



Peer Mediation Request

Today's Date: _____

Who are the students in conflict?

Student #1 Name: _____ Student # 2 _____

Gender ___ Grade ___ Race _____ Gender ___ Grade ___ Race _____

Student #3 Name: _____ Student #4 _____

Gender ___ Grade ___ Race _____ Gender ___ Grade ___ Race _____

Other Students Involved: _____

Referred by STUDENT STAFF OTHER

What Type of Conflict is it?

Where did it occur?

- Argument Name Calling/Teasing Boyfriend/Girlfriend
- Rumor Group Problem Dispute over a Possession
- Misunderstanding
- Other: _____

- Bus Cafeteria
- Classroom Hallway
- Bathroom Outside
- Gym/Locker
- Other: _____

Briefly describe the problem: _____

Check here if bullying may be involved.

Please place this completed form in the Peer Mediation Referral Box.

To be completed by Peer Mediation Coordinator:

Status of Referral: _____

If assigned to Peer Mediation, Mediation Case Number: _____