

# Rockdale County School Peer Mediation Agreement

Date \_\_\_\_\_

In order to resolve our conflict, we agree to the following items:

Student 1

Student 2

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- To prevent rumors from starting, if your friend asked what happened, tell them only that you solved your problem in mediation.
- We understand that mediation sessions are confidential and should not be discussed with our peers.
- We understand that we can return to mediation if further issues arise.

Please Sign below:

Disputant A: \_\_\_\_\_

Disputant B: \_\_\_\_\_

**For office use only:**

Mediator: \_\_\_\_\_ Co-Mediator: \_\_\_\_\_

Evaluation Completed  Yes  No

Date of Follow-Up \_\_\_\_\_