



Restorative Circle REFERRAL FORM

SUBMIT COMPLETED FORM TO:
referral@thecra.net

SCHOOL

NAME OF SCHOOL:

DATE OF INCIDENT:

CONTACT PERSON:

This Restorative Circle is for:

POSITION:

Prevention

Intervention

TELEPHONE:

EMAIL:

DESCRIPTION OF INCIDENT: (use back if necessary)

Names of Teacher/Staff Participant(s):	Planning Period:	Involvement:	Telephone Number(s):	Email Address:

Names of Youth Participants:	IEP? Y/N	Grade Level:	Involvement:	Days of ISS/OSS Pending:	Guardian Name(s):	Telephone Number(s):	Referral discussed with youth & guardian?

OFFICIAL USE ONLY:

CASE NUMBER: _____ FACILITATOR: _____ PREP TIME: _____ Number of Prep Conversations: _____

CASE STATUS: _____ TOTAL # OF DAYS _____ PREVENTED _____ Date Referral Received: _____

ISS

OSS