

Peer Mediation Referral

Date: _____

Name of students in conflict:

1. _____ title: _____

2. _____ title: _____

Briefly describe the conflict:

How long has this issue been a conflict? (check all that apply)

1-2 days

2-4 weeks

3-7 days

over 1 month

1-2 weeks

Are both parties aware that they have been referred for a mediation? Yes No

Mediation requested by (check all that apply)

Administration

Peer mediator

Counselor

Student

Other

Teacher

Other (specify) _____

Signature: _____

Please return this form to the mediator/step here in the Student Department.
Thank you for your referral.