

HERMON HIGH SCHOOL
CONFLICT RESOLUTION / PEER MEDIATION
REFERRAL FORM

Date: _____

Disputants: _____ Grade: _____

_____ Grade: _____

Availability: _____

Situation: _____

Person making the referral: _____

Signature

STRICTLY CONFIDENTIAL

MEDIATORS NOTES

Mediation Date, Time Place: _____

Mediators: _____

Results: _____

Comments: _____

Follow-Up _____