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PEER MEDIATION

Referral Form

Date of Referral: _____

Referring Staff or Student: _____

Student(s) Involved:

Grade:

Please state problem or concern (to be completed by referring staff/student):

Action taken and date (to be completed by counselor):

Resolution or Agreement (to be completed by counselor):

X _____
Student Date

X _____
Student Date

X _____
Student Date

X _____
Student Date

X _____
Counselor Date