QUESTIONNAIRE FOR YOUNG CHILDREN

Here are some questions for you to answer. Your teacher will help you in understanding what you have to do. (Teachers: Please make overheads of the pictures to help to show how children can respond.)

Are you a boy or a girl? _____

How old are you? _____

What year of school are you now in? _____

Now look at these faces, which face is most like you when you are at school? (Circle the letter near the face most like yours?

Look at these 3 pictures. Then circle the letter (A, B or C) most like you at playtime?

Picture 2 Picture 3 Picture 1 HI, YOU ARE REALLY TAKE STUPID! IT'S FUN TO BE NITH YOUR FRIENDS! THAT NOBODY DOES THAT TO ME LEAVE ME WE DON'T WANT HEY NEVER DY TALKS ۵

Have you ever told a teacher that another student or students have tried to hurt you? (Circle "yes" or "no")

Have you ever tried to hurt another person at school who was not as strong as you are?



Yes, lots of times Sometimes

Never

What is the nicest thing about your school?



QUESTIONNAIRE FOR OLDER STUDENTS					
Please answer these questions about your life at school. There is no need to give your name.					
Year of class		Your age in years	5	Your	sex
1. How well do ye	ou get on wi	ith students at this so	chool? (Circ	le one of the fol	lowing)
Always well	Usually well	Well about half the time	Usua not v	•	
		ying goes on in this 1 or hurt a less powe			
2. Have you ever	been bullied	l by another student	or group th	nis year? (Circle o	one)
Yes		No			
3. If you have answered "yes", indicate how often each of the following has happened to you this year (Circle "never", "sometimes", or "often" in each case)					
I have been	hit or threa	atened	Never	Sometimes	Often
I have been	called unp	leasant names	Never	Sometimes	Often
I have been deliberately left out of things by others Never Sometimes Often					
4. How have you felt about being bullied by others? (Circle one answer)					
I was never by anyone		I was bullied but not bothered by it	I was botl a bit by it		1
5. Do you personally feel safe from being bullied at this school? (Circle your answer)					
Always	Usually	Half the time	e Usua unsa	1	ver feel safe
6. Could you use some help to stop the bullying? (Circle your answer)					
Yes U	Jnsure	No			
				Tha	ank you very much

QUESTIONNAIRE FOR STAFF ON SCHOOL-PEER RELATIONS

This is a brief questionnaire for which no personal details are required. The focus is on **bullying** which can be described as occurring when people deliberately and repeatedly threaten or hurt a less powerful person by what they do or say.

1. What is your judgment of the extent of bullying at **this** school between students in the following way? (Circle your answer)

Students are bullied by being hit or threatened by others	Never	Sometimes	Often
Students are bullied by being called unpleasant names	Never	Sometimes	Often
Students are being bulied by being deliberately left out of things by others	Never	Sometimes	Often

2. How safe do you think children feel at this school from being bullied by other students? (Circle your answer)

Always	Usually	Half the time	Usually	Never
feel safe	feel safe	feel safe	feel unsafe	feel safe

3. Personally do <u>you</u> ever feel **seriously** bullied by any of the following this year? (Circle any or none of them)

Teaching staff	Students	Parents
Administrators		

4. Do you think it is, or would be, a good idea? (Circle your answer)

a. To have a specific policy addressing bullying at the school	Yes	No
b. For teachers to talk to students about bullying	Yes	No
c. For students to be trained to be peer helpers to assist in		
countering bullying	Yes	No
d. For the parents of children involved in bully/victim		
problems to be interviewed by staff	Yes	No

5. Finally how serious do you think the problem of bullying in schools really is? (Circle your answer)

Very serious	Serious	Moderately serious	Not very serious	Not serious at all

QUESTIONNAIRE FOR PARENTS

We are interested in making sure that our school is a place where students can enjoy good relations with others. We want to know how you see your child relating to other students at school and in particular whether you think he or she ever experiences any bullying or harassment there. We would also appreciate your getting views on this matter. We have prepared this short questionnaire so that you can help us with our plans to ensure that this is a safe and happy school.

If you have more than one child at this school, please fill in a copy of this questionnaire for each child.

Sex of child _____ Age of child _____ Year of schooling_____

Would you say your child enjoys good relations with other students at school? (Check one)

Yes, always or nearly always Usually does About half the time Usually does not Never or hardly ever

We may say children are being bullied if they are deliberately and repeatedly threatened or hurt by another person or group of people who are more powerful than themselves.

Would you say that your child has been bullied **this year** by a student or group of students in any of these ways? (Circle your answer)

By being threatened or physically hit	Never	Sometimes	Often
By being called unpleasant names	Never	Sometimes	Often
By being deliberately excluded	Never	Sometimes	Often

How has your child been affected by bullying this year? (Circle one)

Not affected at all Has been bothered by it Has been upset by it

Has your child ever stayed home because of bullying? (Circle your answer)

NeverFor a day or soFor more than a dayI don't know

Do you think the school should have a specific anti-bullying policy? (Circle one)

Yes No Unsure

Please add any comments you would like to make about the problem of bullying. We would welcome your opinion.