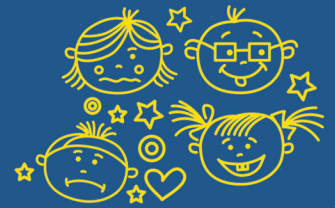




SOMETHING'S WRONG REPORT



Name: _____

Date: _____

Approximate Time: _____

1 Where were you when something went wrong? *(Check all that apply)*

<input type="checkbox"/> Classroom	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Lockers	<input type="checkbox"/> On Social Media and/or texting
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Bus
<input type="checkbox"/> a Gym	<input type="checkbox"/> Locker room
<input type="checkbox"/> Locker room	<input type="checkbox"/> Other _____

2 What happened? *(Check all that apply)*

- Someone called me names
- Someone looked at me funny
- Someone was mean to me
- Someone took something of mine
- Someone told me to do something I didn't like
- Someone broke my stuff
- Someone destroyed my property
- Someone used words to hurt me
- Someone threatened me
- Someone lied about me
- Someone stole something from me
- Someone put their hands on me. How?

I did the same thing the other student did to me

I was left out of a group

I might have hurt someone

I repeated something mean someone said

Other _____

3 Who was that someone? *(Check one)*

Another student. Name: _____

An adult. Name: _____

Other. Name: _____

4 Has something like this happened with this person before? *(Check one)*

Yes No

5 Have you ever told anyone about this before? *(Check one)*

Yes If yes who? _____

No

6 What did you do? *(Check all that apply)*

- Nothing
- I walked away
- I told an adult what happened
- I talked about this with a friend
- I told my parent(s)
- I was joking
- I talked about what happened online/social media
- I called someone a name
- I yelled at someone
- I cried
- I fought with him/her
- I threatened him/her
- I destroyed someone's property
- I used words to hurt someone
- They hit me so I hit them back
- Other _____

7 I feel: *(check words that best fit your feelings)*

<input type="checkbox"/> Mad	<input type="checkbox"/> Confused	<input type="checkbox"/> Embarrassed
<input type="checkbox"/> Nervous	<input type="checkbox"/> Scared	<input type="checkbox"/> OK
<input type="checkbox"/> Worthless	<input type="checkbox"/> Irritated	<input type="checkbox"/> Furious
<input type="checkbox"/> Normal	<input type="checkbox"/> Threatened	<input type="checkbox"/> Alone
<input type="checkbox"/> Depressed	<input type="checkbox"/> Anxious	<input type="checkbox"/> Sad

8 What would make this situation better? *(Check all that apply)*

- I would like an adult to help
- I want to be friends with the person again
- I want a meeting so we can work this all out
- I want the other person punished
- I just want to be left alone
- I don't want to be here anymore
- I want to learn how to handle this situation better
- I need help with my anger
- Teaching people how to behave/know the rules
- I want the person to pay for the damages
- They have to stop what they are doing
- We need to settle our differences
- I want to be in a new classroom
- I want the other person moved
- I want to quit coming to school
- Other _____
