Student Mediation Request Form

Student “A” name: _____________________________________________________________________
Grade __________________ Date of referral: _______________________

Student “B” name: _____________________________________________________________________
Grade __________________ Referring party: _________________________

Reason for referral: ____________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Relevant background information:

______ Student “A” is aware of request ________ A’s parent/guardian is aware of request
______ Student “B” is aware of request ________ B’s parent/guardian is aware of request
_______________________________________________________________________________________

The person conducting the mediation will complete this portion:

Name of mediator: _____________________________________________________________________

Date of mediation: ____________________________________________________________________

Students developed and signed a no-harm contract: ____________ yes ____________ no
(Please attach contract.)

Additional follow-up: __________________________________________________________________

Parent contact: ______________________________________________________________________

Additional contact with student A: _______________________________________________________

Additional contact with student B: _______________________________________________________

Contact with the following staff: _______________________________________________________

Mediator notes: ______________________________________________________________________
_______________________________________________________________________________________