



Thank you for filling in this form. Please say what you want us to know about bullying at this school. **START HERE**

1. YEAR _____ 2. I am a BOY _____ I am a GIRL _____

3. I was born in Australia _____ OR
 I was born in _____
 mum was born in _____ dad was born in _____

4. Tick to show if you have been bullied at this school:

	5	4	3	2	1
Someone	Every day	most days	every week	sometimes	never
1. called me names _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. said bad things about my family, country or religion _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. left me out of things on purpose _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. said they would hurt me _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. hit , kicked or punched me _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. made me give them money or things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. said bad things about how I look _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. broke or took my things _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. sent me nasty emails or texts _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did or said other bad things to me:					



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DR. JEAN HEALEY PAGE 3

You can draw or tell about how you were bullied here.

