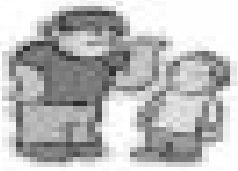
Bullying Survey

Name: _____

PART 1)



DIRECTIONS: [illegible]

Student #1

1. Have you ever been bullied? YES NO

2. What did happen? Bullied Hurt Threaten Neighborhood Somewhere else

3) Happened in school, where? Hallway Classroom Yellow Space Cafeteria Bathroom

4. Have you ever seen someone being bullied at school? YES NO

5. Where have you ever seen someone bullied?

Hallway Classroom Playground Cafeteria Bathroom

6. What kind of things have bullies done to you or to someone you know?

Hit/Kick/Punch Threaten Call Names Stealing Pushed, Knocked, or Tripped Ignored

8. How [illegible] Very [illegible] Not [illegible] Never

Student #2

1. Have you ever been bullied? YES NO

2. What did happen? Bullied Hurt Threaten Neighborhood Somewhere else

3) Happened in school, where? Hallway Classroom Yellow Space Cafeteria Bathroom

4. Have you ever seen someone being bullied at school? YES NO

5. Where have you ever seen someone bullied?

Hallway Classroom Playground Cafeteria Bathroom

6. What kind of things have bullies done to you or to someone you know?

Hit/Kick/Punch Threaten Call Names Stealing Pushed, Knocked, or Tripped Ignored

8. How [illegible] Very [illegible] Not [illegible] Never