

# The Conflict Resolution Center

## PARTICIPATION AGREEMENT – RELEASE of INFORMATION – **SERVICE PLAN**

☒ **AGREEMENT:** Student/Client Name: \_\_\_\_\_ D. O. B. : \_\_\_\_\_ Age: \_\_\_\_\_

**GRADE:** \_\_\_\_\_ @ \_\_\_\_\_ ☐ Elem ☐ MS ☐ HS **IEP:** \_\_\_\_\_ yes \_\_\_\_\_ no  
Individualized Education Plan

1. The participant must take part in all activities required by the referring person/agency.

2. The behavioral requirements of the participant while in this program are as follows:

**PROGRAM:** \* No cell phones (all electronic devices must be turned off while participating).

\* No use of tobacco products.

\* The participant must be respectful to mediators, classmates, and instructors.

\* No cursing or threatening language.

\* There must be no violence on the premises.

3. If the behavioral requirements are not met, the conditions will be:

\* **First Offense:** Verbal Warning (both)

\* **Second Offense:** Time out with Additional Work (classes). Dismissal from the program. (mediation)

\* **Third Offense:** Dismissal from the program. The case will be returned to the referring person and/or agency for further action.

4. The participant will be supervised, at all times, while taking part in program activities.

5. Parents/Guardians are responsible for providing transportation to program session(s) if not held at school during the day.

6. Parents/Guardians may be encouraged to participate in portions of the program, as recommended by CRC staff.

7. If the participant is unable to attend the program session, documentation must be provided (i.e. doctor's note, court documents, obituary [death in immediate family]) in order to excuse an absence. The youth must re-schedule at the convenience of CRC staff.

### ☒ **FOR RELEASE/EXCHANGE of CLIENT INFORMATION:**

As parent/legal guardian of the juvenile named above, I hereby give consent for the Conflict Resolution Center to release/exchange information and records with the referral source regarding my child. This consent includes, but is not limited to: the release of school's academic, attendance, special education, and/or disciplinary records. I understand that this information will only be shared on an as needed basis with/among child serving agencies, DPS Area Consultant or JCPC monitoring Representative.

### **SERVICE PLAN FOR REFERRED YOUTH** (Please check a block for program to complete)

☐ **Mediation Session:** Program Services to include: Consent to Mediate/Terms of Agreement/Report of Mediator

**Frequency of Contact:** 1 session lasting 1.25-1.50 hours in length **Location of Mediation:** TBD based on appointment date

☐ **Conflict Resolution Education:** Program Services to include: Workbook and 4 hours of class time

**Frequency of Contact:** 1-4 sessions lasting 1-1.50 hours in length **Location of Class:** TBD based on appointment date

☒ I/We have read the foregoing and agree to the terms set forth above:

X \_\_\_\_\_  
Youth's signature Date

X \_\_\_\_\_  
Parent/Guardian's signature Date

X \_\_\_\_\_  
CRC Representative's signature  
Date: \_\_\_\_\_

CRC Staff will complete this section:

**Appointment Date Set for:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Staff Member:** \_\_\_\_\_

**Location:** \_\_\_\_\_