

Instructions: This worksheet is to be completed by a student on their own or with assistance from a trusted, teacher, parent, older sibling or adult. This questionnaire is intended to reveal how your child's relationships are going at school and provide information about any incidence of bullying. Please discuss these results with your child, teacher or parent.

My week at school looked like this...

Date:

Student Name:

ANOTHER STUDENT IN MY SCHOOL	NEVER	ONCE	THIS MANY TIMES
1. Helped me			
2. Called me a name I didn't like			
3. Offered to play with me during recess			
4. Told me to do something not kind, to someone else			
5. Asked me to give them money			
6. Pushed me down			
7. Was kind towards me			
8. Tried to scare me			
9. Said mean things about me to other students			
10. Told me they were not my friend any more			
11. Talked nicely to me			
12. Took something away from me			
13. Tried to hurt me			
14. Shared something with me			
15. Smiled at me			
16. Made fun of my clothes			
17. Told me a funny joke			
18. The class laughed at an answer I gave out loud			
19. Told me a lie			

ANOTHER STUDENT IN MY SCHOOL	NEVER	ONCE	THIS MANY TIMES
20. Talked about ganging up on someone else			
21. Shouted at me			
22. Laughed at me for being nice to someone			
23. Talked badly about my family			
24. Said something nasty about how I look			
25. Gave me a compliment			
26. Made me feel unsafe			
27. Helped me with school work			
28. Laughed at me for working hard in school			
29. Tried to involve me in their arguments with other students			
30. Threatened me with their friendship			
31. Talked with me about things we have in common			
32. Talked badly about people I thought were their friends			
33. Saw someone hurting someone else			
34. I teased someone			
35. I hurt someone			
36. I helped someone			
37. Treated a friend poorly			
38. Thought about saying kind to another student			
39. Bullied me			