

Talking to Kids About School Safety

An Activity for Families and Classrooms



**National School
Safety Center**



The Grandview Group

INTRODUCTION



***Talking to Kids About School Safety** is a resource designed to raise a child's awareness of safety issues, determine the degree to which they feel safe in their educational environment, and to identify issues that may require a response from adults. Developed by the National School Safety Center and VisdomK12, this resource facilitates a conversation around safety that can occur in the classroom, at home, or both. The results can help families and educators create the safe environment necessary for students to achieve the highest possible level of academic and social success.*

HOW DOES IT WORK?

There are several safety topics that begin with a Lead Question designed to get children thinking carefully about the issue being addressed. Each topic also has follow-up Discussion Questions designed to assist adults if they feel it is necessary to probe deeper into a topic. The format leaves it up to the adult leading the conversation to decide whether they want to address and record every question, or address only the Lead Question and let the conversation flow from there.

WHY DO THIS?

Every child has unique experiences in school and they often either don't recognize a problem, or they hesitate to discuss them with adults if they do. **Talking to Kids About School Safety** gives your children and students an opportunity to explore their feelings and experiences about safety and to share them with adults who are in a better position to help them address areas of concern. It also demonstrates to children that they have trusted resources they can turn to whenever they need to discuss potential safety challenges.

WHEN SHOULD WE DO THIS?

Please take this as an opportunity for you and your child to share information necessary to identify trends and information that could impact a larger safety plan in the home as well as within the school. This activity is designed to be completed one-on-one or as a family activity that takes about an hour.

The last two pages of this tool contain actual survey questions you can print off for the child / student to complete throughout your discussion. The main body of the tool is for the adult(s) to notate responses and discussions.

SUGGESTIONS FOR PARENTS



Sitting down with your child and using this activity as a guideline not only demonstrates that you care about their experience, but also teaches them to recognize issues and understand how to address them in the future.

To begin, select a time that you and your child can be comfortable, relaxed, and willing to participate in a casual conversation about school, specifically school safety. Use this resource to guide your conversation across each safety topic. It is important that they trust you. Do not push them for answers they are uncomfortable providing – but take note of any hesitations, as this might be a sign of a problem your child isn't comfortable sharing (and you may want to consult with a school professional). If you uncover an issue that you feel should be addressed with school officials, be sure to talk to your child and address any concerns they have. Often they are afraid of backlash from other students. Do not dismiss these concerns; discuss their concerns with school officials who are trained in conflict resolution. Your child should understand that there is no right or wrong answer and that they are unlikely to get into trouble for being honest.

The first question for each topic is designed to get children to consider the topic and their own experience. Give them time to carefully think about and answer the question. Use the follow-up questions to explore a deeper conversation about each topic. This will gently encourage children to better define issues and concerns as well as share more details. Each topic will ask if your child can suggest ways to avoid or manage any conflicts in the topic area. This is your opportunity to teach them how to handle potential safety issues in the future.

THE ASSESSMENT

HOW TO COMPLETE THIS EXERCISE:

Each of the Lead Questions has four answer choices. Next to each choice you will see one of these numbers in red: **3**, **2**, **1**, or **0**. At the end of this activity you will be asked to add these numbers to arrive at a total score. If you are doing this as part of a classroom exercise or with more than one child, you can use the Student Question Form (included with this exercise). We suggest a teacher or parent tabulate scores and create a class or group average.

It might be useful to begin by establishing what being safe means. This might be best accomplished by asking “How do you describe a safe place?” or “How does it feel to be safe?” Their concept of safety will be helpful in gauging and interpreting their responses during the activity.

1. FEELING SAFE

How safe do you feel at school?

I NEVER feel safe.	I DO NOT feel safe MOST of the time.	I FEEL SAFE MOST of the time.	I ALWAYS feel safe.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

PLACES: Are there SPECIFIC PLACES at school where you don’t feel safe? (For example, in a hallway, athletic field, school restroom, locker room, etc.) Yes / No
If there are, where are they?

TIMES: Are there certain TIMES OF THE DAY when these places are less safe than at other times? Yes/No
If YES, select all of the times you feel at all unsafe:

- ☐ Before school
- ☐ After school
- ☐ During lunch
- ☐ During recess/free period
- ☐ During class
- ☐ During gym class
- ☐ In the library
- ☐ Other: _____

If you selected any, can you explain why you feel those times are more unsafe than others?

TRAVELING: Do you feel safe when you are going to school or going home from school? Yes / No
If you said No, please explain when, where and why you do not feel safe.

PROPERTY LOSS

2. INDIRECT PERSONAL PROPERTY LOSS

Over the last year, have you had something taken from your desk, locker, backpack, etc. at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or three times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

PLACE: Where and when did it happen?

