# Restorative Approach to Conflict Resolution

Date: _____/_____/ ___

| | | |
|---|---|---|
| Agreement between (names): | | |
| | | |
| | | |
| Facilitator(s) | | |
| To make things better, I agree to: | | |
| Signed | Name: | Date: |
| Signed | Name: | Date: |
| Signed | Name: | Date: |
| Signed | Name: | Date: |
| Signed | Name: | Date: |
| Signed | Name: | Date: |