Parent Survey About Walking and Biking to School

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!

CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY

School Name:

1. What is the grade of the child who brought home this survey? ☐☐ Grade (PK,K,1,2,3…)

2. Is the child who brought home this survey male or female? ☐ Male ☐ Female

3. How many children do you have in Kindergarten through 8th grade? ☐☐

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box.

5. How far does your child live from school?

- ☐ Less than ¼ mile
- ☐ ¼ mile up to ½ mile
- ☐ ½ mile up to 1 mile
- ☐ 1 mile up to 2 miles
- ☐ More than 2 miles
- ☐ Don't know

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box.

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school	Leave from school
☐ Walk	☐ Walk
☐ Bike	☐ Bike
☐ School Bus	☐ School Bus
☐ Family vehicle (only children in your family)	☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)	☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)	☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)	☐ Other (skateboard, scooter, inline skates, etc.)

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school	Travel time from school
☐ Less than 5 minutes	☐ Less than 5 minutes
☐ 5 – 10 minutes	☐ 5 – 10 minutes
☐ 11 – 20 minutes	☐ 11 – 20 minutes
☐ More than 20 minutes	☐ More than 20 minutes
☐ Don't know / Not sure	☐ Don't know / Not sure

8. Has your child asked you for permission to walk or bike to/from school in the last year? ☐ Yes ☐ No

9. At what grade would you allow your child to walk or bike to/from school without an adult?

(Select a grade between PK,K,1,2,3…) ☐☐ grade **(or)** ☐ I would not feel comfortable at any grade

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

10. What of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (Select ALL that apply)

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (Select one choice per line, mark box with X)

	My child already walks or bikes to/from school		
☐ Distance	☐ Yes	☐ No	☐ Not Sure
☐ Convenience of driving	☐ Yes	☐ No	☐ Not Sure
☐ Time	☐ Yes	☐ No	☐ Not Sure
☐ Child's before or after-school activities	☐ Yes	☐ No	☐ Not Sure
☐ Speed of traffic along route	☐ Yes	☐ No	☐ Not Sure
☐ Amount of traffic along route	☐ Yes	☐ No	☐ Not Sure
☐ Adults to walk or bike with	☐ Yes	☐ No	☐ Not Sure
☐ Sidewalks or pathways	☐ Yes	☐ No	☐ Not Sure
☐ Safety of intersections and crossings	☐ Yes	☐ No	☐ Not Sure
☐ Crossing guards	☐ Yes	☐ No	☐ Not Sure
☐ Violence or crime	☐ Yes	☐ No	☐ Not Sure
☐ Weather or climate	☐ Yes	☐ No	☐ Not Sure

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?

☐ Strongly Encourages ☐ Encourages ☐ Neither ☐ Discourages ☐ Strongly Discourages

13. How much fun is walking or biking to/from school for your child?

☐ Very Fun ☐ Fun ☐ Neutral ☐ Boring ☐ Very Boring

14. How healthy is walking or biking to/from school for your child?

☐ Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

15. What is the highest grade or year of school you completed?

☐ Grades 1 through 8 (Elementary)
☐ Grades 9 through 11 (Some high school)
☐ Grade 12 or GED (High school graduate)
☐ College 1 to 3 years (Some college or technical school)
☐ College 4 years or more (College graduate)
☐ Prefer not to answer

16. Please provide any additional comments below.