

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: _____

