

# Bullying Survey—Parent

Read the following statements concerning bullying at school, and respond based on your perception and/or direct knowledge. Please circle the appropriate personal information as well. If you have more than one child attending school, please complete more than one survey.

Date Administered _____
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My child is      Female      Male

My child is in the \_\_\_\_\_ grade.

**Bullying is the repeated, negative behaviors between one or more individuals together with aggression or intentional harm (physical or emotional). Incidents of bullying include an imbalance of power between perpetrator (the bully) and the victim. The imbalance of power may be in one or more of the following areas:**

- Social power
- Financial power
- Physical power
- Athletic power
- Intellectual power

- In the past, my child has observed other students being bullied at school.  
Agree                      Unsure                      Disagree
- My child has reported to me that he/she has been the victim of bullying at school.  
Agree                      Unsure                      Disagree
- My child has reported to teachers or other school staff that he/she has been the victim of bullying at school.  
Agree                      Unsure                      Disagree
- My child has a clear understanding of the school’s policies, practices, and procedures related to bullying behaviors.  
Agree                      Unsure                      Disagree
- As a parent, I have a clear understanding of the school’s policies, practices, and procedures related to issues of harassment and bullying.  
Agree                      Unsure                      Disagree
- As a parent, I believe the school has taken appropriate measures to reduce and/or eliminate bullying.  
Agree                      Unsure                      Disagree
- I have little or no anxiety about my child’s safety related to bullying when sending him/her to school.  
Agree                      Unsure                      Disagree
- I believe school staff have taken appropriate prevention and intervention steps related to bullying for all students.  
Agree                      Unsure                      Disagree

9. My child has stayed home at least one school day during the past 12 months due to the fear of being bullied at school.

Agree                      Unsure                      Disagree

10. My child has reported that he/she has repeatedly been called derogatory names at school.

Agree                      Unsure                      Disagree

11. My child has reported that he/she has been repeatedly threatened or physically hit while at school.

Agree                      Unsure                      Disagree

12. My child has reported being repeatedly humiliated by others while at school.

Agree                      Unsure                      Disagree

13. I have reported to school officials that my child has been bullied at school.

Agree                      Unsure                      Disagree

14. My child has been bullied through the use of social media or an electronic device.

Agree                      Unsure                      Disagree

15. My child has indicated that he/she has been bullied at school in the following locations. Please circle all that apply.

Student Commons

Locker Room

Hallways

On the Way to or From School

Restrooms

School Bus

Playground/Recess

Cafeteria

Classroom

Extracurricular Activities

Physical Education Class

Not Applicable

16. Additional Comments

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