

STUDENT SURVEY: HOW WE TRAVELED TO SCHOOL TODAY

Grade _____ #of Students _____ Teacher _____

Date	Walked	Biked	Bus	Carpool	Car	Other

PARENT SURVEY:

1. What is your child's sex and grade level?

Boy _____ Girl _____ Grade _____

2. What is the approximate distance from your home to the school?

- 1/4 mile or less
- 1/4 to 1/2 mile
- 1/2 mile to 1 mile
- between 1-2 miles
- over 2 miles

3. What neighborhood/community do you live in? _____

4. How does your child usually travel to and from school? (check the appropriate boxes below)

TO SCHOOL IN THE MORNING

	Every Day	2-3 times a week	Once a week	Occasionally
Walk				
Bike				
Driven				
Carpool				
Bus				

FROM SCHOOL IN THE AFTERNOON

	Every Day	2-3 times a week	Once a week	Occasionally
Walk				
Bike				
Driven				
Carpool				
Bus				

5. Do you feel that the school provides a safe place to store bikes? yes_____ no_____

6. Do you have concerns about traffic safety along the routes to school? yes_____ no_____

7. Please elaborate (include specific streets or intersections that are problematic)

8. If you drive your child, why do you make that choice?

- Safety
- Convenience
- Drop off on way to work
- Too far to walk
- Sidewalks (lack of or incomplete)
- High speed vehicles
- Child is too young
- Bad weather
- Child would not obey safety rules
- Backpacks too heavy
- Carrying projects or musical instruments
- Tardiness
- Safe place to cross the street
- Scary people
- Lack of safe place to store bikes
- No biking or walking route maps

- Paths are incomplete or not wide enough
- Unfriendly dogs
- Other

9. Would you allow your child to walk or bike if:

- Accompanied by other children
- Accompanied by other parents
- Provide routes maps
- Crossing guards more effective
- Safety training for students
- Improved sidewalks and bike paths
- Cars slowed down
- Secure bike storage was available
- Paths were separated from traffic
- Other

10. Would you let your child carpool if:

- You were familiar with the driver
- Someone organized it
- Other

11. Would you be interested in volunteering to help set up or maintain a walking or biking program? *yes* _____ *no* _____

If so, please give your name and phone number _____

12. Comments:

Please return this survey to the school office.

Or mail it to:
