

STUDENT BULLYING SURVEY

1. Are you a boy or girl? Boy Girl

2. How safe do you feel in school?
Very Unsafe Unsafe Not Sure Safe Very Safe

3. How do you feel in each of these places in your school? (check boxes)
Very Unsafe Unsafe Not Sure Safe Very Safe
Classroom
Hallway
Washroom
Playground
To School
On the bus

4. Are there other “hot spots” in your school where bullying happens? Please list

5. Have you been bullied this year? If your answer is no, go to question # 12.

6. How often did the bullying happen?
Every day
Once a week
Sometimes

6. What happened when you were bullied?
Physical bullying
Pushed/shoved
Kicked
Tripped
Items stolen/damaged
Other _____

Verbal bullying
Put down
Make fun of
Called names
Rumors
Threats
Other _____

Leaving out
Left out by others
Notes about you
Gossip/Rumors
Other _____

8. Who bullied you?

Boy

Several boys

Girl

Several girls

Girls and boys

9. What class/grade was the person in that bullied you? (check all that apply)

My class

My grade

Lower grade

Higher grade

Other _____

10. If you have been bullied who did you tell?

No one

Teacher

Principal

Vice-principal

Parent

Friend

Other person _____

11. If you told someone, was the person helpful?

Not helpful

Not sure

Very helpful

12. Who do you think does the most of the bullying in your school?

Yes

No

Older students (gr. 5-8)

Younger students (gr K-4)

Boys

Girls

Other

13. Have you ever bullied other students? If no go to question 16

Yes

No

14. If you have bullied other students, who did you bully?

Older students

Younger students

Boys

Girls

15. How often do you bully other students?

Every day
Every week
Sometimes
Other _____

16. What would you do if you saw someone being bullied?

Nothing
Go over and help
Tell an adult
Watch the bullying
Other _____

17. Where would like to see more staff supervision in your school?

18. Do you feel you know enough about bullying and how to stop it?

19. Do you think bullying is a problem in your school?

Yes No