Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

We are writing to inform you that your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, was a participant in a conflict resolution process today with a Conflict Resolution Specialist. This program is part of the process we informed you about in August.

The school based conflict resolution program provides the administration, students, and staff of Sligo Middle School the opportunity to address and resolve student disputes with an “on-site” conflict resolution professional

The program empowers students to use the on-site Conflict Resolution Office to address and resolve disputes in constructive ways that support the Sligo Middle School vision of “a positive, safe and supportive learning environment.” Additionally students practice restorative principles that focus on the following:

* Strengthening Relationships
* Collaborative problem-solving
* Student Accountability
* Building Communication

The on-site Conflict Resolution Office is housed in the counseling center at Sligo. Conflict Resolution Specialists are neutral facilitators who accept concerns on behalf of students, teachers, and administrators regarding student issues. Conflict Resolution Specialists provide individual conferencing, mediation, restorative circles, and community conferencing.

Student confidentiality is maintained in accordance with MCPS policies, Maryland State Department of Education guidelines, and national standards for professional ethics. Information will only be shared with parents/guardians and other appropriate persons when there is a concern about a student’s risk of harm to self or others.

**If you do not want your child to participate again in any conflict resolution services with Community Conferencing Specialists, please complete the attached, form and return it to the counseling department at Sligo.**

If you have questions and/or concerns about the conflict resolution program, please contact Chris Guthrie, Counseling Department.

Sincerely,

Chris Guthrie

Counseling Department

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I **DO NOT** give permission for my child to participate in conflict resolution services with an outside service provider.

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Completed forms should be returned to the Sligo counseling office, only if you do not want your child to participate in conflict resolution services with the on-site Conflict Resolution Office.