

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