

PARENT SURVEY

This is a survey to help this school develop a plan to stop bullying here. We need information from everyone here-students, staff, teachers, and parents. Please do not put your name on this sheet-all information is private and will only be used to help make this school a safe place for everyone.

- 1) **Do you think bullying happens in this school?**
 - a) **Hardly ever**
 - b) **Once in a while**
 - c) **A lot of the time**

- 2) **Has your child been bullied by anyone at school?**
 - a) **Yes**
 - b) **No**

- 3) **Has your child ever been bullied by anyone on the way to school or on the way home from school?**
 - a) **Yes**
 - b) **No**

- 4) **If the answer to question 3 is “Yes”, how did you find out about it?**

- 5) **Do you think there certain people in this school who bully over and over?**
 - a) **Yes**
 - b) **No**

- 6) **How do you know about them?**

- 7) **In your opinion, who gets bullied?**

- 8) **Why do these particular people get bullied?**

- 9) **Have you ever talked to anyone at the school about your child being bullied?**
 - a) **Yes**
 - b) **No**

10) Have you ever talked to your child about being a bully to someone else?

a) Yes

b) No

11) If yes, what happened?

12) What do you think needs to be done at this school to stop bullying?

13) Would you like to have a Bully prevention program implemented at the school?

14) What can you do to stop bullying at this school?(please answer this question from who you are-and what you can do personally)

15) What do you think teachers need to do to stop bullying?

16) What do you think Students need to do to stop bullying?

17) What do you think Staff needs to do to stop bullying?