

# **Restorative Action Agreement for Student Misconduct**

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Staff Member(s):** \_\_\_\_\_

**Location/Incident:** \_\_\_\_\_

## **Description of Misconduct**

---

## **Impact on Others**

---

## **Restorative Actions/Agreements**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Monitoring and Follow-Up**

---

## **Agreement**

By signing below, the student acknowledges responsibility for their actions and agrees to complete the outlined restorative actions. All parties commit to supporting the successful completion of this agreement.

Student Signature \_\_\_\_\_

**Date:** \_\_\_\_\_

Staff Signature \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

---

**Date:** \_\_\_\_\_