

1. Please tell us about your child(ren) and the school(s) they attend.

Child 1	Child 2 (if applicable)	Child 3 (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
School	School	School
Grade	Grade	Grade
Does this school have a SR2S program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Does this school have a SR2S program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Does this school have a SR2S program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
What is the approximate distance from your home to the school? <input type="checkbox"/> ¼ mile or less <input type="checkbox"/> ¼ - ½ mile <input type="checkbox"/> ½ - 1 mile <input type="checkbox"/> 1 – 2 miles <input type="checkbox"/> Other (Please indicate): ____	What is the approximate distance from your home to the school? <input type="checkbox"/> ¼ mile or less <input type="checkbox"/> ¼ - ½ mile <input type="checkbox"/> ½ - 1 mile <input type="checkbox"/> 1 – 2 miles <input type="checkbox"/> Other (Please indicate): ____	What is the approximate distance from your home to the school? <input type="checkbox"/> ¼ mile or less <input type="checkbox"/> ¼ - ½ mile <input type="checkbox"/> ½ - 1 mile <input type="checkbox"/> 1 – 2 miles <input type="checkbox"/> Other (Please indicate): ____

2. How does your child travel TO school in a typical week?
 [If more than one child, mark appropriate box(es) with #1, #2, etc.]

	Every day	3-4 Days	1-2 Days	Occasionally
Walks				
Bikes				
Driven				
Skateboard/ Scooter				
Carpools				
Bus				
Part Way*				

* Driven part way and then walks

3. How does your child travel FROM school in a typical week?

	Every day	3-4 Days	1-2 Days	Occasionally
Walks				
Bikes				
Driven				
Skateboard/ Scooter				
Carpools				
Bus				
Part Way*				

* Driven part way and then walks

4. Have you reduced the number of times you drive your child(ren) to school since participating in the Safe Routes to School program?

- Yes, we switched to biking
- Yes we switched to walking
- Yes, we switched to carpool
- Yes, we switched to transit or school bus
- No, we already biked, walked, carpooled or rode transit to school
- No, we still drive to school.
- Not applicable (no Safe Routes program)

5. If you have reduced the number of times you drove your child to school, which of the following have influenced this change? (check all that apply)

- Children are more aware of the environment and want to make "greener" choices
- Children are more aware of health aspects of biking and walking
- Children are more confident about biking and walking to school safely
- Children want to compete for prizes in contests
- Adults are more confident about letting their children bike and walk to school
- Adults are more aware of the health aspects of biking and walking
- Adults want to make more environmentally sound choices
- Adults want to relieve congestion around schools
- Infrastructure projects have been completed that make choices safer
- None of the above

Safe Routes to School - Parent Survey

6. Do you drive yourself or your child(ren) less often for non-school trips since participating in the Safe Routes to School program?

- Yes, we walk or bike more often for non-school trips
- Yes, we take transit/carpool more often for non-school trips
- No, we drive about the same amount

7. Did you or your child(ren) participate in any of these programs during the past school year? Check all that apply.

- Safe Routes Classroom Lessons
- Bicycle Rodeo
- Walking School Buses
- Walk and Roll to School Days
- Bike and Roll to School Days
- SchoolPool – walking, biking or carpooling with other families
- Idling Reduction at School
- Other _____

8. How effective are the following programs at encouraging students to walk, bike, carpool and take transit to school?

	Not			Very	
Safe Routes Classroom Lessons	1	2	3	4	5
Bike and Roll to School Days	1	2	3	4	5
Walking School Buses	1	2	3	4	5
Bicycle Rodeo	1	2	3	4	5
Walk and Roll to School Days	1	2	3	4	5
SchoolPool – walking, biking or carpooling with other families	1	2	3	4	5
Other _____	1	2	3	4	5

9. What concerns limit your child’s ability to walk and bike to school? (check all that apply)

- Too far
- Running late/tardiness
- Driving is easier for parent
- Weather
- Too much to carry
- Speeding cars
- Too many cars
- Lack of sidewalks
- Lack of bikeways
- Dangerous intersections
- Stranger danger
- Lack of safe bike parking
- Child is too young
- Violence/Crime in neighborhood
- Other _____

10. How important are the following factors at allowing your child(ren) to walk or bike to school?

	Least			Most	
Live closer to school	1	2	3	4	5
More “eyes on the street” to prevent crime	1	2	3	4	5
Accompanied by other children	1	2	3	4	5
Accompanied by other parents	1	2	3	4	5
Crossing guards were at dangerous intersections	1	2	3	4	5
Police enforcement was increased	1	2	3	4	5
Safety training were provided to students	1	2	3	4	5
Sidewalks and paths were improved	1	2	3	4	5
Intersections were improved	1	2	3	4	5
Cars slowed down	1	2	3	4	5
Secure bike storage was available	1	2	3	4	5
Suggested route maps were provided	1	2	3	4	5
Park and walk locations were available (you could walk part way)	1	2	3	4	5
Your child was older	1	2	3	4	5
I would never allow my child to walk or bike to school	1	2	3	4	5
Other _____	1	2	3	4	5

11. Are you interested in participating in any of the following Safe Routes to School tasks? (check all that apply):

- Help with events and contests
- Help with a walking school bus
- Organize a SchoolPool (walk, bike, and/or carpool together)
- Organize Walk and Roll to School Day at your school
- Organize Bike and Roll to School Day at your school
- Help identify traffic safety issues

12. If you checked any of the above please provide your name and phone and/or email

Name _____

Phone _____

Email _____

Thank you for taking the time to complete this questionnaire!
Please return this survey to your school office. If you have any questions please contact _____