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Mediation Notes

Win/Win Ground Rules

- ◆ Make sure everyone is cooled off.
- ◆ Use “I” messages.
- ◆ Mediators will not take sides.
- ◆ Do not interrupt, use name calling or put-downs.
- ◆ Everything is confidential except issues related to physical or substance abuse.
- ◆ Tear up all notes; the *Mediation Agreement* will be the only record.
- ◆ Mediation will be discussed with an adult, if necessary.
- ◆ A caucus will be called if needed.
- ◆ No verbal or physical abuse is allowed.

Confirm with disputants that they agree to cooperate and follow the ground rules.

DISPUTANT A NOTES

DISPUTANT B NOTES



Mediation Agreement

ELEMENTARY SCHOOL

A confidential, voluntary mediation session was held on _____
 MONTH / DAY / YEAR

between: _____ and: _____
 DISPUTANT 1 DISPUTANT 2

They agreed to the following:

The parties who have signed below, have agreed to what has been written in this agreement.
 If the agreement is broken, the disputants will contact the facilitator.

Signed:

 MEDIATOR 1 DISPUTANT 1

 MEDIATOR 2 DISPUTANT 2

 FACILITATOR



Mediation Agreement

MIDDLE / HIGH SCHOOL

A confidential, voluntary mediation session was held on _____
MONTH / DAY / YEAR

between: _____ and: _____
DISPUTANT 1 DISPUTANT 2

They agreed to the following:

The terms of this agreement are reasonable and satisfactory to all parties whose signatures appear below and they will make every effort to abide by the terms of the agreement both on and off school premises. In the event that they have any future difficulties with the agreement they agree to contact the facilitator before taking any further action.

Signed:

MEDIATOR 1 DISPUTANT 1

MEDIATOR 2 DISPUTANT 2

FACILITATOR



Peer Mediator Pledge

I pledge:

- ◆ to behave in a professional manner
- ◆ to be fair and honest
- ◆ to keep disputants' information confidential
- ◆ to fill out the *Mediation Agreement* as accurately as possible
- ◆ to return to class immediately after the mediation session
- ◆ to make up the work I miss in class
- ◆ to be a mediator until the end of the school year

FORMS

DATE

STUDENT SIGNATURE



Peer Mediator Application

ELEMENTARY SCHOOL

STUDENT NAME

GRADE

TEACHER / ROOM #

Please write answers to these questions in full sentences (neatness counts):

- 1** Name some things you do with your classmates to help them when they are in conflict.

- 2** When someone is talking to you, how do you show them you are listening without giving them your opinion?

- 3** How do you show a person that you understand his or her feelings?

- 4** Sometimes it is difficult to keep something that another person tells you private. What strategies do you use to keep a secret?

- 5** How would you feel giving up some of your play time to become a peer mediator?

If selected, I agree to go to all training sessions. I will make up any classwork I miss.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Teacher Recommendation Required: *I have no reservations in recommending this student for entrance into the Peer Mediation Program.*

TEACHER'S NAME

SIGNATURE



Peer Mediator Application

MIDDLE / HIGH SCHOOL

STUDENT NAME

GRADE

HOMEROOM

ADDRESS OR EMAIL

PHONE #

Please write answers to these questions in complete sentences (neatness counts):

1 Why do you want to become a peer mediator?

2 What personal qualities do you have that would help you be a good peer mediator?

3 What types of conflict do you think are most frequent at our school?

4 List other school or community activities in which you participate.

If selected, I agree to attend all required training sessions. I will makeup all classwork missed.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Academic Teachers' Signatures: *I have no reservations in recommending this student for entrance into the Peer Mediation Program. (Two teacher recommendations required.)*

TEACHER PRINT NAME

SIGNATURE

TEACHER PRINT NAME

SIGNATURE



Peer Mediator Nomination Form

The Peer Mediation Committee is seeking nominations of students to serve as peer mediators. We are looking for students who possess some or all of the following skills:

**Good Communication Patience Neutrality Leadership Respect
Responsibility Problem-Solving Reliability Empathy Confidentiality**

As their teachers, you know your students best and can recommend those who will enhance the program, as well as benefit from it.

We are looking for a diverse group of students to participate. We also want students on the academic spectrum, including those who might not be living up to their leadership potential.

Once students successfully go through the application process and training, they will periodically be called to serve as mediators. They must make up any work they miss while attending training or subsequent mediations.

Thank you for your support and assistance.

