

Peer Mediator - Orientation Form

Welcome to your school's Student-Led Peer Mediation Program!
We are excited to work with and support you. Please answer these questions to the best of your ability. If you have any questions, please ask one of your trainers.

NAME: _____ DATE: _____

What strengths do you bring to your school's peer mediation program?

What areas or qualities do you want to develop in order to become a better peer mediator?

Biographical Information

Grade Level (circle one): 6th 7th 8th

Phone number (yours or a guardian's): _____ - _____ - _____

Date of Birth: ____/____/____

Home Zipcode: _____

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What is your housing situation?

I live with (Circle One)

My parents in a Home

My relatives in a Home

In a Hotel/Motel

Friends at their home

Other

What is your Gender? _____

What is your Race? _____

What is your ethnicity (OPTIONAL)? _____

What is your school? _____