

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:
