

Peer Counseling Mediation Referral Form

Referred by: (Please Check Name)

Date of Referral_____

- ☐ Fries
- ☐ McClelland
- ☐ Heeney
- ☐ Svoboda
- ☐ McGugan
- ☐ Block
- ☐ Buchanan
- ☐ Other

Students:

Name: _____ Grade: _____

Name: _____ Grade: _____

Best Time for Mediation to Occur: (Please Check)

- ☐ Before School
- ☐ 1st Period
- ☐ 2nd Period
- ☐ 3rd Period
- ☐ 4th Period
- ☐ Lunch
- ☐ 5th Period
- ☐ 6th Period
- ☐ 7th Period
- ☐ Urgent/Immediately/this Period

Type of Conflict: (Please Check)

- ☐ Rumor/Gossip
- ☐ Personal Property
- ☐ Money
- ☐ Harassment
- ☐ Boyfriend/Girlfriend
- ☐ Put downs
- ☐ Threats
- ☐ Physical Violence/Fights
- ☐ Other_____

Brief Synopsis of Conflict:

Peer Mediators Assigned:

Name_____ Name:_____

Date and Time of Mediation_____