



# Rockdale County Schools

## Peer Mediation Referral

Person requesting mediation: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe yourself by circling one of the following options below:

Student      Teacher      Administrator      Counselor      Parent      Other

I request that the following students be referred to peer mediation: Name of Student	Gender	Grade

Relationship (circle one):

- Associates
- Classmate
- Friends
- In a dating relationship
- Relative
- Stranger
- Other \_\_\_\_\_

Type of Dispute:

- Misunderstanding
- Name-calling
- Physical fight
- Property damage
- Rumors
- Threats
- Verbal altercation

Where the conflict occurred (circle one):

Classroom      Cafeteria      Hallway      Restroom      Parking Lot      Bus      Other

Brief Description of the conflict:

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*For Office Use Only*

Date Referral Received: \_\_\_\_\_

Mediators Assigned: \_\_\_\_\_

Date of Pre-Mediation: \_\_\_\_\_

Date of Mediation: \_\_\_\_\_

Date of F/U: \_\_\_\_\_