



PEER PARENTS.. PLEASE HELP OUR QUEST AGAINST BULLYING

Phoenix P.T Studio, Unit 4/821 South Western Highway, Byford

My name is Anthony Phoenix and I run the Rising Phoenix Mixed Martial Arts School with my wife Ammy and our good friend Mikey P.

This questionnaire is to help us get an "outside of the dojo" behaviour profile of students currently studying martial arts at our Rising Phoenix Mixed Martial Arts School.

We have a very strict policy regarding conduct of our students outside the dojo and are aiming to ensure that we create an environment where all of our students can improve their level of moral awareness.

It is for this reason that we are asking parents and teachers to get involved with the disciplinary training of our students by answering our short questionnaire.

As part of their grading with us, we require that they bring us the following form, filled out by parents, teachers and class-mates.

This may seem a little over the top, however, as we are teaching an art which could potentially be abused as a tool for bullying, we believe it is our responsibility to make sure that we have safety measures, so that we can make sure our students use the Art Form for self improvement as it is intended.

We would like to try and identify students that may be a target for bullies so that we can help them build the self confidence it takes to curb the bullying cycle. We would also like to identify individuals who are prone to bully behaviour so that we can instil a sense of respect for others and discipline, so that they can better deal with the urge to put down others.

We aim to use this tool so that we can measure the effect that our training is having on the Student.

Our ideal outcome is for the student to improve in the following areas over time:

- To become more respectful of elders / superiors
- To be more attentive in class with a higher attention span
- To display a higher level of discipline and tolerance for others
- To become a moral role model for other children

Please take 5 minutes to fill out this form and return it to us or, if appropriate, the student to give back to us.

All names and information will be kept confidential. We are using the information only to help guide our students to become the best they can be, never to name or shame anybody.

If you have any questions or feedback, we would love to get your input!

Please call Ant on 0422 223 562.



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Rising Phoenix Martial Arts Student Name(Full): _____

School: _____ Year: _____ Class: _____

Peer Student Name (will not be disclosed): _____

School: _____ Year: _____ Class: _____

1=hardly ever, 2=poor, 3=sometimes, 4=most of the time, 5=all of the time

In your opinion,

Is the student respectful of elders / superiors? Rate 1-5: _____

Is the student attentive and focused in class? Rate 1-5: _____

Does the student display acceptance for peoples differences? Rate 1-5: _____

Is the student looked up to by his/her peers as a role model? Rate 1-5: _____

Does the student interact with others in lunch breaks? Rate 1-5: _____

Has the student ever been **accused of** bullying? Yes / No

If so, what type of bullying (please circle one or more)

1. Physical Bullying : Hitting, kicking, tripping, pinching, spitting, pushing, damaging property.
2. Verbal Bullying : Name calling, teasing, intimidation, racist remarks etc.
3. Covert Bullying : Carried out behind the persons back aimed at harming reputation.
4. Cyberbullying : Bullying over email, facebook, phone text etc.

When was the incident recorded? Date: _____

Has the student ever been **a subject** of bullying? Yes / No

If so, what type of bullying (please circle one or more)

1. Physical Bullying : Hitting, kicking, tripping, pinching, spitting, pushing, damaging property.
2. Verbal Bullying : Name calling, teasing, intimidation, racist remarks etc.
3. Covert Bullying : Carried out behind the persons back aimed at harming reputation.
4. Cyberbullying : Bullying over email, facebook, phone text etc.

When was the incident recorded? Date: _____

Notes: _____

Peer Parent Name: _____

Peer Parent to Sign and Date: Sig _____ Date: _____