



# Professional Practice Support

## RESTORING FOCUS

Name:

Form/Class:

Date:

Teacher:

This is to help you to:

- feel good about yourself
- make things right for you
- your reflective and resilient habits
- protect the rights of others in the school community to feel safe and comfortable
- protect the rights of other students to learn
- protect the rights of teachers to teach.

### Student Section

What happened and what did you do or say?

What were you thinking about at the time?

Who has been affected by what you did or said?

In what ways were they affected?

What have you thought about since what happened?

What things do you need to do for those affected to make things right?

Who can help you do these things?

What can we do to ensure this doesn't happen again?

## Professional Practice Support

### Teacher Section

As your teacher I will help you by

1) Student signature

2) Teacher's signature

3) Coordinator's/Advisor's signature

### Checklist

Affected others?

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 for my actions:

Parent's/Carer's signature/s