**The Conflict Resolution Center**

**PARTICIPATION AGREEMENT – RELEASE of INFORMATION – SERVICE PLAN** *for Conflict Resolution Class*

**[x]  AGREEMENT:** Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. O. B. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

**GRADE:\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_ 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:**

 **BOTH PROGRAMS:** **\* 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.**

**[ ]  CONFLICT RESOLUTION/ANGER MANAGEMENT CLASSES (if checked - see service plan below):**

 **\* All assignments must be completed. \* Tardiness will not be tolerated.**

**\* The participant must attend all conflict resolution/anger management classes, if required.**

**\* Inappropriate apparel (revealing shirts, shorts, or skirts, visible underwear, shirts untucked) will not be tolerated.**

**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 mediation and/or conflict resolution classes.**

**5. Parents/Guardians are responsible for providing transportation to mediation sessions and/or conflict resolution classes.**

**6. Parents/Guardians may be encouraged to participate in portions of the program.**

**7. If the participant is unable to attend class or mediation, 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.**

**[x]  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 Conflict Resolution/Anger Management Classes (only)*: ***Program Services to include*:** Written exercises & worksheets and instructions in essential like skills (such as, positive decision making, anger management & conflict resolution skills). **Location of Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Frequency of Contact:*\_\_\_\_\_\_\_\_\_\_\_** class sessions/ **\_\_\_\_** hours per week on**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**days from  **\_\_\_:\_\_\_\_**pm - **\_\_\_:\_\_\_\_** pm  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Length of stay:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks beginning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additions to the Individual Service Plan:**\_\_\_\_\_\_\_\_\_\_Pre-Test, Post-Test, Video-Modelling & Exit Survey\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**[x]  I/We have read the foregoing and agree to the terms set forth above:**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Youth’s signature Date Parent/Guardian’s signature Date

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CRC Representative’s signature Date