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told the person who did it that I saw them but did not get it back.
- ☐ I told the person who did it that I saw them and did get it back.
- ☐ I didn't tell anybody.
- ☐ Other: _____

FRIENDS:

Have any of your friends had something taken from their desk, locker, or backpack, etc. at school? **Yes/No**
What can you tell us about what happened to them?

3. DIRECT PERSONAL PROPERTY LOSS

Over the last year, has someone taken money or things directly from you by using force, weapons, or threats at school?

It has happened four times or more.	It happened two or three times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

PLACE: Where and when did it happen and why do you think it happened?

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told the person who did it that I saw them but did not get it back.
- ☐ I told the person who did it that I saw them and did get it back.
- ☐ I didn't tell anybody.
- ☐ Other: _____

THREATENING BEHAVIOR

4. PHYSICAL THREAT

Over the last year, has someone **THREATENED** to physically hurt you at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or three times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

PLACE: Where and when did it happen and why do you think it happened?

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told the person who did it not to do it again but they did.
- ☐ I told the person who did it not to do it again and they stopped.
- ☐ I didn't tell anybody.
- ☐ Other: _____

5. VERBAL BULLYING

Over the last year, has someone bullied you using words (no weapons or threat of physical violence) at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or three times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

PLACE: Where and when did it happen and why do you think it happened?

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told the person who did it not to do it again but they did.
- ☐ I told the person who did it not to do it again and they stopped.
- ☐ I didn't tell anybody.
- ☐ Other: _____

THREATENING BEHAVIOR (continued)

6. SOCIAL MEDIA BULLYING

Over the last year, has anyone bullied you or threatened you, or made you nervous in any way using social media such as Facebook, Instagram, Snapchat, Twitter, a text message, an email, or any other type of social media?

It has happened four times or more.

It happened two or three times.

It happened once.

No.

0

1

2

3

☐☐☐☐

DISCUSSION QUESTIONS:

PLACE: Where and when did it happen (or almost happen) and why do you think it happened?

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told the person who did it not to do it again but they did.
- ☐ I told the person who did it not to do it again and they stopped.
- ☐ I didn't tell anybody.
- ☐ Other: _____

PHYSICAL CONTACT

7. FIGHTS IN SCHOOL

Over the last year, how many times have you seen students participate in violent activity with the purpose of hurting each other physically?

It has happened four times or more.	It happened two or three times.	I've seen this once.	I have never seen this.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTION:

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I was a by-stander.
- ☐ I didn't tell anybody.
- ☐ Other: _____

8. INAPPROPRIATE CONTACT

Over the last year, has someone touched you in any way when you didn't want them to at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or three times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

PLACE: Where and when did it happen?

REACTION: How did you react?

- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told the person who did it not to do it again but they did.
- ☐ I told the person who did it not to do it again and they stopped.
- ☐ I didn't tell anybody.
- ☐ Other: _____

WEAPONS

9. WEAPONS IN SCHOOL

Over the last year, have you seen a student carrying a gun, knife, or other weapon at school or on the way to or from school?

It has happened four times or more.

It happened two or three times.

I've seen this once.

I have never seen this.

0

1

2

3

☐

☐

☐

☐

DISCUSSION QUESTION:

REACTION: If yes, how did you react?

☐ I told my teacher or another school official.

☐ I told an adult in my family.

☐ I didn't tell anybody.

☐ Other: _____

If yes, was it unusual for you to see a weapon?

FACULTY, STAFF, AND ADMINISTRATION

10. ON THE SCHOOL BUS

*Answer this question ONLY if you regularly take the school bus to or from school or school related events.

Over the last year, how safe have you felt while riding the school bus to or from school or school related events such as field trips and sports activities?

I never feel safe on the bus.	I seldom feel safe on the bus	I usually feel safe on the bus	I always feel safe on the bus
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTION:

PLACE: Describe those situations where you did not feel safe on the school bus.

REACTION: If yes, how did you react?

- ☐ I told the bus driver.
- ☐ I told my teacher or another school official.
- ☐ I told an adult in my family.
- ☐ I told someone else.
- ☐ I didn't tell anybody.
- ☐ Other: _____

11. SCHOOL LEADERS AND TEACHERS

In your experience, do adults at your school, especially teachers, principals, and administrators usually take action when a safety issue is reported to them?

They never take action.	They don't usually take action.	They usually take action.	They will take action every time.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTION:

INACTION: Can you describe times when the adults at your school did not take action when you thought they should have? Explain WHY you think they didn't take action.

