

## Bullying Survey

1. Bullying is a problem at my school.	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Someone I know is afraid to come to school.	<input type="checkbox"/> yes <input type="checkbox"/> no
3. My school is unsafe for some students.	<input type="checkbox"/> yes <input type="checkbox"/> no
4. I'm not sure how to report bullying at school.	<input type="checkbox"/> yes <input type="checkbox"/> no
5. I've heard adults in my school make negative remarks about a student or group of students.	<input type="checkbox"/> yes <input type="checkbox"/> no
6. I feel uncomfortable reporting bullying.	<input type="checkbox"/> yes <input type="checkbox"/> no
7. At my school, there are no consequences for bullying.	<input type="checkbox"/> yes <input type="checkbox"/> no
8. I think some kids deserve to be picked on or bullied.	<input type="checkbox"/> yes <input type="checkbox"/> no
9. Have you been bullied and didn't know what to do?	<input type="checkbox"/> yes <input type="checkbox"/> no
10. Do you feel unsafe at school?	<input type="checkbox"/> yes <input type="checkbox"/> no

Total:

What grade are you in? \_\_\_\_\_

\_\_\_\_ Yes

\_\_\_\_ No