

**PERRY MIDDLE SCHOOL
CONFLICT MANAGER REQUEST FORM**



This form must be completed before you will be scheduled for a conflict resolution session.

YOUR NAME _____ **HOMEROOM** _____

The person I am having difficulty with is _____

Grade _____

Has this person agreed to conflict resolution? Yes _____ No _____

Brief Description of Problem:

To Be completed by Ms. Hess, Counselor

_____ is to report to the counseling office for a conflict resolution session:

Date/Time: _____

Counselor Signature: _____

_____ is to report to the counseling office for a conflict resolution session:

Date/Time: _____

Counselor Signature: _____

