



# Professional Practice Support

## RESTORATIVE PRACTICE: RETURN TO CLASS AGREEMENT

Name:  Form/Class:

Date:  Teacher:

**This has been written to help you to raise your self-awareness, improve your learning habits in class and protect the rights of others; the right of other students to learn, the right of the teacher to teach.**

**You will not return to this class until:**

- you have reflected on your behaviours and who they affected
- you can suggest things to do to improve your learning habits in class
- you have completed this form and discussed it with your class teacher.

### Student Section

What happened and what did I do or say?

What was I thinking about at the time?

Who has been affected by what I did or said?

In what ways were they affected?

What have I thought about since what happened?

What things do I need to do for those affected and to improve my learning habits?

Who can help me do these things?



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## Teacher Section

As your teacher I will help you to improve your learning habits by

1) Student signature

2) Teacher's signature

3) Coordinator's/Advisor's signature

## Checklist

Tracking Completed? ☐

Note in Student's Planner? ☐

**Please give this completed form to your Year Level Coordinator/Advisor who will explain the situation to your Parents/ Carers.**

Consequences:

Parent's/Carer's signature/s