

# LEARNING TEAM PROBLEM RESOLUTION FORM

Cohort: \_\_\_\_\_

Team Name: \_\_\_\_\_

What is the nature of the problem?

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What attempts have been made to remedy this problem within the team? (And when)

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Have efforts been made to have someone mediate discussions and what were the results?

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Has a course instructor been contacted and asked for assistance in resolving issues?

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Additional Information, Notes or Comments:

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All concerned parties must confirm resolution attempts by signature below:

Team members:	_____	Date: _____
	_____	Date: _____
	_____	Date: _____
	_____	Date: _____
	_____	Date: _____
Team Mediator:	_____	Date: _____
Instructor:	_____	Date: _____
Representative: (Academic Services)	_____	Date: _____