

Carroll County Mediation Process School Referral Form

Referral Date: _____ School: _____

Person Referring: _____ Your Position _____

Your Telephone: _____ Best time to contact you: _____

Would you participate in the conference if held? yes no I need more information?

Would the school be a good place for the conference? yes no

The parents of each student involved have been contacted and have given permission for student/parent information to be shared with the program. (Note: Must have parent permission to refer the student.)

yes no

Information pertaining to the person(s) who caused the incident (list parent names if under age):

NAME	PARENT'S NAME	ADDRESS	PHONE NUMBER	AGE	GENDER	RACE

Information pertaining to people who were affected by the incident:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOUTH

(Please complete the information on back of this sheet. Attach statement of charges or summary of the incident.)

Type of Infraction:

- Vandalism (Malicious destruction)
- Misdemeanor theft under \$500
- Threats or threatening letters
- Graffiti
- Gambling
- Littering
- Violation of electronic communication devices at school
- Bullying
- Harassment
- Cyber Bullying
- Hate Crimes/Discrimination/Racial Conflict
- Disrespect to student(s)
- Disrespect to staff
- Truancy
- Fighting
- Other: LIST:

This referral is a **known** case of undisputed harm: yes no

Was law enforcement involved in the incident? yes no

If so, please give the agency and contact information: _____

Was DJS notified of the incident? yes no

If so, please give the agency and contact information: _____

PLEASE SUBMIT THIS FORM TO:

**Patricia Levroney, Supervisor of Equity and Community Outreach,
via email: ptlevro@carrollk12.carr.org, or fax: 410-751-3030 or call: 410-386-1680**

Referral Disposition: (For office use only.)

- Eligible Ineligible; priors Denied
- Facilitator assigned: _____
- Conference
- Return to Referral Source Date: _____