



Larkspur
Community Primary School

Anti-Bullying Safety Plan

All pupils have the right to feel safe and listened to at Larkspur Community Primary School. When bullying behaviours are identified pupils will complete an anti-bullying safety form so they are part of and understand the measures taken to ensure their safety.

Name of pupil	
Year group	
Date of plan	
Review date:	
Staff responsible	

Summary of concerns:

In school friendship group	
Interests	

Is there a specific time, day or place where the bullying behaviours occur?	
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Named adult who you feel comfortable talking to	
Place in school where you feel comfortable going to talk	
Would you like a regular 'check in' from a trusted adult? If so, when would prefer this?	Yes / No Daily / Weekly / Any other time:

Specific support offered and agreed:

Signature of class teacher: _____

Signature of pupil: _____

Signature of parent/carer (dated if shared verbally:
