

PUPIL REPORT SHEET ON BULLYING

You do not have to give your name if you do not want to. If you want us to help you, there is a space at the end for you to write your name.

Today's date _____

Tick the boxes that tell us what happened.

Today I have -

<input type="checkbox"/>	Been called names
<input type="checkbox"/>	Been pushed
<input type="checkbox"/>	Been told I will be hit
<input type="checkbox"/>	Been hit
<input type="checkbox"/>	Been kicked
<input type="checkbox"/>	Had some things taken or broken
<input type="checkbox"/>	Been told to give someone my snack
<input type="checkbox"/>	Been told to give someone my money
<input type="checkbox"/>	Had my work spoiled by someone
<input type="checkbox"/>	Been frightened by a group

If something else happened that is not on the list, tell us here

How many people were involved? _____

Were they boys, girls, or both boys and girls? _____

Where did it happen? _____

Has this happened before? _____

Have you told your parents? _____

Do you want to talk to someone about it? _____

If you want to talk to someone, write your name here

Name _____ Form _____

You can name the bullies if you want to _____
