



RATES School Referral Form

School: _____

Referring School Administrator: This person will serve as a liaison between the school and RATES.

S/he will be invited, but not required, to attend two RATES meetings with the student, will meet with the student to approve the agreement, and will be notified of the outcome of the process.

Last Name: _____

First Name: _____

Position: _____

Phone: _____

Email: _____

Best times to reach by phone: _____

Referred student(s) (Person who did harm):

Referred Student #1:

Date of Birth: _____

Last Name: _____

First Name: _____

Lives with: _____

Grade: _____

Parent/guardian contact information

Last Name: _____

First Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Best times to reach by phone: _____

Referred Student #2:

Date of Birth: _____

Last Name: _____

First Name: _____

Lives with: _____

Grade: _____

Parent/guardian contact information

Last Name: _____

First Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Best times to reach by phone: _____

Harmed Party(ies):

Harmed Party #1:

Has Harmed Party #1 given consent to be contacted by RATES? Yes No

If yes, complete following:

Date of Birth: _____

Last Name: _____

First Name: _____

Lives with: _____

Grade/Position: _____

Parent/guardian contact information

Last Name: _____

First Name: _____

Cell Phone: _____

Home Phone: _____



Email: _____ Best times to reach by phone: _____

Level of participation: Full Participation Agreement Meeting w/ Optional Reintegration Meeting Victim Impact Statement Surrogate Non-Participation

Harmed Party #2:

Has Harmed Party #2 given consent to be contacted by RATES? Yes No

If yes, complete following:

Date of Birth: _____

Last Name: _____

First Name: _____

Lives with: _____

Grade/Position: _____

Parent/guardian contact information

Last Name: _____

First Name: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Best times to reach by phone: _____

Level of participation: Full Participation Agreement Meeting w/ Optional Reintegration Meeting Victim Impact Statement Surrogate Non-Participation

The following information must be complete enough to represent the school's perspective in the RATES circle should there be no school representative present. All questions should be answered in full - other than the Harmed Party's name IF the Harmed Party has chosen non-participation.

1. Date of incident: _____ Date of referral to RATES: _____
2. Provide a narrative of the incident that is the basis of the referral. Please include any varying points of view about what happened and what you see as related events

3. What harm occurred: (Answer all three below)

a. To individual Harmed Party(ies) _____

b. To the school community _____

c. To the referred student _____

4. What do you think could repair these harms: (Answer all three below)

a. To individual Harmed Party(ies) _____

b. To the school community _____

c. To the referred student (activities to promote making better future choices) _____

5. Describe any concerns about underlying issues, e.g., drugs/alcohol, gang involvement, past history among involved parties, etc. _____

6. Describe any school sanctions that have been imposed _____

7. What restorative outcome would you like to see as a result of this process? _____



8. Are there any time constraints that will affect the RATES agreement? _____

9. What will be the consequences for the student of not completing the RATES program?

10. Are there service projects available at your school related to this student's offense (to be considered as potential contract items)? _____

11. Is there an adult in the school that the student connects with? This person will be invited, but not required, to attend two RATES meetings with the student.

Last Name: _____	First Name: _____
Position: _____	Phone: _____
Email: _____	Best times to reach by phone: _____

12. RATES supports students to make better future choices by building on their assets and recognizing their real and potential value to their school community. What strengths do you recognize in this student, and what is his or her value to your school community?



RATES PARENT CONSENT FORM FOR EXPULSION PROCEEDINGS
Restorative Alternative to Expulsion and Suspension (RATES)

As an alternative to expulsion the parent / guardian of _____, has agreed to participate in the RATES program. By agreeing to participate they have agreed to request an extension of the timeline required for an expulsion hearing. Should _____, participate and successfully complete the program this expulsion will be canceled. However should _____, not complete or comply with the conditions set forth by the RATES circle process, the expulsion will be rescheduled and the parents agree to keep the student out of school until such time as the formal expulsion is completed. Cancellation of the expulsion proceeding will only be done if RATES certifies to the expulsion office that the student has complied and completed the process to his or her satisfaction.

All parties understand it is the parent and student's responsibilities to appear and comply with the RATES program. Failure to do so will result in immediate reinstatement of suspension and expulsion processes.

By signing below I agree for the school to share all information regarding the expulsion-related incidents as well as grades, attendance, behavior incidents and other information that is requested by the RATES officer. RATES may also share or receive information from any public agency that the RATES officer determines to be necessary. I also agree that the RATES staff has our permission to speak with other professionals and persons, in or out of school, who may have worked with our student to share information for the purpose of better understanding how to support this student's school success.

Privacy Agreement

While participation in the Restorative Alternatives to Expulsion and Suspension (RATES) process is voluntary, in order to fully participate, I agree to abide by all of the rules and requirements of the process, including, but not limited to, keeping all information confidential. Information includes the identities of all participants, as well as any and all discussions, statements, and documents that are used, made, or discussed at any time prior to, during or for the process. In the event that I feel a need to talk further about the process at any time, I will contact Sarah Madrigal-Perry (303-776-1527) or sarahmp@lcjp.org, RATES Program Coordinator.

