

## PB4L RESTORATIVE PRACTICE SESSIONS

**Date:**

**Format:**

**Objectives:**

**Modules to be used:**

**Restorative Practice coach's observations:**

**Restorative Practice coordinator's observations:**

## PB4L RESTORATIVE PRACTICE NEXT STEPS SESSIONS

Session number:

Facilitated by:

Date:

Format:

Objectives:

Modules to be used:

Resources: Hard copy handouts ☐ PowerPoint ☐ Extra equipment ☐

Facilitator's notes:

Feedback from staff:

Restorative Practice coach's reflections:

Next steps for ongoing staff PLD: