



Keeping Safe Pupil Voice Booklet



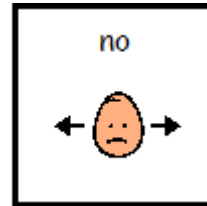
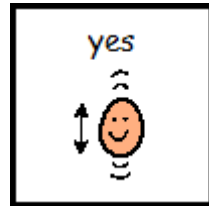
Name: _____

Year: _____ Class: _____

Staff supporting: _____

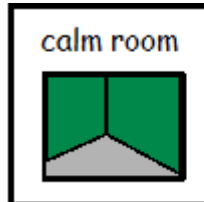
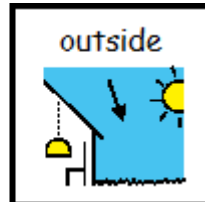
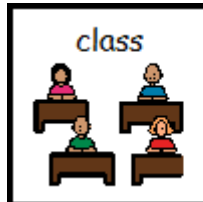
1.

Do you feel safe in school?



2.

Where do you feel most safe?



[Insert image]

3.



Do



staff

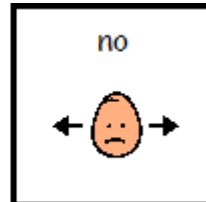
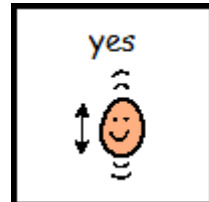


listen

to



you?



4.

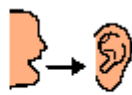


Who

do



you



tell

if



you

are



worried

about

something?



teacher



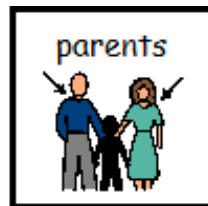
stranger



nurse



adults



parents

[Insert image]

5.



Who

do



you

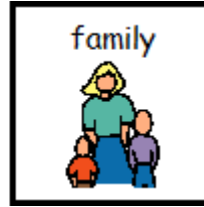
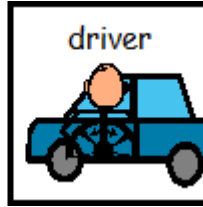


think

is



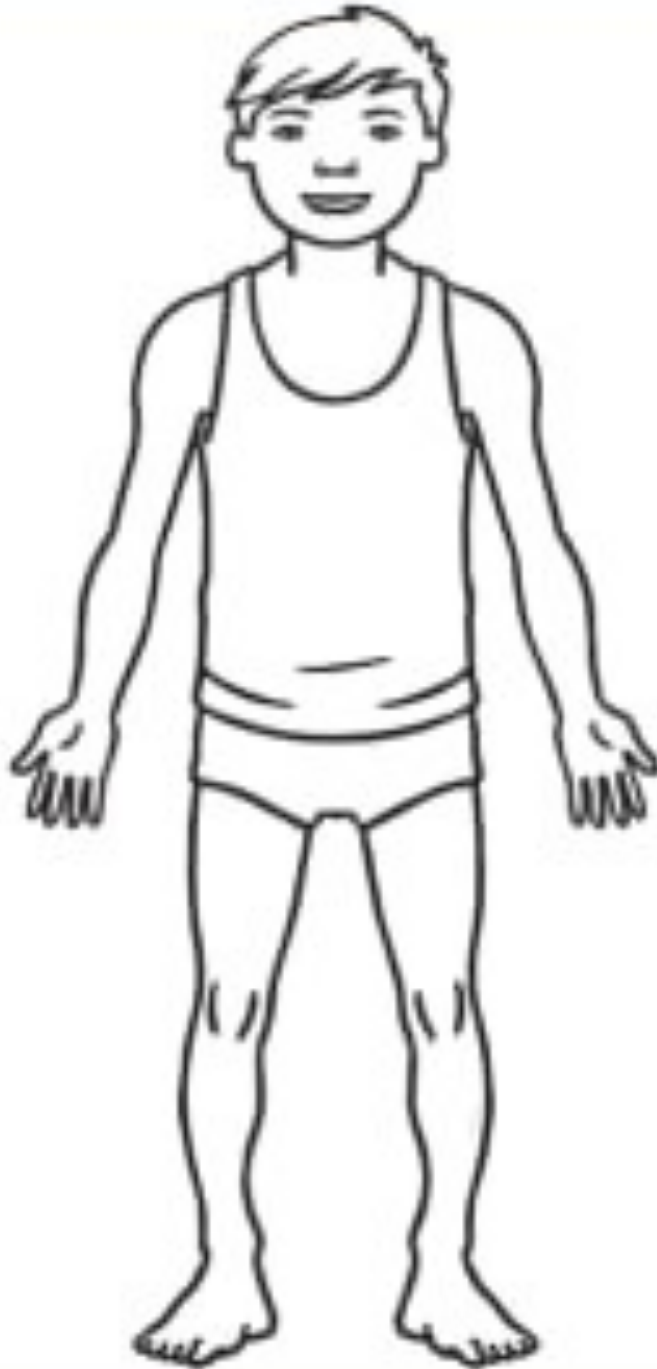
safe?



6.



Where is private?



6.



Where is private?

