Restorative Justice Agreement Form Date of Meeting: **Disputants** Referral Source Administrator Teacher Student Self Other _____ **Conflict Information** What is the conflict about? 1. Did we recognize an injustice/violation? YES NO Other 2. Did we restore equity? Apology for injustices/violations Nothing beyond this meeting necessary Other ____ 3. Future Intentions (AGREEMENT/CONTRACT) We agreed to prevent the problem from happening again by: Student Signatures: _____ Student Signatures: _____ 4. Follow-Up Meeting We agreed to meet again for a follow up meeting. Follow up meeting date: Student Signatures: _____ Student Signatures: _____ Follow-up Results: