Belonging for each, Success for all EPS

Restorative Conference Agreement

Date: _____ **Referral #**_____

Brief description of the problem: _____

_____

Student Name (author): _____ **Student Name (impacted):** _____

Facilitator Name: _____ **Facilitator Name:** _____

Remember our core values/expectations:

Ex: Safe, Responsible, Kind

We agreed to abide by the following rules of the conference:

- **Tell your truth**
- **Take ownership of your role in this situation**
- **Make a commitment to make right the harm**
- **Allow everyone their turn to speak and be heard**
- **Use respectful language, including tone and body language**
- **Agree to only those things you intend to do**

This is a confidential process; the only thing that will come out of this conference is the contract. All notes will be destroyed. Communication with supervisors will not include details. Keep it confidential (including social media).

We agree to the above guidelines.

_____
Author

_____
Victim

_____
Victim Liaison

_____
Parent/Guardian

_____
Community Member

_____

_____
Community Member

_____
Other

_____
Panel Member

_____
Panel Member

_____
Panel Member

Restorative Conference Script

- **What happened?**
  - **Ask all parties, gain consensus**
  - **Help the Disputants communicate--Ask Who, How, What, or When questions**
  - **Encourage the Author to own actions and encourage others to do the same**

- **What was the thinking?**
  - **Thinking at the time of the act, Thinking after, Thinking now?**
  - **What was the desired outcome of the action?**
  - **What needs were present?**

- **What was the impact?**
  - **Who was most directly impacted and how?**
  - **How was the community impacted?**
  - **How was the author impacted?**

- **What needs to happen now?**
  - **Who needs to do what?**
  - **When does it need to be done?**

Restorative Conference Contract

Name: _____
Reference #: _____

Act (offense): _____
_____

Referring Person: _____
Classroom: _____

Date of Offense: _____ **Date Agreement Signed:** _____

Victim present: YES NO Victim input shared: YES NO Victim Liaison: _____

AMENDS TO THE VICTIM

Apology (circle type): Written Verbal Other N/A

To: _____ Due Date: _____
To: _____ Due Date: _____
To: _____ Due Date: _____

Amends to the Victim:

_____
_____
_____
_____

COMMUNITY RESTITUTION

Opportunity to repair the harm to community:

_____
_____
_____

Community service hours at local non-profit organization: _____
Location recommendations:

_____ Contact #_____
_____ Contact #_____
_____ Contact #_____

LEARNING OPPORTUNITIES

Activities, Meeting Notes, or Special Papers:

_____
_____
_____
_____

Educational and Counseling Referrals: (please see resource book)

_____
_____
_____
_____

NEEDS OF THE AUTHOR

_____
_____
_____

FUTURE MEETING DATES:

Check-in_____
Closure date_____

AGREEMENT

If I do not complete this agreement, the Restorative Justice Panel will recommend that the Administration take further action.

Author: _____ Date: _____

Restorative Justice Panel members and others present at the conference:

Victim
_____
Victim Liaison
_____
Parent/Guardian
_____

Community Member
_____
Community Member
_____
Other
_____

Panel Member
_____
Panel Member
_____