**Restorative Circle (RC) Assessment Form**

Please answer the questions below in order to decide on and prepare for a Restorative Circle.

1. Date and time of incident

2. What was the specific incident? Was it clear what happened?

3. Was the incident one-time or ongoing?

4. Are there safety issues involved? Please name.

5.

|  |  |
| --- | --- |
| Who was harmed or impacted? | Interested inan RC? |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |  |
| --- | --- |
| Who was responsible for the impacts/harm? | Acceptingresponsibility? |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

6. What is the relationship between the involved parties?

Friends

Other

Past Friends

Perceived Adversaries

7. Are the parents/caregivers of the responsible party(ies) holding their child accountable?

|  |  |  |
| --- | --- | --- |
| Name of Parent/Caregiver(s) ofPerson(s) Responsible | Holding ChildAccountable? | Willing toattend RC |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

8. Will there be ongoing support for the key parties involved?

Person(s) harmed

Person(s) responsible

Other Comments: