

## **Peer Mediators Student Referral Form**

Our mission is to help students get through conflicts and maintain a positive campus culture. When filling out this form, you are submitting a referral or recommendation for SPHS students to a peer mediation to help them with their conflict.

Your Name:

Student(s) Referred:

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Relation to Referred Student(s) (i.e. friend, acquaintance, bystander):

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### **Brief Description of Conflict:**

**(If your conflict is related to alcohol, drugs, violence, or bullying please refer to your local administrator)**

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If you have any questions please contact SPHS Mediators directly at [sphsmediators@gmail.com](mailto:sphsmediators@gmail.com)  
Please return this form to Ms. Tracy Ishimaru located in the Counseling Center.

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