

SAFE ROUTES TO SCHOOL

STUDENT ARRIVAL AND DEPARTURE TALLY SHEET

School Name: Zip Code: -

Teacher: Grade (K-8)

Monday's Date / / 2 0 # of students enrolled in class
M M / D D / Y E A R

Teachers, here are simple instructions for using this form:

- Please conduct these counts **on any two days from Tuesday, Wednesday, or Thursday of the assigned week**. Only two days worth of counts are needed, but counting all 3 provides better data.
- **Please do not conduct these counts on Mondays or Fridays.**
- Before asking your students to raise their hands to indicate the *one answer* that is correct for them, read through all potential answers so they will know what the choices are.
- Ask your students as a group the question **“How did you arrive at school today?”**
- Read each answer and record the number of students that raised their hands for each.
- **Place just one character or number in each box.**
- Follow the same procedure for the question **“How do you plan to leave for home after school?”**
- Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too).

| Step 1. Fill in the weather conditions and number of students in class each day. | | | Step 2. Ask students “How did you arrive at school today?” and “How do you plan to leave for home after school?” (record number of hands for each answer) | | | | | | | | |
|--|--|--|---|----------|------------|---|---|-------------------------------------|---|----------|--|
| | Weather S= sunny R= rainy O= overcast Sn= snow | Number of Students (in class when count made) | Walk | Bike | School Bus | Family Vehicle (only with children from your family) | Carpool (riding with children from other families) | Transit (city bus, subway, etc.) | Other (skateboard, scooter, inline skates, etc.) | | |
| SAMPLE | S | 2 7 | 4 | 2 | 1 1 | 7 | 3 | 0 | 0 | 0 | |
| Tues AM | | | | | | | | | | | |
| Tues PM | | | | | | | | | | | |
| Wed AM | | | | | | | | | | | |
| Wed PM | | | | | | | | | | | |
| Thur AM | | | | | | | | | | | |
| Thur PM | | | | | | | | | | | |

Comments (List disruptions to counts or any unusual travel conditions to/from the school on the days of the tally):

Thank you for helping gather this information!

SURVEY ABOUT WALKING AND BIKING TO SCHOOL

- FOR PARENTS -

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

| | |
|---------------------|--|
| School Name: | |
|---------------------|--|

Completing this form: Please write with CAPITAL letters. Mark boxes with "X" instead of "✓".

1. What is the grade of the child who brought home this survey? (K – 8) grade
2. Is the child who brought home this survey male or female? MALE FEMALE
3. How many children do you have in Kindergarten through 8th grade? children
4. What is the street intersection nearest your home? *(provide the names of two intersecting streets)*

| | | |
|--|-----|--|
| | AND | |
|--|-----|--|

5. How far does your child live from school? *(choose one and mark box with X)*

- | | | |
|---|---|---|
| <input type="checkbox"/> a. less than 1/4 mile | <input type="checkbox"/> c. 1/2 mile up to 1 mile | <input type="checkbox"/> e. More than 2 miles |
| <input type="checkbox"/> b. 1/4 mile up to 1/2 mile | <input type="checkbox"/> d. 1 mile up to 2 miles | <input type="checkbox"/> f. Don't know |

6. On most days, how does your child arrive at school and leave for home after school? *(select one choice per column, mark box with X)*

| Arrive at school | Leave for home |
|--|--|
| <input type="checkbox"/> a. Walk | <input type="checkbox"/> a. Walk |
| <input type="checkbox"/> b. Bike | <input type="checkbox"/> b. Bike |
| <input type="checkbox"/> c. School Bus | <input type="checkbox"/> c. School Bus |
| <input type="checkbox"/> d. Family vehicle (only with children from your family) | <input type="checkbox"/> d. Family vehicle (only with children from your family) |
| <input type="checkbox"/> e. Carpool (riding with children from other families) | <input type="checkbox"/> e. Carpool (riding with children from other families) |
| <input type="checkbox"/> f. Transit (city bus, subway, etc.) | <input type="checkbox"/> f. Transit (city bus, subway, etc.) |
| <input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.) | <input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.) |

7. How long does it normally take your child to get to/from school? *(fill-in circle for one choice per column)*

| Travel time to school | Travel time from school |
|---|---|
| <input type="checkbox"/> a. Less than 5 minutes | <input type="checkbox"/> a. Less than 5 minutes |
| <input type="checkbox"/> b. 5 - 10 minutes | <input type="checkbox"/> b. 5 - 10 minutes |
| <input type="checkbox"/> c. 11 - 20 minutes | <input type="checkbox"/> c. 11 - 20 minutes |
| <input type="checkbox"/> d. More than 20 minutes | <input type="checkbox"/> d. More than 20 minutes |
| <input type="checkbox"/> e. Don't know / Not sure | <input type="checkbox"/> e. Don't know / Not sure |

8. Has your child asked you for permission to walk or bike to/from school in the last year? (select one) YES NO

9. At what grade would you allow your child to walk or bike without an adult to/from school? (select a grade between K – 8) grade (or I would not feel comfortable at any grade)

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (select all that apply, mark with X in box)

- Distance
- Convenience of driving
- Time
- Child's before or after-school activities
- Speed of traffic along route
- Amount of traffic along route
- Adults to walk or bike with
- Sidewalks or pathways
- Safety of intersections and crossings
- Crossing guards
- Violence or crime
- Weather or climate

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (select one choice per line)
(My child already walks or bikes to/from school)

- | | | |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school? (select one, mark with X in box)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Encourage | Encourage | Neither | Discourage | Strongly Discourage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. How much FUN is walking or biking to/from school for your child? (select one)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very Fun | Fun | Neutral | Boring | Very Boring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. How HEALTHY is walking or biking to/from school for your child? (select one)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very Healthy | Healthy | Neutral | Unhealthy | Very Unhealthy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. What is the highest grade or year of school you completed? (select one, mark with X in box)

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below:

Thank you for participating in this survey!