

Rockdale County Schools Peer Mediation Intake Form

To be completed by Mediator

DATE _____

CASE NUMBER: _____

Name of Mediators: _____

Name of Students involved in Conflict:

BRIEF SUMMARY OF THE DISPUTE

Have you attempted to work out solutions with the other student?

Yes No

Are you willing to participate in mediation to resolve this conflict?

Yes No

I agree to the following ground rules of mediation:

Everything said in this room must and will be kept confidential EXCEPT for information regarding:

Drugs, alcohol, or weapons on school property and school events

Child abuse, or violence to self or others.

Please listen to one another without interrupting.

Please speak one at a time.

Please talk respectfully to and about one another. No put-downs, name calling, or fighting.

Be open to find an agreement.

Carry out your part of the agreement.

Keep everything said here to yourself.

Make up all class work.

Do we need to add any other rules? _____

Student Signature _____

Date of Mediation

Period

I consent to participate in a peer mediation session. Until the mediation session occurs, I agree to refrain from physical, verbal, or electronic contact with the other person.

Student Signature _____