**The Conflict Resolution Center**

**PARTICIPATION AGREEMENT – SERVICE PLAN** *for Conflict Resolution Class*

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 class instructor. Participation level will be graded by instructor during each class.**

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

**\* No use of cell phones** (all electronic devices must be turned off while participating)**. \*No use of tobacco product or vapes**

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

**\* No cursing or threatening language. \* There must be no violence on the premises. \* All assignments must be completed.**

**\* Tardiness will not be tolerated. \* The participant must attend all conflict resolution/anger management classes.**

**\* 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*  **\* Second Offense:** *Time out with Additional Work*

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

**4. All participants will be supervised, at all times, while taking part in conflict resolution classes.**

**5. Parents/Guardians are responsible for providing transportation to 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, 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.**

**8. Youth or Parent/Guardian can only reschedule a class 1 time to prevent delays in completing the class within the set timeframe.**

**SERVICE PLAN** *for Conflict Resolution/Anger Management Classes*

***Program Services to include*:** Written exercises & worksheets and instructions in essential like skills (such as, positive decision making, anger management & conflict resolution skills workbook).

**Location of Class: Virtual class – date and time will be set up with CRC Staff. All classes to be completed before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

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

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

***Location of Services:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**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