



WASHINGTON TOWNSHIP HIGH SCHOOL

Peer Mediation Referral Form

Confidential



Date of submission _____

Person making the referral request: _____

****Administrator or Counselor signature is required before submission.***

Administrator Signature _____

Counselor Signature _____

Conflict resolution is designed to keep disagreements from escalating while discussing each student's point of view to reach a collaborative agreement.

If you feel a conflict is occurring between 2 students, please list the students and briefly describe below the type of conflict occurring.

Name of those involved with conflict.

_____ Grade _____

_____ Grade _____

Description of Conflict:

***Please note: Any concerns related to Harassment, Intimidation and Bullying need to be specifically addressed with administration following district protocol.**

Submit completed form to the Counseling Office to the following counselors:

Mrs. Williams, Mrs. Venere, or Mrs. Mulvihill