

Hassle Box

Name: _____

Date: ____/____/____

Day

- | | | |
|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | |

Time ⌚

- | | | |
|--|--|---|
| <input type="checkbox"/> Morning Session | <input type="checkbox"/> Recess | <input type="checkbox"/> Middle Session |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Afternoon Session | |

Where were you?

- | | | | |
|------------------------------------|-------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Toilets | <input type="checkbox"/> Sport |
| <input type="checkbox"/> Library | <input type="checkbox"/> Music | <input type="checkbox"/> Line up | <input type="checkbox"/> Other |

What happened?

- | | |
|--|--|
| <input type="checkbox"/> Somebody teased me | <input type="checkbox"/> I teased someone |
| <input type="checkbox"/> Someone was unkind to me | <input type="checkbox"/> I was unkind to someone |
| <input type="checkbox"/> Somebody started fighting with me | <input type="checkbox"/> I started fighting with someone |
| <input type="checkbox"/> Other (describe) | |

.....
.....
.....
.....
.....

Who was involved?

What did you do?

- | | | |
|--|---|---|
| <input type="checkbox"/> Hit back | <input type="checkbox"/> Ran away | <input type="checkbox"/> Cried |
| <input type="checkbox"/> Ignored | <input type="checkbox"/> Yelled | <input type="checkbox"/> Broke something |
| <input type="checkbox"/> Called them names | <input type="checkbox"/> Told parent/ teacher | <input type="checkbox"/> Walked away calmly |
| <input type="checkbox"/> Talked it out | <input type="checkbox"/> Threw something | <input type="checkbox"/> Other |

What happened?

To you?

.....

.....

.....

.....

To the other person?

.....

.....

.....

.....

Was it bully-type behaviour?

- Physical** – hitting, punching, kicking, pinching, pushing, tripping etc
- Verbal** – teasing, calling names, spreading rumours etc
- Exclusion** – leaving people out of games, refusing to sit next to someone, not being chosen as work partner etc
- Non verbal** - unkind looks, written notes, graffiti, rude gestures etc
- Extortion** – threatening to take someone’s money or food or personal belongings etc
- Property** – stealing other people’s things, hiding their personal belongings, destroying someone’s personal items etc

Did you remember?

Assertive

Or

Aggressive

Or

Passive

How assertive

were you?

[Dolphin]



1

2

3

4

5

Poor

Not
very

OK

Good

Great

Step 1:

**Try to ignore
them**

How well did you
remember to **try
to ignore?**



1

2

3

4

5

Poorly

Not so
well

OK

Good

Great

Step 2:

**Tell them to
stop!**

How well did you
remember to **tell
them to stop?**



1

2

3

4

5

Poorly

Not so
well

OK

Good

Great

Step 3:

Walk Away!

How well did you
remember to **try
walking away?**



1

2

3

4

5

Poorly

Not so
well

OK

Good

Great

Step 4:

Tell the teacher

How well did you
remember to **tell
the teacher?**



1

2

3

4

5

Poorly

Not so
well

OK

Good

Great

What could *you* do next time?

- Stand up for myself in a positive way
- Try talking to the person
- Ignore the situation - keep playing or working
- Talk to a friend to get ideas
- Walk away and ignore the person completely
- Stand up for someone else in a positive way
- Tell someone who may be able to help [teacher, duty teacher]
- Other . . .