



SCHOOL _____ DATE _____

SHAPING SAFER CATHOLIC SCHOOLS: Parent/Guardian Perspectives

As parents/guardians of children at our school, your perspective on building a safe school is very important. The following questions will help us learn more about what you think is important to ensuring a safe school for all children. If you have more than one child in our school, please complete a separate survey for each child. Information provided is confidential. If you wish to indicate your name, please do so at the end of this form.

Background Information:

Child's Gender: ___ boy ___ girl

Child's Grade : _____

Is English your first language? ___yes ___ no

If no, please specify first language: _____

- 1. Does your child feel physically safe at school? ___ yes ___ no ___ some of the time
- 2. Does your child feel emotionally safe at school? ___yes ___no ___ some of the time
- 3. Does your child feel safe in your neighbourhood? ___ yes ___ no ___ some of the time
- 4. Does your child's school have a bully prevention program? ___ yes ___ no
 4.a. If yes, please explain how you found out about the bully prevention program? _____

- 5. Has your child been bullied or harassed at school? ___ yes ___ no
 5.a. If yes, please describe the incident(s). _____

 5.b. Where does the bullying or harassment take place? _____
 5.c. Did you report the bullying or harassment to your child's school? ___ yes ___ no
 5.d. If you answered yes to 5.c, please describe the experience(s). If you did not report the incident(s) to your child's school, please explain why. _____

- 6. Has your child ever stayed at home to avoid bullying or harassment? ___ yes ___ no
- 7. Do you feel involved in developing a safe and caring school? ___ yes ___ no

OPTIONAL: Your Child's name _____ Your Name _____