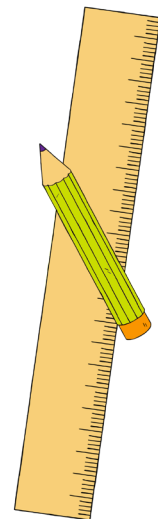


Data Collection Tool: Student Survey



Bullying at school

1. Name (You can put your name here, but you don't have to.)

2. What year level are you in?

3. Has there been a time at school, or on the way to or from school, when someone has bullied you in the manner described in the survey description?

☐ Yes

☐ No

4. How many times do you think you have been bullied in the past week and the past month? (Please tick in the appropriate boxes.)

	1 - 5 times	5 - 10 times	10 + times	N/A
In the past week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. If you have been bullied in the past (more than a month ago), has it stopped?

☐ Yes

☐ No

6. If it has stopped; how recently did it stop? (Please tick one box.)

	Less than 1 month ago	Between 1 and 3 months ago	More than 3 months ago	N/A
It stopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

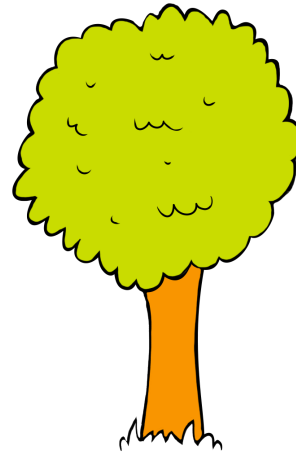
Data Collection Tool: Student Survey

7. How many people have been involved in the bullying? (Please tick one box.)

	1 person	Between 1 and 3 people	More than 3 people	N/A
Number of people involved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you have been bullied, where does it usually happen? (Please tick one box or more.)

- ☐ Playground/schoolyard
- ☐ In class
- ☐ During sport
- ☐ Waiting for the teacher before class
- ☐ Traveling to and from school
- ☐ Cyber (e.g. Facebook, Skype)
- ☐ Via email
- ☐ Via mobile phone
- ☐ Other



9. Is the bully (or bullies)...? (Please tick one box.)

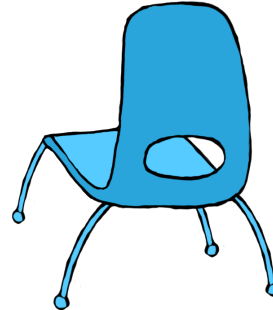
- ☐ in your class
- ☐ in your year level, but not in your class
- ☐ from outside the school
- ☐ in another year level.

10. If you are being bullied by a student in another year level, please indicate their year level.

Data Collection Tool: Student Survey

11. Who do you tell when someone bullies you?

- ☐ Class teacher
- ☐ Teacher on yard duty
- ☐ Other teacher
- ☐ Counsellor / Chaplain
- ☐ Parent
- ☐ Older sibling
- ☐ Friends at school
- ☐ No one
- ☐ Other



12. If you tell someone outside the school, who is it? You do not have to give a name. It could be a friend, church ministers, sports coach, etc.

13. When you have told a person about being bullied, did you find they...? (Please tick in the appropriate boxes.)

	did nothing		were reasonably useful		solved the problem	
Class teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher on yard duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor / Chaplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Data Collection Tool: Student Survey

14. Please describe any other ways the bullying was handled. You only need to complete this question if it applies to you.

15. What would make you feel safe from bullying at school?

16. Who in your year level is supportive? For example who makes it easy for you, the class or level to operate in a positive way? How do they do this?

17. Who in your year level is not supportive? For example who makes it difficult for you, the class or level to operate in a positive way? How do they do this?

18. What things are we already doing at school that makes it a safer place? (This could be programs, activities, certain places or environments)

Data Collection Tool: Student Survey

19. How successful do you think your school is at dealing with bullying?

Terrible

Good

Fantastic

My school is at
dealing with bullying

☐☐☐☐☐☐

20. What would help you feel more safe on the way to and from school and home?

21. What additional things would you like teachers and parents to do about bullying?

22. What could you do yourself to be safe from bullying?

23. Do you have anything else you would like to tell us about bullying at your school?
