4	D		- I- 1 -I	£1	f -	•			in
L.	Does y	our/	child	teer	sare	In	our	schoo	11

 \Box Yes

□No

If no, please explain:

2.	Have you seen the school's anti-bullying policy?	□ Yes	No
3.	Do you know how to access the school's anti-bullying policy?	□ Yes	
4.	Do you know who to contact if you have a concern regarding bullying		
	behaviour?	🗆 Yes	🗆 No
5.	Does your child/children feel that they can talk to a member of school staff		
	if they have a worry or concern about bullying behaviour?	🗆 Yes	
6.	Has your child/children ever experienced bullying behaviour in this school?	🗆 Yes	
7.	Has your child/children ever engaged in bullying behaviour?	🗆 Yes	
8.	Has your child/children ever witnessed bullying behaviour?	🗆 Yes	
9.	1f yes, were you happy with how this was dealt with?	□ Yes	
	If no, please explain:		
10.	Do you feel this school is committed to dealing with bullying behaviour and		
	its prevention?	□ Yes	
	If no, please explain:		
11	Is there anything else you would like to say about the school's approach to		
		□ Yes	
11.	preventing and addressing bullying behaviour?		
11.	preventing and addressing bullying behaviour?		
11.	preventing and addressing bullying behaviour? If yes, please advise below:		
<u> </u>			
			N

Thank you for completing this questionnaire.