

Student Survey on Bullying

1. Circle: I am a... Boy Girl Grade_____
2. Have you ever been teased, made fun of, or called names?
Yes No If so, who was it?_____
3. What is the main reason you are teased?

4. How often are you teased? every day once a week hardly ever never
5. Where does most of the teasing take place?
at recess at lunch in class in the bathroom before school
after school at practice waiting for practice walking to my classes
in the locker room on the bus by the lockers
other:_____
6. What age or grade is the teaser in?_____
7. Is the teaser your friend? yes no sometimes
8. What do you usually do when you are teased?

9. Does it help when you have told an adult? yes no
10. Do you feel safe in your school? yes no
11. Do you think teasing and bullying is a serious problem in your school? yes no
12. Do you think the assembly on bullying the first day of school was helpful?
yes no
13. Do you have any suggestions that would make your school be more comfortable or safe?

Thank you for your honesty.

This survey is confidential. We do not need a name on it.

Please fold it and return it to your homeroom teacher or Mrs. Z