



Student Safety Survey for Elementary Students

Dear students,

We want to know what you think about your school! This is not a test, and there are no wrong answers. Your responses are private and will not be shared. The survey will take 5-10 minutes to complete.

Please respond honestly to every question, so we can better understand your experience and make our school a safe place for everyone!

Thank you.

1. Overall, I feel safe at school.

	Yes	○
	Sometimes	○
	No	○

2. How safe do you feel in the following locations?

2. How safe do you feel in the following locations?	Safe	Somewhat Safe	Unsafe	Not Applicable
In the school hallways	○	○	○	○
In the classroom	○	○	○	○
In the cafeteria	○	○	○	○
In the gym	○	○	○	○
In the bathrooms	○	○	○	○
At school events/activities	○	○	○	○
On the bus	○	○	○	○
During recess	○	○	○	○
Walking home	○	○	○	○



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Bullying is a serious matter and is not allowed by the district. Many people use the term bullying to describe mean or hurtful actions, but not all mean behavior is bullying. Bullying is when a person or group of people tease, hurt, or frighten another person on purpose over and over again.

The acronym **RIP** helps identify if a behavior is bullying or not.

Repeated: The behavior happens over and over.

Intentional: It is not an accident and is on purpose to hurt someone.

Power imbalance: Kids who bully others use their power to control or harm others.

Under Texas law, bullying can happen in writing, verbally, electronically, online, or physically. It is an action made against another student on school property, at a school-sponsored or school-related activity, or in a district-operated vehicle.

3. Based on the definition above, have you been bullied this school year?

Yes	<input type="radio"/>
No	<input type="radio"/>

4. Who did you tell when you were bullied? (Please select all that apply.)

[Answer this question only if answer to Q#3 is Yes]

Family	<input type="checkbox"/>
Friends	<input type="checkbox"/>
A teacher	<input type="checkbox"/>
A school counselor	<input type="checkbox"/>
A campus principal	<input type="checkbox"/>
Another school staff member	<input type="checkbox"/>
I did not tell anyone.	<input type="checkbox"/>
I reported through the SpeakUP app.	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

5. Please share why you did not report the bullying. (Please select all that apply.)

[Answer this question only if answer to Q#4 is I did not tell anyone.]

I didn't have anyone I trusted to tell.	<input type="checkbox"/>
I didn't think anyone would do anything.	<input type="checkbox"/>
I didn't want to be called a tattletale.	<input type="checkbox"/>
I was worried about what would happen if I told.	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>



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6. How often do the following types of bullying occur in your school?	Never	Not Often (a few times each year)	Sometimes (a few times each month)	Frequently (A few times a week)	Daily	Not Applicable
Cyberbullying/Online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying during the school day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying at school-related activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying on a school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please select the platforms through which cyberbullying has occurred. (Select all that apply) [Answer this question only if answer to Q#6 is Not Often, Sometimes, Frequently, or Daily]	
Instagram	<input type="checkbox"/>
Snapchat	<input type="checkbox"/>
Text message	<input type="checkbox"/>
Tik Tok	<input type="checkbox"/>
Twitter	<input type="checkbox"/>
Video/Online games	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

8. Since the start of the school year, how often have the following happened at your school?	Never	Not Often (a few times each year)	Sometimes (a few times each month)	Frequently (a few times a week)	Daily
Other students told lies about me and tried to make others dislike me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was called names, made fun of, or teased in a hurtful way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was left out of a group on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others won't sit by me or talk to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was hit, kicked, pushed, or shoved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others said they would hurt me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone sent or made a mean post, message, or video about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone took or damaged my belongings on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I missed school because I felt unsafe or worried about going to school because of being bullied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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9. Have you ever been bullied or harassed at school because of any of the following? Please check all that apply.	
Athletic ability	<input type="checkbox"/>
Clothes	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Family income	<input type="checkbox"/>
Gender	<input type="checkbox"/>
Grades	<input type="checkbox"/>
Hobbies/Activities/Interests	<input type="checkbox"/>
Language	<input type="checkbox"/>
Physical looks	<input type="checkbox"/>
Race, culture or skin color	<input type="checkbox"/>
Religion/Faith	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

10. How often do the adults in your school do the following?	Rarely/Never	Sometimes	Often	Almost Always/Always
Makes sure students follow the rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply the rules fairly to all students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop bullying and other forms of mean behavior when they see it or hear about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please answer the following questions/statements.	Yes	No	Don't Know
I would tell an adult at school if I was being bullied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would stand up for another student if I saw him or her being bullied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please share with us anything else you would like us to know about safety and behavior at your school.
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