Here's Your Kid Back… Oh, and By the Way…
(a survey for teachers who have accessed RLP for a student issue)

Name of Student: ____________________
Dates of RLP intervention: _____________

Reason for Referral:

☐ De-escalation
☐ Low Level Behavior
☐ Leaving Class
☐ Disrespect to peers and staff
☐ Disruptive Classroom Behavior
☐ Bullying/Harassment
☐ Other ____________________

Did the student complete all 4 steps of the Restorative Process?  YES  NO

Goals For Improvement: __________________________

Friday Follow Up:

Did student demonstrate improved behaviors?  YES  NO

If yes, did the frequency of the behavior decrease?  YES  NO

Any ongoing concerns? (check all that apply)

☐ Low Level Behavior
☐ Leaving Class
☐ Disrespect to peers and staff
☐ Disruptive Classroom Behavior
☐ Bullying/Harassment
☐ Other_________________

Additional Notes: __________________________

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