**School Assessment**

Instructions: Bullying is when someone or a group of people repeatedly cause harm to another person or group of people who feel that they cannot stop it. The purpose of this questionnaire is to better understand whether or not bullying is taking place in our school and how it personally affects you. Please answer the following questions honestly. You do not need to put your name on this paper. If you would like to share a story or ideas about how you think parents, teachers and other adults can help stop bullying please feel free to write on the back of this form.

1. Are you a:
   - Boy____
   - Girl____

2. What grade are you in?
   - Kindergarten____
   - 1st____ 2nd____
   - 3rd____ 4th____ 5th____
   - 6th____ 7th____ 8th____
   - 9th____ 10th____
   - 11th____
   - 12th____

3. Have you ever been bullied?
   - Yes____
   - No____

4. If it happened at school, where?
   - Stairs____
   - Hall____
   - Classroom____
   - Playground____
   - Online____
   - Lunchroom____
   - Restroom____
   - Bus____
   - Parking Lot____
   - Other____________________

5. How often have you been bullied?
   - Once____
   - Once in a while____
   - Often____
   - Every day____
   - Never____

6. Have you seen other children being bullied?
   - Yes____
   - No____

7. If it happened at school, where?
   - Stairs____
   - Hall____
   - Classroom____
   - Playground____
   - Online____
   - Lunchroom____
   - Restroom____
   - Bus____
   - Parking Lot____
   - Other____________________

[Links to Ambar.org/Bullyproof, Facebook, Twitter accounts]
8. How often have you seen other children being bullied?
   Once_____ Once in a while_____ Often_____ Every day_____ Never_____ 

9. Have you ever reported being bullied or reported seeing someone else being bullied?
   Yes_____ No_____ 

10. If you reported being bullied or seeing someone else being bullied, who did you feel comfortable reporting bullying to?
    Parents_____ Teacher_____ Principal_____ Counselor_____ Friend_____ 

11. If you reported being bullied or seeing someone being bullied, do you feel like the person who you reported the bullying tried to help you?
    Yes_____ No_____ 

12. After you reported being bullied or seeing someone being bullied, did the bullying stop?
    Yes_____ No_____ 

13. If you did not report the bullying, who would you feel comfortable reporting it to?
    Parents_____ Teacher_____ Principal_____ Counsel_____ Other____________________ 

14. If you have ever been bullied, was the person that did this:
    Your age_____ Older_____ Younger_____ 

15. What kind of bullying have you seen or experienced?
    Teased_____ Threatened_____ Called Names_____ Broken your belongings_____ 
    Taken your money or your belongings_____ Shoved, kicked, tripped, hit or attacked_____ 
    Rumors spread about you_____ Someone threw something at you_____ 
    Intentionally left you out_____ Someone told others not to be your friend_____ 
    Other______________________________ 

16. How much do you think bullying is a problem for you, your friends, your school or your community?
    Not at all_____ Not much_____ Very much_____ I don’t know_____ 

17. Have you ever missed school because you felt scared or because of bullying?
    Yes_____ No_____ 

18. Do you know what to do when someone does or says something to you or someone else that is not ok?
    Yes_____ No_____
19. Would you like to be taught what you should do if someone says or does something to you or someone else that is not ok?
   Yes____  No____

20. Would you feel comfortable standing up for yourself or a friend if someone says or does something that is not ok?
   Yes____  No____

21. If no, why not?
   I am scared____  I don’t care____  I don’t want to get in trouble_____  I don’t think it will help____