



Scoil Náisiúnta an Chroí Ró Naofa

Bullying Record Sheet for Parents/Guardians



1. Name of pupil allegedly being bullied and class group

Name _____ Class _____

2. Name(s) and class(es) of pupil(s) who may have used bullying behaviour

Name(s) of pupil(s) who may have joined in or observed this behaviour:

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3. Location of incidents
(tick relevant box(es))*

Playground	
Classroom	
Corridor	
Toilets	
Online (in school)	
School Transport	

6. Type of Bullying Behaviour (tick relevant box(es)) *

Physical Aggression		Cyber-bullying	
Damage to Property		Intimidation	
Isolation/Exclusion		Malicious Gossip	
Name Calling		Other (specify)	

8. Brief Description of bullying behaviour and its impact

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

Signed _____ (Teacher) Date _____

Date submitted to Principal/Deputy Principal _____