

Bully Problem Report

Name: _____

Think about your recent bullying experience. Describe what happened.

1. How were you bullied? (You can check more than one):

- Physically (for example, I was hit, kicked, pushed, slapped, spat on, etc.)
- Property (for example, things were taken from me, my property was damaged)
- Verbally (for example, I was teased, mean things were said to me, I was called names, I was threatened)
- Socially (For example I was excluded, ignored, had rumors spread, mean things said about me to others, others were made not to like me)
- Computer (For example, others used computers, email or phone text to threaten me or make me look bad)
- Other Describe any other details _____

2. When did this bullying take place?

Did it happen before? When?

Has it been going on for a long time (months, years)? How many months or years?

3. Who did this to you? _____ (Name optional)

- | | | |
|---|---|--|
| <input type="checkbox"/> Older students | <input type="checkbox"/> One person | <input type="checkbox"/> Someone I do not know |
| <input type="checkbox"/> Someone my age | <input type="checkbox"/> More than one person | <input type="checkbox"/> Someone I know a little |
| <input type="checkbox"/> Younger students | <input type="checkbox"/> Someone in my group | <input type="checkbox"/> A friend |

4. What made you decide that you had to deal with your bullying situation?

5. What did you do when this happened? How well did it work?

| What Did You Do? | How Well Did This Work? | | |
|---|--------------------------|--------------------------|--------------------------|
| | Did Not Work | Worked a Little | Worked Really Well |
| <input type="checkbox"/> I ignored it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I told my parents or other adult family member | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I told my brother or sister | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I told an adult at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I told another student | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I fought back verbally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I fought back physically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I got someone to help stop it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I stood up to the person doing it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I made a joke of it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I got back at them later | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I distracted the bully | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I did not do anything | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |