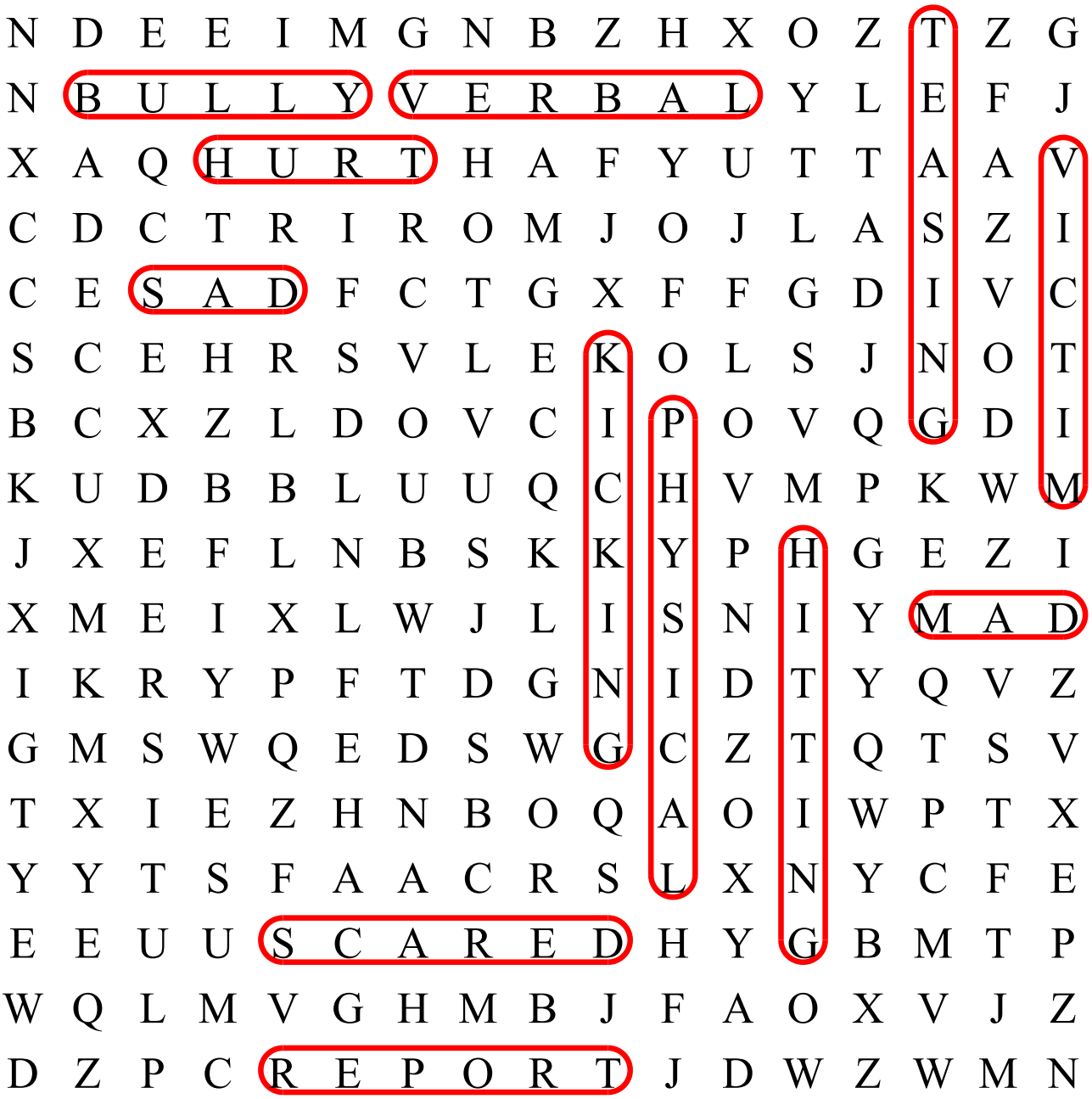
Name: _____ Date: _____

Say "No" to Bullying



physical	kicking	hitting	teasing
verbal	report	victim	scared
bully	hurt	mad	sad