

Name: _____

Date: _____

Say "No" to Bullying

N D E E I M G N B Z H X O Z T Z G
N B U L L Y V E R B A L Y L E F J
X A Q H U R T H A F Y U T T A A V
C D C T R I R O M J O J L A S Z I
C E S A D F C T G X F F G D I V C
S C E H R S V L E K O L S J N O T
B C X Z L D O V C I P O V Q G D I
K U D B B L U U Q C H V M P K W M
J X E F L N B S K K Y P H G E Z I
X M E I X L W J L I S N I Y M A D
I K R Y P F T D G N I D T Y Q V Z
G M S W Q E D S W G C Z T Q T S V
T X I E Z H N B O Q A O I W P T X
Y Y T S F A A C R S L X N Y C F E
E E U U S C A R E D H Y G B M T P
W Q L M V G H M B J F A O X V J Z
D Z P C R E P O R T J D W Z W M N

physical

kicking

hitting

teasing

verbal

report

victim

scared

bully

hurt

mad

sad