# Survey about Walking and Biking to School <br> - 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 " $\checkmark$ ".

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

5. How far does your child live from school? (choose one and mark box with $X$ )
a. less than $1 / 4$ mile
c. $1 / 2$ mile up to 1 milee. More than 2 milesb. $1 / 4$ mile up to $1 / 2$ miled. 1 mile up to 2 miles
$\square$ 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 $X$ )

7. Has your child asked you for permission to walk or bike tolfrom school in the last year? (select one)
$\square$ YES NO
8. At what grade would you allow your child to walk or bike without an adult to/from school? (select a grade between $K-8) ~ \square$ grade $\quad$ (or $\square$ I would not feel comfortable at any grade)
9. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike tolfrom school? (select all that apply, mark with $X$ in box)
$\square$ Distance
$\square$ Convenience of driving
$\square$ Time
$\square$ Child's before or after-school activities
$\square$ Speed of traffic along route
$\square$ Amount of traffic along route
$\square$ Adults to walk or bike with
$\square$ Sidewalks or pathways
$\square$ Safety of intersections and crossings
$\square$ Crossing guards
$\square$ Violence or crime
$\square$ Weather or climate
10. Would you probably let your child walk or bike tolfrom school if this problem were changed or improved? (select one choice per line)
( $\square$ My child already walks or bikes to/from school)

| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| :--- | :--- | :--- |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |
| $\square$ YES | $\square$ NO | $\square$ Not Sure |

12. In your opinion, how much does your child's school encourage or discourage walking and biking tolfrom school? (select one, mark with $X$ in box)
$\begin{array}{ccccc}\text { Strongly Encourage } & \text { Encourage } & \text { Neither } & \text { Discourage } & \text { Strongly Discourage } \\ \square & \square & \square & \square & \square\end{array}$
13. How much FUN is walking or biking tolfrom school for your child? (select one)
Very Fun
Fun
Neutral
$\square$
Boring
Very Boring
14. How HEALTHY is walking or biking tolfrom school for your child? (select one) $\begin{array}{ccccc}\text { Very Healthy } & \text { Healthy } & \text { Neutral } & \text { Unhealthy } & \text { Very Unhealthy } \\ \square & \square & \square & \square & \square\end{array}$
15. What is the highest grade or year of school you completed? (select one, mark with $X$ in box)
$\square$ Grades 1 through 8 (Elementary)
$\square$ Grades 9 through 11 (Some high school)
$\square$ Grade 12 or GED (High school graduate)College 1 to 3 years (Some college or technical school)
16. Please provide any additional comments below:


Thank you for participating in this survey!

