

Walking and Biking to School - Parent Survey

Survey About Walking and Biking to School for Parents

Dear Parent or Caregiver,

Your child's school wants to learn more 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 attends the same school, please fill out the survey for the child with the next birthday from today's date. Your responses will be kept confidential and neither your name or your child's name will be associated with any results. Thank you for participating in this survey!

*1. School Name:

*2. What is the grade of the child you are filling out this survey for?

- | | | |
|---------------------------|---------------------------|---------------------------|
| <input type="radio"/> K | <input type="radio"/> 3rd | <input type="radio"/> 6th |
| <input type="radio"/> 1st | <input type="radio"/> 4th | <input type="radio"/> 7th |
| <input type="radio"/> 2nd | <input type="radio"/> 5th | <input type="radio"/> 8th |

3. How far does your child live from school?

- | | | | | |
|--|---|---|--|---|
| <input type="radio"/> Less than 1/4 mile | <input type="radio"/> 1/4 mile up to 1/2 mile | <input type="radio"/> 1/2 mile up to 1 mile | <input type="radio"/> 1 mile up to 2 miles | <input type="radio"/> More than 2 miles |
|--|---|---|--|---|

4. On most days, how does your child arrive to school?

	Walk	Bike	School Bus	Family Vehicle
Arrive at School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave for Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

5. Which of the following issues affected your decision to allow, or not to allow your child to walk or bike to/from school?

- | | | |
|--|--|---|
| <input type="checkbox"/> Distance | <input type="checkbox"/> Speed of traffic along route | <input type="checkbox"/> Safety of intersection and crossings |
| <input type="checkbox"/> Convenience of driving | <input type="checkbox"/> Amount of traffic along route | <input type="checkbox"/> Crossing guards |
| <input type="checkbox"/> Time | <input type="checkbox"/> Adults to walk or bike with | <input type="checkbox"/> Violence or crime |
| <input type="checkbox"/> Child's before or after-school activities | <input type="checkbox"/> Sidewalks or pathways | <input type="checkbox"/> Weather or climate |

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6. Which of the following items would increase the likelihood that your child would walk or bike to school?

- | | | |
|---|---|--|
| <input type="checkbox"/> Knowing other kids are walking/biking | <input type="checkbox"/> Pedestrian/Bike safety education | <input type="checkbox"/> Sidewalks |
| <input type="checkbox"/> A regular "walking school bus" for groups of students to walk or bike together | <input type="checkbox"/> Crosswalks | <input type="checkbox"/> Police presence |
| <input type="checkbox"/> A planned walking/biking day such as National Walk to School Day | <input type="checkbox"/> Crossing Guards | <input type="checkbox"/> Other _____ |

7. How much FUN is walking or biking to/from school for your child?

Very Fun Fun Neutral Boring Very Boring

8. Would you be interested in any of the following activities?

- Trying to establish a safe route for your child to walk
- Allowing your child to participate in walk-to-school and bike-to-school events
- Chaperoning students walking/biking to school on walk/bike-to- school event days

9. Contact Information: Name and Email Address

10. Please provide any additional comments below: