

# Safety & Belonging Check-In Questionnaire

### n 1. Do you feel safe at school?

- Yes, always
- U Most of the time
- Sometimes I don't
- X No, I often feel unsafe

#### 2. Do you feel like you belong in your class or school?

- Yes, I feel like I fit in
- U A little bit
- u Not really
- 😢 No, I feel left out

## 🧍 3. Who do you feel safe talking to when something is wrong?

(Tick all that apply)

- My teacher
- 👫 A friend
- Someone at home



		ssible Education
•	i'm not sure who to talk to	
•	• <u></u> Other:	
<b>4</b>	I. Do you feel included and accepted by other children?	
•	Yes, I feel included and welcome	
•	Sometimes I do, sometimes I don't	
•	u I often feel left out	
•	No, I don't feel included	
	5. Have you ever seen or experienced unkind behaviour (e.g. teasing, beaving someone out)?	ullying,
•	No, I haven't	
	• u l've seen it happen to others	
•	TVC SCCITIC Happen to others	
•	It has happened to me	
•		

- 😄 Happy and ready to learn
- Mostly okay
- 2 A bit nervous



7. What helps you feel safe and comfortable at school?
(Open-ended)
♣ 8. What could make school feel even safer or more welcoming for everyone?
(Open-ended)
9. Is there anything you want to tell us about feeling safe, included, or supported at school?
(Open-ended)