CPSD Mediation Services

REFERRAL FORM

Date: _____________

Referring person’s name (not required):
__________________________________

Student referred | Gender | Grade | Age
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Relationship of Parties | Type of Dispute
-------------------------|------------------
Friends                  | Physical Fight
Boyfriend/girlfriend     | Rumors
Acquaintances            | Name Calling
Strangers                | Stealing
Enemies                  | Threats
 Relatives                | Bullying
Classmates               |
Parent/Child              |
Teacher/Student           |

Please give a brief description of the dispute:
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
Please deliver form to Chandra Banks, District Conflict Mediator, room 2110 Rindge Building of CRLS or CBanks@CPSD.US / (617) 349-4945 or 617-217-8106