

Template for Recording Bullying Behaviour

1. Name of pupil being bullied and class group

Name: _____

Class: _____

2. Name(s) and class(es) of pupil(s) engaged in bullying behaviour

3. Source of bullying concern/report*

Tick relevant box(es)

<input type="checkbox"/>	Pupil Concerned
<input type="checkbox"/>	Other Pupil
<input type="checkbox"/>	Parent
<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Other (specify)

4. Location of incidents*

Tick relevant box(es)

<input type="checkbox"/>	Yard/Recreational Area
<input type="checkbox"/>	Classroom
<input type="checkbox"/>	Corridor
<input type="checkbox"/>	Toilets
<input type="checkbox"/>	School Bus
<input type="checkbox"/>	Other (specify)

5. Name of person(s) who reported the bullying concern

6. Type of bullying behaviour* - Tick relevant box(es)

<input type="checkbox"/>	Physical Aggression	<input type="checkbox"/>	Cyber-bullying
<input type="checkbox"/>	Damage to Property	<input type="checkbox"/>	Intimidation
<input type="checkbox"/>	Isolation/Exclusion	<input type="checkbox"/>	Malicious Gossip
<input type="checkbox"/>	Name Calling	<input type="checkbox"/>	Other (specify)

7. Where behaviour is regarded as identity-based bullying, indicate the relevant category:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homophobic	Disability/SEN related	Racist	Membership of Traveller community	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Brief description of bullying behaviour and its impact

9. Details of actions taken

Signed: _____ (Relevant Teacher)

Date: _____

Date submitted to Principal/Deputy Principal:

* Note: The categories listed in the tables 3, 4 & 6 are suggested and schools may add to or amend these to suit their own circumstances.