PERCEPTIONS

12. YOUR PERCEPTION OF SAFETY THREATS

The previous questions have focused on your personal experience with specific areas of school safety. Below is a list of safety threats that you may or may not have personally experienced at your school. However, you may have heard of other students who have experienced or reported problems or concerns in one of these areas. You may also have a perception or feeling that some of these safety threats are issues at your school. Please indicate your perception of how serious these threats are by placing the appropriate number in the box next to each threat.

This is not a problem at all. **(3)**

This is a small problem. **(2)**

This is a big problem. **(1)**

This is a very big problem. **(0)**

- ☐ Vandalism (damaging school, teacher, or student property)
- ☐ Gang activity
- ☐ Alcohol use
- ☐ Tobacco use
- ☐ Drug use
- ☐ Drug selling
- ☐ Racial conflict
- ☐ Social media bullying (on computers, phones, tablets, etc.)
- ☐ In-person bullying
- ☐ Theft (either from a person or from someplace where they store their belongings)
- ☐ Physical violence (beating people up)

DISCUSSION QUESTIONS:

- ☐ When was the last time you participated in a weather-related drill? (i.e., for a tornado, hurricane, severe storm, heat warning)
- ☐ Do you know where to go in either the school building or in your home in the event of a weather-related emergency?
- ☐ Do you know what to do if there is an emergency that causes you to leave your classroom?
- ☐ Do you know what to do if there is an emergency that causes you to stay in your classroom?
- ☐ Do you feel like you can go to an adult if you see and experience something that is not safe or fair to you or someone else?

SAFETY REVISITED

13. FEELING SAFE REVISITED

Having now completed this activity and talked about these issues in more detail, let's answer the first question of this survey again.

How safe do you feel at school?

I NEVER feel safe.	I SOMETIMES DO NOT feel safe.	I FEEL SAFE MOST of the time.	I ALWAYS feel safe.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DISCUSSION QUESTIONS:

If your answer is different now, why is it different?

In your opinion, what are the three biggest safety issues or threats at your school right now?

DISCUSSION QUESTION: RECOMMENDATIONS

If you were in charge of your school district, what would you do about the three biggest safety issues or threats you mentioned above?

Is there anything else about safety that you think we should talk about that we didn't cover?

DISCLAIMER

This activity is designed to foster conversation and greater awareness among parents, teachers, and the children they care about. We hope it can be used to support safe school planning activities and the critical decision-making processes required of school communities. Each community must make unique choices to meet school safety needs that reflect their local environment. Neither The Grandview Group nor National School Safety Center makes any warranty, expressed or implied, nor assumes any legal liability or responsibility for the completeness, usefulness or accuracy of any information, apparatus, product or process provided for consideration or use.

CALCULATING YOUR STUDENT'S SCORE

- 0.00 – 0.50** = An overall feeling of EXTREMELY UNSAFE conditions
- 0.51 – 1.0** = An overall feeling of VERY UNSAFE conditions
- 1.01 – 1.50** = An overall feeling of SOMEWHAT UNSAFE conditions
- 1.51 - 2.00** = An overall feeling of SOMEWHAT SAFE conditions
- 2.01- 2.50** = An overall feeling of GENERALLY SAFE conditions
- 2.51 – 3.00** = An overall feeling of VERY SAFE conditions

CALCULATING A SCORE

You can calculate a total score for each student by adding the points from the responses to each question and then dividing that SUM by the number of questions answered. This will produce an AVERAGE score that represents a student's overall feelings about safety in their school environment. When you break down the PERCEPTIONS matrix question, there are **23 questions** total, each with a point value of 0, 1, 2, or 3. Also note that not every student will be able to answer the ON THE SCHOOL BUS question. For those students who do not ride a bus, their score should be based on 22 questions instead of 23.

INTERPRETING SCORES BY LEAD QUESTION

The average scores for each Lead Question are very important and should be assessed individually as well. It's possible that your school is perceived to have VERY SAFE conditions overall but some VERY UNSAFE specific conditions. Therefore, the aggregated results for each Lead Question should be carefully considered.

Caution: We do not recommend that any school use the results of this exercise as the sole indicator of school safety. This exercise focuses on student attitudes and beliefs about safety and may or may not correlate to actual facts and other observable evidence in your school environment. However, student perception is an important factor to consider. If, for example, a significant percentage of students report that they believe Drug Use or Social Media Bullying is happening often, school officials should investigate and address these perceptions. Parents who use this exercise with their children should not hesitate to share these results with the child's school. In fact, we encourage you to share this exercise with neighbors and other families in your school or church community. The most important outcome of this exercise may well be the dialogue that it enables around the topic of School Safety.

CONCLUSION



*You have completed the questions for the **Talking to Kids About School Safety** exercise. If you choose to provide the results to the teacher, school administration, or district administration you will be contributing to their awareness of any potential issues students perceive in the district. More importantly, when people share, people care. When you participate in the discussion, you also participate in the solution by sharing your awareness and perspectives with responsible adults including your parents. As one youngster put it while talking to his teacher: “It’s been a long time since you’ve been a kid, hasn’t it Mr. Preston?” Sharing, caring and problem solving go hand-in-hand.*

ABOUT THIS EXERCISE

Talking to Kids About School Safety was created by Dr. Ron Stevens and the National School Safety Center and is published by The Grandview Group. If you found this exercise to be helpful, we invite you to learn more about it's online companion, The School Safety Review, an application that brings school stakeholder together to do a collaborative safety review of their schools. For more information, please visit us at <http://solutions.thegrandviewgroup.com/ssr/>

OUR COMMITMENT TO SCHOOL SAFETY

We are committed to making schools a safer place to learn, work, and play. We welcome inquires from educators, parents, and the media.

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SCHOOL SAFETY STUDENT SURVEY

Name of Student's School _____

Student's Grade Level (example: 6th Grade) _____

1. FEELING SAFE

How safe do you feel at school?

I NEVER feel safe.	I DO NOT feel safe MOST of the time.	I FEEL SAFE MOST of the time.	I ALWAYS feel safe.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. INDIRECT PERSONAL PROPERTY LOSS

Over the last year, have you had something taken from your desk, locker, backpack, etc. at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or more times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. DIRECT PERSONAL PROPERTY LOSS

Over the last year, has someone taken money or things directly from you by using force, weapons, or threats at school?

It has happened four times or more.	It happened two or more times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. PHYSICAL THREAT

Over the last year, has someone THREATENED to physically hurt you at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or more times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. VERBAL BULLYING

Over the last year, has someone bullied you using words (no weapons or threat of physical violence) at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or more times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. SOCIAL MEDIA BULLYING

Over the last year, has anyone bullied you or threatened you, or made you nervous in any way using social media such as Facebook, Instagram, Snapchat, Twitter, a text message, an email, or any other type of social media?

It has happened four times or more.	It happened two or more times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. FIGHTS IN SCHOOL

Over the last year, how many times have you seen students participate in violent activity with the purpose of hurting each other physically?

It has happened four times or more.	It happened two or more times.	I've seen this once.	I have never seen this.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHOOL SAFETY STUDENT SURVEY

8. INAPPROPRIATE CONTACT

Over the last year, has someone touched you in any way when you didn't want them to at school, on your way to or from school, or at a school event?

It has happened four times or more.	It happened two or more times.	It happened once.	No.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. WEAPONS IN SCHOOL

Over the last year, have you seen a student carrying a gun, knife, or other weapon at school or on the way to or from school?

It has happened four times or more.	It happened two or more times.	I've seen this once.	I have never seen this.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. ON THE SCHOOL BUS *ANSWER THIS QUESTION ONLY IF YOU REGULARLY TAKE THE SCHOOL BUS TO OR FROM SCHOOL OR SCHOOL RELATED EVENTS.

Over the last year, how safe have you felt while riding the school bus to or from school or school related events such as field trips and sports activities?

I never feel safe on the bus.	I seldom feel safe on the bus.	I usually feel safe on the bus.	I always feel safe on the bus.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. SCHOOL LEADERS AND TEACHERS

In your experience, do adults at the school, especially teachers, principals, and administrators usually take action when a safety issue is reported to them?

They never take action.	They don't usually take action.	They usually take action.	They will take action every time.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. YOUR PERCEPTION OF SAFETY THREATS

The previous questions have focused on your personal experience with specific areas of school safety. Below is a list of safety threats that you may or may not have personally experienced at your school. However, you may have heard of other students who have experienced or reported problems or concerns in one of these areas. You may also have a perception or feeling that some of these safety threats are issues at your school. Please indicate your perception of how serious these threats are by placing the appropriate number in the box next to each threat.

This is not a problem at all. (3)

This is a small problem. (2)

This is a big problem. (1)

This is a very big problem. (0)

- [] Vandalism (damaging school, teacher, or student property)
- [] Gang activity
- [] Alcohol use
- [] Tobacco use
- [] Drug use
- [] Drug selling
- [] Racial conflict
- [] Social media bullying (on computers, phones, tablets, etc.)
- [] In-person bullying
- [] Theft (either from a person or from someplace where they store their belongings)
- [] Physical violence (beating people up)

13. FEELING SAFE REVISITED

Having now completed this activity and talked about these issues in more detail, let's answer the first question of this survey again.

How safe do you feel at school?

I NEVER feel safe.	I SOMETIMES DO NOT feel safe.	I FEEL SAFE MOST of the time.	I ALWAYS feel safe.
0	1	2	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>