

WALK TO SCHOOL SURVEY

Parent Survey (to be completed by parent or guardian.)

1. **How many children do you have attending this school?** _____
2. **What are their ages?** _____, _____, _____, _____, _____
3. **In an average school week, how many days does your child/children use the following modes of transportation to get to and from school?** (Write the number of times your child/children travel to and from school; if different for each child, indicate the number of times and age of the child that travels each way (3x/8 year old, 2x/10yo).

TIMES PER WEEK

_____ Walk to school
 _____ Bicycle to school
 _____ Ride the school bus to school
 _____ Ride in a car to school
 _____ Ride in a carpool to school
 Other (explain) _____

TIMES PER WEEK

_____ Walk home from school
 _____ Bicycle home from school
 _____ Ride the school bus home from school
 _____ Ride in a car home from school
 _____ Ride in a carpool home from school
 Other (explain) _____

4. **What concerns do you have about your child/children walking to and from school?**
 (Please place the appropriate number in each box according to the following scale)

1 = Concerns me greatly
 3 = Concerns me a little

2 = Concerns me somewhat
 4 = Not a concern

_____ Crime (stranger danger, gangs, bullying)
 _____ Too much traffic in neighborhood
 _____ Too much traffic at school
 _____ Traffic speed
 _____ No or inadequate sidewalks/bikeways on the route to school
 _____ Distance from school
 _____ Not enough time
 _____ Child's/children's after school schedule
 _____ Convenience (it is easier to drop off child/children on the way to work)
 _____ Child/children would be walking/bicycling alone to school
 _____ Child/children do not want to walk or bicycle to school
 Other (please explain) _____

5. **If your child/children *do not* already walk or bicycle to school, what would make you more likely to allow them to?** (Check all that apply)

_____ Crime watch
 _____ Less traffic
 _____ Sidewalks/bikeways/crosswalks
 _____ Another child to walk/ride with your child/children
 _____ An adult to walk/ride with your child/children
 _____ None
 Other (explain) _____

6. If your child/children *do* already walk or bicycle to school, what changes would make you more comfortable as your child/children walk or bicycle? (Check all that apply)

Crime watch

Less traffic

Sidewalks/bikeways/crosswalks

Another child to walk/ride with your child/children

An adult to walk/ride with your child/children

None

Other (explain) _____

7. Do you have any comments or suggestions about how this neighborhood should implement a *Walk to School* program?

8. Would you allow your child/children to participate in a *Walk to School* program in our neighborhood? (Circle only one)

YES

NO

Unsure

9. Would you be interested in volunteering to help plan the *Walk to School* program? (Circle only one)

YES

NO

Undecided

If yes, what days/times of the week would be convenient for you to meet to plan the *Walk to School* program?

10. Would you be interested in walking with a group of children one or more times per week?

YES

NO

Undecided

11. Would you be interested in having your home identified as a checkpoint for emergencies that children might experience while walking to and from school?

YES

NO

Undecided

Optional (please print)

Name: _____ Phone: _____

Address: _____

City, Zip Code: _____

Thank You for Completing this Survey!