Parent or Guardian Signature

Parent or Guardian Best Contact

Student Signature

Student Best Contact

Referring Party Signature

Date of signing



RATES PARENT CONSENT FORM FOR SUSPENSION PROCEEDINGS
Restorative Alternative to Expulsion and Suspension (RATES)

As an alternative to suspension the parent / guardian of _____, has agreed to participate in the RATES program. By agreeing to participate they have agreed to request a reduction in the suspension time and/or deferment until the RATES process is complete. Should _____, participate and successfully complete the program this remainder of the suspension will be canceled. However should _____, not complete or comply with the conditions set forth by the RATES circle process, the suspension will be reinstated and can be used to level a student toward expulsion. Cancellation of the suspension proceeding will only be done if RATES certifies to the referring agent that the student has complied and completed the process to his or her satisfaction.

All parties understand it is the parent and student's responsibilities to appear and comply with the RATES program. Failure to do so will result in immediate reinstatement of suspension processes.

By signing below I agree for the school to share all information regarding the suspension-related incidents as well as grades, attendance, behavior incidents and other information that is requested by the RATES officer. RATES may also share or receive information from any public agency that the RATES officer determines to be necessary. I also agree that the RATES staff has our permission to speak with other professionals and persons, in or out of school, who may have worked with our student to share information for the purpose of better understanding how to support this student's school success.

Privacy Agreement

While participation in the Restorative Alternatives to Expulsion and Suspension (RATES) process is voluntary, in order to fully participate, I agree to abide by all of the rules and requirements of the process, including, but not limited to, keeping all information confidential. Information includes the identities of all participants, as well as any and all discussions, statements, and documents that are used, made, or discussed at any time prior to, during or for the process. In the event that I feel a need to talk further about the process at any time, I will contact Sarah Madrigal-Perry (303-776-1527) or sarahmp@lcjp.org, RATES Program Coordinator.

Parent or Guardian Signature

Parent or Guardian Best Contact

Student Signature

Student Best Contact

Referring Agent Signature and Title

Date of signing

Restorative Alternative to Expulsion and Suspension (RATES) Info Sheet



Date: _____ **Referring Agent:** _____

Reason for Referral and Expected Deferment (*i.e.* # of days of suspension reduced, expulsion deferred, ticket avoided, etc): _____

This case has been referred to the Restorative Alternative to Expulsion and Suspension (RATES) Program with the Longmont Community Justice Partnership (LCJP). Please contact the RATES Coordinator at 303-776-1527 **within 3 school days** as a demonstration that you want to participate.

What is Restorative Justice through the RATES Program?

- A process that is built on the principles of relationship, respect, responsibility, repair of harm and reintegration
- An alternative response to crime or conflict in SVVSD schools that is only available to people who take responsibility for their actions
- A process that allows the referred student, harmed party, and school to identify the impact of this incident on people and/or property
- The possibility of repairing the harm of this incident without going to court, receiving criminal charges, suspension or expulsion (depending on the case and the discretion of the school)
- A place where all persons involved have a voice in the justice process by telling how they were affected and how the harm can be repaired
- Referred Students will be held accountable for their actions and agreements made in the restorative process
- Restorative Justice is NOT about punishment. It is a way to make things right and reintegrate back into the community

If there are questions with regards to the RATES Program or this referral, please contact the LCJP office at 303-776-1527.

www.lcjp.org

Información sobre Alternativa Restaurativa a la Expulsión y Suspensión (RATES)



Fecha: _____ **Representante de la Escuela:** _____

Razón por la referencia y la aplazamiento expectativo (*por ejemplo: # de días de suspensión reducido, aplazamiento de expulsión, referencia a la corte prevenido, etc.*) _____

Este caso ha sido remitido al Programa de Alternativa Restaurativa a la Expulsión y Suspensión (RATES) con la Asociación de la Justicia Comunitaria de Longmont (LCJP). Por favor, llame al Coordinadora del Programa de RATES al 303-776-1527 **dentro de 3 días de escuela** para mostrar que quiere participar.

¿Qué es la Justicia Restaurativa del Programa de RATES?

- Un proceso basado en los principios de relaciones, respeto, responsabilidad, reparo de daño, y reintegración
- Una respuesta alternativa a la delincuencia o el conflicto en las escuelas de SVVSD que sólo está disponible para las personas que asumen la responsabilidad por sus acciones
- Un proceso que permite a la víctima, el estudiante referido y la comunidad de la escuela identificar el impacto de este incidente en las personas y / o la propiedad
- Una posibilidad de reparar el daño del incidente sin ir a la corte, recibir cargos criminales, suspensión o expulsión (depende en el caso y la discreción de la escuela)
- Un lugar donde todas las personas involucradas tengan una voz en el proceso de justicia diciendo cómo les afectó y cómo el daño puede ser reparado
- Los Estudiantes Referidos tendrán que rendir cuentas de sus actos y llegar a un acuerdo en el proceso restaurativo
- La justicia restaurativa no es sobre el castigo. Es una manera de hacer las cosas bien y reintegrar en la comunidad

Si tiene alguna pregunta con respecto al Programa de RATES o esta referencia, por favor llame a la oficina de LCJP: 303-776-1527.

www.lcjp.org