

Peer Mediation Referral Form

Date: _____

Names of students involved in the conflict:

- _____ Grade _____
- _____ Grade _____

Where did the conflict occur: (circle all that apply)

- | | |
|-----------------------|---------|
| Classroom | Hallway |
| Cafeteria | Outside |
| Other (specify) _____ | |

What is the conflict about: (circle all that apply)

- | | |
|---------------------|-----------------------|
| Rumors | Name calling |
| Relationship issues | Friendship |
| Teasing | Prejudice |
| Threats | Other (specify) _____ |

Briefly describe the conflict:

Mediation requested by: (circle one)

- | | |
|-----------------------|---------------|
| Student | Teacher |
| Counselor | Administrator |
| Other (specify) _____ | |

I agree to the following ground rules:

- Confidentiality
- Only one person speaks at a time
- Each person speaks with honesty
- No name calling, profanity or put downs

Student signature _____

Student signature _____