

Elementary Student Safety Survey

Primary PBS Survey (Grades Pre-K through 1st Grade)

Classroom Record of Responses

Classroom Teacher: _____ Total Number of Surveys Completed: ____
 Directions: Classroom teachers will administer the surveys to their classrooms; reading each survey question out loud. When finished, please use this sheet to total your results and give all surveys-with this sheet on top-to your grade level PBS representative. She/He will total the surveys for your grade level.

Other locations listed: _____

Teacher Comments useful in Evaluating Responses:

? Number	Question	Yes	No
1.	I like school.		
2.	I feel safe at school.		
3.	I like recess.		
4.	Kids are nice at recess.		
5.	The kids are nice in my classroom.		
6.	I like the PBS/CARING Kids program.		
7.	Kids know how to act/behave in school.		
8.	I have trouble with bullies OFTEN. (3 or more)		
Area:	Playground: ____ Lunch: ____ Classroom: ____ Home: ____ Bus: ____ Bathroom: ____ Pow-Wow: ____ Other: ____	XXXX	XXXX
9.	I know what to do if I am bullied.		
10.	I know what to do if I see someone being bullied.		
11.	I ride the bus.		
	11a. I like to ride the bus.		
	11b. Kids are nice on the bus.		
12.	If you were choosing a reward for next year for being a PBS CARING Kid, would you rather have a Necklace or a Snack (like popsicle or fruit snack):	Necklace :	Snack:

Thank-you SO much for your help!!