STUDENT NOMINEE	GRADE	HOMEROOM
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Reason for nomination:

TEACHER'S NAME	SIGNATURE
----------------	-----------

DATE



Peer Mediation Parent/Guardian Permission Form

DATE

Dear Parent/Guardian:

Our school is introducing a Peer Mediation Program. Under supervision, students are trained to help their peers resolve minor conflicts, preventing them from escalating into administrative referrals. Students will be taught conflict resolution skills such as listening, brainstorming and negotiating. They will be trained to guide a conversation between two opposing parties while following a prepared script. A trained educator will always be there to assist in the process. Research has shown that students who are peer mediators have increased self-esteem and become role models for their peers.

Your child has volunteered to participate in this program. The training sessions will take place over two school days. It is the responsibility of your child to make up all missed school work. Lunch will be provided both days.

We hope you will consent to have your child participate in our school's peer mediation training program.

Sincerely,

Peer Mediation Coordinator

FORMS

I _____, give my child permission to be trained and to participate in the Peer Mediation Program. I understand that it is the student's responsibility to complete all missed assignments.

PARENT/GUARDIAN SIGNATURE

DATE



Mediation Request Form

NAME OF PERSON COMPLETING FORM

DATE

TEACHER / HOMEROOM

GRADE

Names of students in conflict:

Briefly describe the conflict.

SIGNATURE OF PERSON COMPLETING FORM



Mediator Post-Session Self-Evaluation

ELEMENTARY SCHOOL

MEDIATOR'S NAME

DATE OF MEDIATION

- | | | |
|---|-----------|--|
| <input type="checkbox"/> I was fair | or | <input type="checkbox"/> I took sides |
| <input type="checkbox"/> I used active listening | or | <input type="checkbox"/> I gave advice |
| <input type="checkbox"/> I talked in a friendly but firm way | or | <input type="checkbox"/> I made judgements |
| <input type="checkbox"/> I helped disputants create solutions | or | <input type="checkbox"/> I imposed or forced solutions |
| <input type="checkbox"/> I used praise | or | <input type="checkbox"/> I used put-downs |
| <input type="checkbox"/> I worked well as a team member | or | <input type="checkbox"/> I acted bossy |
| <input type="checkbox"/> A resolution was reached | or | <input type="checkbox"/> No resolution was reached |

What did you do well during mediation?

What will you do differently next time?

Adapted from materials provided by F.N. Brown Elementary School, Verona, NJ.



Mediator Post-Session Self-Evaluation

MIDDLE / HIGH SCHOOL

MEDIATOR'S NAME

DATE OF THE MEDIATION

Put a check in the box according to how you did the following.

	VERY WELL	OKAY	NEEDS IMPROVEMENT
Welcomed the parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained the <i>Win/Win Ground Rules</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made the parties feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked open-ended questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively listened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged each disputant to tell their side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Took notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept control of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged the use of "I" statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed neutral and did not take sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked together with my co-mediator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged disputants to think about how they could resolve the situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoided making suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restated disputants' versions of the conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathized with both disputants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knew how to use caucuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibited patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrote the agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knew what to say at the end of the mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave feedback to my co-mediator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted feedback from my co-mediator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mediator Post-Session Self-Evaluation (Continued)

MIDDLE/HIGH SCHOOL

The things I did best in this session:

The things I will do differently next time I mediate:

FORMS

Peer Mediation Certificate of Completion & Achievement



NAME OF STUDENT

has successfully completed the Student Peer Mediation Training
and is qualified to serve as a mediator at

NAME OF SCHOOL

DATE

PEER MEDIATION PROGRAM COORDINATOR
(signature)

PRINCIPAL
(signature)



Post-Training Evaluation Rubric

Use this form at the end of training to assess each peer mediator individually.

NAME OF PEER MEDIATOR	CO-MEDIATOR
PEER MEDIATION COMMITTEE MEMBERS PRESENT:	ROLE PLAY SCENARIO:

MASTERY—LEVEL 1	PARTIAL MASTERY—LEVEL 2	NOT MASTERED—LEVEL 3
The peer mediator demonstrated full mastery of the <i>Mediation Script</i> and the <i>Win/Win Ground Rules</i> .	The peer mediator demonstrated partial mastery of the <i>Mediation Script</i> and the <i>Win/Win Ground Rules</i> .	The peer mediator did not demonstrate full or partial mastery of the <i>Mediation Script</i> and the <i>Win/Win Ground Rules</i> .
During the practice mediation they made 0-2 errors.	During the practice mediation they made approximately 3 errors.	During the practice mediation they made 4 or more errors.
Ready to take a lead role	Ready for a supporting role	Requires further training

MASTERY LEVEL:

Comments:

Adapted from materials provided by F.N. Brown Elementary School, Verona, NJ.