|  |  |  |
| --- | --- | --- |
| Tick one box for each question | Yes | No |
| 1. I feel happy in my school. |  |  |
| 2. I feel safe in school. |  |  |
| 3. I know what to do if I feel sad |  |  |
| 4. I tell the teacher or someone in charge if someone hurts me or makes me sad. |  |  |
| 5. I like going outside to play. |  |  |
| 6. I tell someone at home if someone hurts me or makes me sad at school. |  |  |
| 7. I try my best at school. |  |  |
| 8. When we do well in school we are given stickers/rewards in class or at assembly. |  |  |

**Anti-Bullying P1 –3 Pupil Questionnaire**

**Class:**

|  |  |  |
| --- | --- | --- |
| 9. I can talk to my teacher about my feelings. |  | |
| 10. The boys and girls in my school are very good and kind. |  |  |