of Escambia Cnty., Ala.*, 880 F.2d 305, 313 (11th Cir. 1989). Parents cannot guide their children through difficult decisions without knowing what their

children are facing. The District's policy—before it was torpedoed by the labor relations board—required parental notification so that school staff would not replace parents as the primary source of input for children navigating difficult decisions.

*Third*, by eliminating the parental notification policy, Respondents have interfered with parents' ability to provide professional assistance that their children may urgently need. As explained above, gender dysphoria can be a serious psychological issue that requires support from mental health professionals. And gender incongruent children often present other psychiatric co-morbidities, including depression, anxiety, suicidal ideation and attempts, and self-harm. Teachers and staff do not have the training and experience necessary to properly diagnose children with gender dysphoria or to opine and advise on the treatment options. They cannot provide professional assistance for children dealing with these issues, and parents cannot obtain help for their child if they are kept in the dark. Thus, parents must be notified and involved not only to make the decision about whether a social transition is in their child's best interest, but also to obtain professional support for their child.

This Court has already held that the failure to notify parents likely violates parents' constitutional rights. This Court should not allow a teachers' union and labor relations board to do indirectly what schools cannot do directly.

**CONCLUSION**

This Court should, at the very least, grant, vacate, and remand for reconsideration in light of this Court's decision in *Mirabelli*.

Dated: May 18, 2026.

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