



Parklands Christian College

RTP Lower Primary Student Plan

Student Name: _____

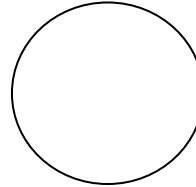
Date: _____

Grade: _____

Referring Teacher: _____

What happened for you to get sent to RTC?

How did this make you feel at the time?



What rule did you not follow?

1/ I can **respect the right of others to learn**: listen to the teacher, sit still and be silent.

I can respect the right of others to learn.

2/ I can be **safe and keep others safe**: keep hands and feet and mouth to myself. Keep other's feelings safe.

I can be safe and keep others safe.

3/ I can be **prepared and ready to learn**: my bag is packed and I have my hat and lunch.

I can prepared and ready to learn.

4/ I can **respect others property**: only touch things that are mine and look after school property.

I can respect others property.

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RTC Facilitator Questions to ask student (Please circle)

Did someone get hurt? **YES / NO/ NA**

Did I say "Stop, I don't like it"? **YES / NO / NA**

Did I tell the teacher what happened? **YES / NO/ NA**

Did I tell the truth the first time? **YES / NO / NA**

Did I walk away? **YES / NO/ NA**

How do you think the other student/teacher felt? _____

Did you say sorry? **YES / NO/ I WILL**

What are you going to do when you go back to class?

GOAL

How will you achieve your goal?	What might disrupt you from achieving your goal?	What will you do if you are disrupted?
I will		I will
I will		I will

How would you like to be described by your classmates/friends? (Please circle 1-3)

Happy noisy active friendly argues unkind truthful funny

Kind caring lazy helpful messy encouraging troublemaker

RTC Facilitator Signature: _____ **Date:** _____

Class Teachers Signature: _____ **Date:** _____

HOS Signature: _____ **Date:** _____

Additional NOTES:

RTC Facilitator / Teacher file notes/comments: _____
