

School Information

What Indian Day Schools did you attend, and on what dates did you attend?

School 1:

School Name, Location (if known): _____

Year Entered: _____ Year Departed: _____ Years Attended: _____

Please indicate the nature of the abuse(s) you experienced while at this Day School.

- Physical Abuse (hitting, ear pulling, strapping, etc)
- Severe Physical Abuse (loss of consciousness, impairment, hospital treatment, scars, etc)
- Sexual Abuse
- Emotional/Mental Abuse
- Student on Student Abuse
- Other (Please specify)

School 2 (if applicable):

School Name, Location (if known): _____

Year Entered: _____ Year Departed: _____ Years Attended: _____

Please indicate the nature of the abuse(s) you experienced while at this Day School.

- Physical Abuse (hitting, ear pulling, strapping, etc)
- Severe Physical Abuse (loss of consciousness, impairment, hospital treatment, scars, etc)
- Sexual Abuse
- Emotional/Mental Abuse
- Student on Student Abuse
- Other (Please specify)

