

Restorative Circle Agreement

Name: _____

Incident: _____ Date: _____

MAKING AMENDS

Action Steps (When, where, how, and support)	Person Responsible	Completion Date	Verified By

PREVENTING FURTHER HARMS OR IMPACTS

Action Steps (When, where, how, and support)	Person Responsible	Completion Date	Verified By

Length of Agreement:_____ **Completion Date:** _____

Primary Monitor(s) of Agreement: [enter Names]

Agreement includes:

- | | |
|---|---|
| <input type="checkbox"/> Letters or verbal apology | <input type="checkbox"/> Support for person harmed |
| <input type="checkbox"/> Payments | <input type="checkbox"/> Support for person responsible |
| <input type="checkbox"/> Service Work | |
| <input type="checkbox"/> Backup plan | |
| <input type="checkbox"/> Explained outcome if plan is completed | |

Restorative Circle agreement provided to:

- ☐ Responsible party and family/caregivers
- ☐ Person harmed and family/caregivers
- ☐ Referring Office

Signed by

_____	_____
Student	Date

_____	_____
Parent/Caregiver	Date

This is an accurate record of the restorative circle agreement.

_____	_____
Restorative Circle Facilitator	Date