

Bully Free Intervention Questionnaire

Date:	Name of School Official Completing Form:		
Student's Name:	Grade:	Age:	
Check One: ___ Victim ___ Bully			

Instructions: Answer the following questions. Some of the questions may require additional research and even testing by the school counselor or psychologist. Do not let having unanswered questions prevent you from completing the Bully Free Intervention Plan Form and implementing prevention and intervention strategies.

As you try to help both the victim and bully, seek to answer the following questions that apply to the student. Some of the questions may be more appropriate for the victim or the bully. Most questions are appropriate for both.

Bullying Situation

What is the nature of the bullying? Check all that apply.

- Physical
- Verbal
- Social/relational
- Cyber bullying

Comments:

What is the specific bullying behavior?

Where and when is the bullying occurring?

How long has the student been bullied? Have they tried to keep it a secret? If so, how did that make them feel?

Who is the main aggressor and who are the followers bullying the student?

Does the student's parents know about the bullying?

What adults at school have observed the bullying? What was their response?

To whom at school has the student reported?

Has the safety plan developed earlier for the victim been effective? If not, what changes need to be made?

Is he or she being abused in other environments (for example, home, neighborhood, scouts, church)?

Has the student been told to report to an adult on a regular basis regarding his or her treatment? If so, who is the adult, and has the student been making these reports?

Physical Needs

Has the student lost weight because of bullying?

Does the victim have injuries because of bullying?

Has the student injured themselves?

Has the student made visits to the school nurse? If so, for what reasons and when were the visits?

Does the student have any features or other characteristics contributing to his or her mistreatment (for example, physical, clothing, hygiene)?

Is the student experimenting with alcohol, drugs, or sex to experience pleasure?

What are the student's eating habits?

Does the student exercise?

Is the student physically weak for his or her age?

How many hours of sleep is the student getting?

Does the student have trouble sleeping and/or trouble staying asleep because of the bullying?

Psychological Needs

Does the student sometime deny they are being bullied?

How fearful is the student?

When and where is the student most fearful?

What is the student's level of anxiety?

Does the student feel helpless?

Does the student exhibit any signs of confusion and cognitive disorganization?

Is the student depressed?

Is the student receiving counseling outside school?

Does the student seem to expect to be rejected by others?

Does the student feel that his or her situation is hopeless? If so, why?

Does the student review and assess his situation at night before going to sleep?

Does the student expect the bullying to get worse or better?

Does the student expect the bullying to last a long time or be over soon?

Does the student feel defective and that he or she deserves to be mistreated?

How angry is the student?

Does the student have feelings of hate?

Does the student feel lonely?

Does the student feel rage?

Does the student desire and/or fantasize revenge?

Does the student have nightmares about the bullying?

Does the student mentally review or revisit his or her mistreatment? If so, when, and how often?

Does the student have flashbacks?

Does the student feel humiliated and embarrassed?

Are there feelings of shame? If so, what are these about?

How stressed is the student?

Does the student have an overall positive self-esteem?

Are there areas (for example, art, music, games, sports) where the student has a positive self-esteem?

Does the student have adequate self-confidence to be assertive?

Does the student feel trapped?

Does the student feel his or her life is out of control?

Has the student become a victim and bully? Who are they bullying?

Does the student have thoughts of suicide? Has the student planned suicide? Has the student attempted suicide?

Social Needs

Can the student explain the importance of the Golden Rule?

Does the student participate in school activities?

Does the student have a best friend?

Does he or she seek the company of wrong friends (gangs, cults, hate groups, drug groups)?

Does the student stay inside at night because of the bullying at school?

Does the student prefer not to go places in the community because they are fearful they will see the bullies?

Does the student respect authority figures?

Does the student have any significant relationships with adults at school? If so, who are they?

Who are the followers of this student?

How is the student treated in the neighborhood, at church, etc.?

Are there places the student is avoiding because of the bully?

Are there activities that the student has always enjoyed but has discontinued because of bullying?

Behavioral Needs

Does the student have social skills that need to be improved?

Does the student engage in any behaviors that contribute to his or her mistreatment?

How does the student use his or her free time (hobbies, sports, clubs, youth groups or organizations)?

Is the student attracted to violence in books, video games, movies, and other media?

What assertiveness skills does the student need to learn and use?

What skills, abilities, and talents does the student have?

Is he or she cruel to animals?

Does the student demonstrate a lack of empathy?

Academic Needs

Has the student's motivation to learn been impacted?

What are the student's grades?

Has there been a significant change in grades?

What has the student's school attendance been like?

Has the student thought about dropping out of school?

Spiritual Needs

Does the student have personal goals?

Does the student have connections with any faith-based organizations such as youth groups?

Family

What is the student's home environment like (relationships with parents and siblings, and level of supervision)?

What is the discipline style of parents (permissive, overly aggressive)?

Does the student have any meaningful relationships with extended family such as grandparents, cousins, or aunts or uncles?

Are there siblings at home? If so, do they mistreat him or her, or does he or she mistreat siblings at home?

Does the student have older siblings attending this school?

Other

Does the student have access to weapons (knives, guns, and so on)?

Does the student play violent video games?

Does the student visit violent websites?

Does the student enjoy violent movies?

Bully Free Intervention Plan Form

Instructions

- Complete the demographic data at the top of the Bully Free Intervention Plan Form. After examining the answers to the questions on the questionnaire, review some of the intervention strategies in this section and write down the prevention and intervention strategies deemed most appropriate. If additional space is needed, use the back of the form.
- Dates to review plan: Indicate the date you wish to review the plan with the student. This will vary according to the student and the intensity of the bullying. Some plans need to be reviewed weekly for a few weeks; some may need to be reviewed less often.
- Signature of school official: Sign the plan.
- Signature of student (when age appropriate): Ask the student to sign the plan.
- Dates reviewed and notes: Each time the plan is reviewed for effectiveness, record the date and notes regarding its effectiveness and any changes were made.
- School official initials: Each time you review the plan with the student and make notes, place your initials in the corresponding column to the right.
- Student initials (when age appropriate): When it is age appropriate, ask the student to write his or her initials to the right of the review notes.

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Date:	Name of School Official Completing Form:		
Student's Name:		Grade:	Age:
Check One: <input type="checkbox"/> Victim Plan <input type="checkbox"/> Bully Plan			

Intervention Strategies (may use back of form):

Date(s) to review plan: _____

Signature of school official: _____

Signature of student (when age appropriate): _____

Dates Reviewed and Notes	School Official Initials	Student Initials (when age appropriate)

Note: Once completed, this form should be filed in the designated secured area to ensure confidentiality.