

OAK GROVE ELEMENTARY SCHOOL MEDIATION REFERRAL FORM



Date: _____

Dear Oak Grove Peer Mediators,

Hi my name is _____ and I am in _____ grade.

My classroom teacher is _____ in room # _____.

I am having a problem with _____ who is in the
_____ grade, room # _____. I really need a mediation because

Thank you for your help,

Your signature

Have you talked to your teacher about this problem?

YES	or	NO
<input type="checkbox"/>		<input type="checkbox"/>

Have you talked to anyone else about this problem?

<input type="checkbox"/>		<input type="checkbox"/>
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If so who? _____

Do you want to solve this problem?

<input type="checkbox"/>		<input type="checkbox"/>
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What time do you have lunch? _____

What time do you have recess? _____