

# The Conflict Resolution Center

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

☒ **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.

### ☒ **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 life 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

☒ 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