



## KIDWATCH QUIZ

SEE IF YOUR CHILD IS BEING BULLIED  
TICK THE BOX YOU THINK FITS  
DISCUSS WITH TEACHER  
© DR. JEAN HEALEY

IS MY CHILD BEING BULLIED? CHILD'S NAME-----

Date:-----

	Yes	No
1. Seems distressed and afraid about school	<input type="checkbox"/>	<input type="checkbox"/>
2. Is withdrawn: does not join in	<input type="checkbox"/>	<input type="checkbox"/>
3. Tries to avoid certain situations and places	<input type="checkbox"/>	<input type="checkbox"/>
4. Sometimes has unexplained bruises, wounds or other harm	<input type="checkbox"/>	<input type="checkbox"/>
5. Says they are afraid of someone at school	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids certain peers or groups	<input type="checkbox"/>	<input type="checkbox"/>
7. Often 'loses' items and property or has them damaged	<input type="checkbox"/>	<input type="checkbox"/>
8. Does not want to go to school; refuses school	<input type="checkbox"/>	<input type="checkbox"/>
9. Is unhappy about school or at school	<input type="checkbox"/>	<input type="checkbox"/>
10. Is fearful of text or email messages	<input type="checkbox"/>	<input type="checkbox"/>

Parent or guardian to sign-----