
Mediation Referral Form

Date: _____

Person making referral: _____

____ Student _____ Administrator _____ Teacher
____ Counselor _____ Other _____

Place of Conflict:

____ School _____ Other _____

Disputants:

____ Student ____ Teacher ____ Counselor
____ Administrator ____ Other _____

____ Student ____ Teacher ____ Counselor
____ Administrator ____ Other _____

____ Student ____ Teacher ____ Counselor
____ Administrator ____ Other _____

____ 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)
