

**Phoenix-Talent
School District 4**

Code: **JFCF-AR(2)**
Revised/Reviewed: 10/2011
Orig. Code(s): FORM A-119(B)

Mediation Intervention

Parties as cited below are hereby required to cease all interaction(s), both physical and/or verbal, that could be construed as disruptive to their welfare and safety as well as to a positive learning environment.

Name: _____

Name: _____

Name: _____

(For additional names, please use reverse)

Any action that causes a person to feel threatened, belittled, afraid, ashamed, angry, hurt or upset in any other way must cease. It may be necessary for the parties listed above to have no further contact with each other, to the extreme that they may not even look at or talk to each other.

Actions/Behaviors Initially Cited as Basis for Mediation Intervention:

If either party needs assistance in complying with this Mediation Intervention, a staff member should be contacted.

I acknowledge I am aware of this order and understand I may face more serious consequences if I fail to comply.

Student Signature

Date

Student Signature

Date

Student Signature

Date

Administrator

Date