

Lincoln High School

Peer Mediation Request

"We Care... We fearn... We flediate"



SCAN QR CODE ABOVE TO COMPLETE REFERRAL ON MICROSOFT FORMS

Date:		
Names of Students in need of Peer M	Mediation:	
1 2		
Where did the student conflict occur	r? (Check one)	
☐ Classroom		
☐ Hallway		
☐ Cafeteria		
☐ Bathroom		
☐ Other (specify)		
Briefly describe the problem:		
Peer Mediation requested by (check		
☐ Student		
☐ Teacher		
☐ Administrator		
Student/Teacher/Admin. Name		