



Curriculum Department
Peer Mediation Request Form

Today's Date: _____

Please list the names of students involved in the conflict situation:

Student: _____ Grade: _____

Student: _____ Grade: _____

Please provide the students' schedules (if available)

Student 1: _____

1st Period: _____ Teacher: _____

2nd Period: _____ Teacher: _____

3rd Period: _____ Teacher: _____

4th Period: _____ Teacher: _____

5th Period: _____ Teacher: _____

6th Period: _____ Teacher: _____

7th Period: _____ Teacher: _____

Student 2: _____

1st Period: _____ Teacher: _____

2nd Period: _____ Teacher: _____

3rd Period: _____ Teacher: _____

4th Period: _____ Teacher: _____

5th Period: _____ Teacher: _____

6th Period: _____ Teacher: _____

7th Period: _____ Teacher: _____

Who requested the mediation? (Please include name)

Student: _____ Administrator: _____

Teacher: _____ Parent: _____

Counselor: _____ Dean: _____

Other: _____

Where did the conflict take place? (check one)

- Bus Classroom Cafeteria
Outdoors Home Other: _____

Please describe the conflict situation: (Use additional page if necessary)

Blank lines for describing the conflict situation.