

Yes

Work together

Screening Tool for Professionals & Parents Addressing Bullying Allegations

1. Was the beha	vior carried out on purpose?
Yes	No 🗌
(Harm may be p	ivior intended to cause harm? physical, verbal, relational, al, and/or via electronic)
Yes	No 🗌
acts of this beha	een patterned and pervasive avior? (An average of two or per week, over the course of eks.)
Yes	No 🗌
communication	havior include electronic s that can be viewed an er of times by an unlimited ble?
Yes	No 🗌
the target of the	llance of power exist and/or is behavior unable to stop the or from continuing?

No

Bullying

e? If the answers to questions 1-4 are all

to End

If you provided a NO response to any of the questions (not including 3a), the person completing this form should address the unwanted behavior with the young person according to school, group, or home standards of conduct. Every effort should be taken to address the behavior with the young person as soon as possible.

YES, please refer this incident to a trained professional within 24 hours.

The full assessment form can be found in the 8 Keys to End Bullying Companion Guide for Parents & Educators.

For more information, visit bit.ly.endbullying16

