

Bullying Recognition Checklist	YES	Mild or Not Often	NO
Do you feel anxious or scared about going to certain places or seeing certain people?			
Have you noticed changes in your sleep, appetite, or mood?			
Do you avoid activities you used to enjoy because of fear?			
Have you experienced physical harm or threats from others?			
Do you receive mean messages online or through texts?			
Are there lies being spread about you?			
Do you often feel left out or isolated from social groups?			
Total (Count the Checkmarks)			
Multiplier	x3	x1	x0
Weighted Totals			
GRAND TOTAL			