

PEER MEDIATION REFERRAL

Students Involved in Conflict:

Grade: _____

Grade: _____

Person Making Referral:

____ Self-referral
____ Teacher
____ Principal/Staff

Name: _____

Date of Incident: _____ Date of Referral: _____

Brief Explanation of Conflict: _____

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OFFICE USE ONLY

Person Receiving Referral: _____

Case Assigned to: _____

Date Assigned: _____

Date of Contact: _____