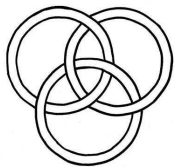


Center for  
Restorative Programs



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www.restorativeprograms.org

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## PARENT-TEEN REFERRAL INTAKE FORM

Date Received: \_\_\_\_\_ Person taking Referral: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone # (s): \_\_\_\_\_

Work Phone #(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_

General nature of conflict:

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Do the family members know they have been referred? \_\_\_\_ Yes \_\_\_\_ No

Law Enforcement, Court, or School Involvement? \_\_\_\_ Yes \_\_\_\_ No  
(details on back of this page)

Date Mediators assigned: \_\_\_\_\_

Names of Mediators: \_\_\_\_\_ & \_\_\_\_\_

First session scheduled on: \_\_\_\_\_

Date Case Closed: \_\_\_\_\_

Outcome: Agreement \_\_\_\_ No Agreement \_\_\_\_ Family canceled \_\_\_\_ No Show \_\_\_\_  
Not appropriate for mediation \_\_\_\_ Other \_\_\_\_, please explain: