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| **Restorative Action Plan** |

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| Name: | | | Grade: |
| Case No.: | Client No.: | Coordinator: | |
| Date Referred: | | Referred by: | |
| RP Date/Time: | | Location: | |

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| Issues or offenses addressed at this restorative process: |

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| Conference Participants: |

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| --- | --- | --- |
| Name | Role | Contact Info |
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| **Agreements** |

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| Agreements |
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| Action Items | Due Dates: | Completed | Monitored By: |
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| Check-In Date | Monitored By |  | Check-In Date | Monitored By |  | Check-In Date | Monitored By |
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This plan accurately reflects my understanding of the decisions reached at the restorative process.

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Youth Date

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Coordinator Date