Mediation Referral Form

Date: ________________

Person making referral: ______________________________________________________

_____ Student  _____ Administrator  _____ Teacher

_____ Counselor  _____ Other  ________________________________________________

Place of Conflict:

_____ School  _____ Other  ________________________________________________

Disputants:

_________________________  ___________________________
_____ Student  __Teacher  __Counselor  _____ Student  __Teacher  __Counselor
_____ Administrator  __Other  ___________________________

_________________________  ___________________________
_____ Student  __Teacher  __Counselor  _____ Student  __Teacher  __Counselor
_____ Administrator  __Other  ___________________________

Type of conflict:

_____ Harassment  _____ Fight (Verbal)

_____ Rumor/gossip  _____ Fight (physical)

_____ Threats  _____ Theft of personal property

_____ Put-downs  _____ Damage to personal property

_____ Student/teacher  _____ Staff/student

_____ Other (specify) __________________________________________

Mediation Scheduled:

Date: ________________  Time: ________________  Place: ________________

Student Mediators ______________________________________________________

Agreement Reached: ____ Yes  ____ No  (attach copy of agreement form)