

# Kindness Questionnaire

Child's Name: \_\_\_\_\_

We show kindness when we.... •

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This week someone has been kind to me Yes / No

This week I have been kind to someone in the school Yes / No

People in school are kind Yes / No

In school I feel safe Yes / No

In enjoy school Yes / No

In school I feel happy this much..



In school I feel i matter this much..



\_\_\_\_\_  
DATE