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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