

# Safe Routes to School Parent Survey

In which specific town do you live? \_\_\_\_\_

What is the street intersection nearest to your home? \_\_\_\_\_

Name of school: \_\_\_\_\_

**About your child(ren):**

First: Male/Female      Grade:      Second: Male/Female      Grade:  
 Third: Male/Female      Grade:      Fourth: Male/Female      Grade:

What is the approximate distance from your home to the school? *Note: 1/4 mile = 5 minute walk*

- a. less than 1/4 mile       c. 1/2 mile up to 1 mile       e. More than 2 miles  
 b. 1/4 mile up to 1/2 mile       d. 1 mile up to 2 miles       f. Don't know

How does your child usually travel to and from school?

TO school in the morning

FROM school in the afternoon

	Every day	3-4 days a week	1-2 days a week	Not often
Walks				
Bikes				
Driven				
Carpools				
Bus				

	Every day	3-4 days a week	1-2 days a week	Not often
Walks				
Bikes				
Driven				
Carpools				
Bus				

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"/> 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"/> 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"/> d. More than 20 minutes	<input type="checkbox"/> e. Don't know / Not sure	<input type="checkbox"/> e. Don't know / Not sure	
<input type="checkbox"/> e. Don't know / Not sure			

When biking or walking to school, which general route does your child take? \_\_\_\_\_

What safety concerns do you have regarding your child's route to school? **(Please be specific about streets, crossings, paths, or sidewalks that are problematic):** \_\_\_\_\_

If you drive or carpool, which main streets do you use?

**If you carpool:**

How many families are involved? \_\_\_\_\_

How many children ride each trip? \_\_\_\_\_

How is the carpool organized? (neighborhood, friendships, sports teams, etc) \_\_\_\_\_

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Why you drive your child to/from school: (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Distance is too far                      | <input type="checkbox"/> Child won't follow safety rules         |
| <input type="checkbox"/> Convenience of driving                   | <input type="checkbox"/> Dangerous crossings/intersections       |
| <input type="checkbox"/> Time                                     | <input type="checkbox"/> Stranger-danger/crime concerns          |
| <input type="checkbox"/> Child's before/after school activities   | <input type="checkbox"/> Lack of safe bike storage or security   |
| <input type="checkbox"/> Speed of automobile traffic              | <input type="checkbox"/> No biking or walking maps               |
| <input type="checkbox"/> Sidewalks (lack of or incomplete)        | <input type="checkbox"/> Paths are incomplete or not wide enough |
| <input type="checkbox"/> Child is too young                       | <input type="checkbox"/> Unfriendly dogs                         |
| <input type="checkbox"/> Carrying projects or musical instruments | <input type="checkbox"/> Too steep to walk or bike               |
| <input type="checkbox"/> Backpacks too heavy                      | <input type="checkbox"/> Too far to walk                         |
| <input type="checkbox"/> Bad weather                              | <input type="checkbox"/> Drop off on way to work                 |
| <input type="checkbox"/> Running late/tardiness                   | <input type="checkbox"/> Safety                                  |

Other \_\_\_\_\_

Would you allow your child to walk or bike if: (please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Accompanied by other children                            | <input type="checkbox"/> Improved sidewalks and bike paths |
| <input type="checkbox"/> Accompanied by other parents                             | <input type="checkbox"/> Cars slowed down                  |
| <input type="checkbox"/> Provided with map indicating the safest routes to school | <input type="checkbox"/> Secure bike storage was available |
| <input type="checkbox"/> Crossing guards were at _____                            | <input type="checkbox"/> Paths were separated from traffic |
| <input type="checkbox"/> Safety training for students                             |  |

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

At what age would you allow your child to walk/bike to school alone?  
(select a grade between k-8) \_\_\_\_\_ grade (or \_\_\_\_\_ not comfortable at any grade)

Has your child participated in a walking school bus or bike train this year? *A walking school bus/bike train is a group of children, typically led by an adult, who walk/bike to school together.*  YES  NO

Had they participated in a walking school bus/bike train before this year?  YES  NO

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"/> |

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please return to \_\_\_\_\_ by \_\_\_\_\_ at latest. Responses will be kept confidential and neither your name nor your child's name will be associated with the results.

Questions? Please contact \_\_\_\_\_