

Parent Survey

SAFE ROUTES TO SCHOOLS: MARIN COUNTY



Dear Parent or Guardian:

This survey will provide important information in developing a Safe Routes to Schools program for your school. Please take a few minutes to complete this survey (**only one child per form**) and return it to the school office by:

Note this survey can also be filled out on line at www.saferoutestoschools.org

1. Name of School: _____

2. What is the closest intersection to your home? _____

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

- 1/4 mile or less 1/2 – 1 mile Over 2 miles
 1/4 – 1/2 mile 1 – 2 miles Other

4. About your child:

Male/Female _____ Grade: _____

5. How does your child usually travel to school?

TO school in the morning				
	Every day	3–4 days a week	1–2 days a week	Seldom
Walks*				
Bikes				
Driven				
Carpools				
Bus				
Part Way**				

6. How does your child usually travel from school?

FROM school in the afternoon				
	Every day	3–4 days a week	1–2 days a week	Seldom
Walks*				
Bikes				
Driven				
Carpools				
Bus				
Part Way**				

* Includes scooters and skateboards. **Drive part way and then walk.

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

- It's too far Dangerous intersections
 It's too steep Stranger Danger
 Running late/tardiness Bullies
 On the way to work Scary dogs
 Weather Lack of safe bike parking
 Too much to carry Child is too young
 Speeding cars Child won't follow safety rules
 Lack of sidewalks Other
 Lack of bikeways

8. What benefits do you see in children walking and biking to school? (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Improved health | <input type="checkbox"/> We get to know our neighborhood better |
| <input type="checkbox"/> Child more alert at school | <input type="checkbox"/> Reduces traffic around school |
| <input type="checkbox"/> Better for the environment | <input type="checkbox"/> Less stressful than driving |
| <input type="checkbox"/> Saves money on gas | <input type="checkbox"/> Child learns traffic rules |
| <input type="checkbox"/> Gives me more free time | <input type="checkbox"/> Child learns responsibility and independence |
| <input type="checkbox"/> Gets me walking and biking | <input type="checkbox"/> Other |

9. If you currently drive your child, would you allow your child to walk or bike if:

(Please select those which apply, and rate these choices on a scale of 1 up to 5 (1 = most important))

- | | |
|--|---|
| <input type="checkbox"/> Accompanied by other children | <input type="checkbox"/> Cars slowed down |
| <input type="checkbox"/> Accompanied by other parents | <input type="checkbox"/> Secure bike storage were available |
| <input type="checkbox"/> Crossing guards were at dangerous intersections | <input type="checkbox"/> Routes maps were provided |
| <input type="checkbox"/> Police enforcement were increased | <input type="checkbox"/> Park and walk locations were available (could walk part way) |
| <input type="checkbox"/> Safety training were provided for students | <input type="checkbox"/> He/she were older |
| <input type="checkbox"/> Sidewalks and paths were improved | <input type="checkbox"/> I would never allow my child to walk or bike to school |
| <input type="checkbox"/> Intersections were improved | <input type="checkbox"/> Other |

10. Would you participate in a carpool if:

(Please select those which apply, and rate these choices on a scale of 1 up to 3 (1 = most important))

- | | |
|--|--------------------------------|
| <input type="checkbox"/> You were familiar with the driver | <input type="checkbox"/> Other |
| <input type="checkbox"/> You could find other parents who lived close by | |
| <input type="checkbox"/> Someone else organized it | |

11. Would you allow your child to ride the bus or shuttle if:

(Please select those which apply, and rate these choices on a scale of 1 up to 3 (1 = most important))

- | | |
|---|---|
| <input type="checkbox"/> There were an adult escorting the children | <input type="checkbox"/> It were a yellow school bus |
| <input type="checkbox"/> The schedule were more convenient | <input type="checkbox"/> My child already rides the bus/shuttle |
| <input type="checkbox"/> The cost were reduced | <input type="checkbox"/> Other |

12. Does your school have a Safe Routes to Schools program?

- Yes No Don't know

13. Would you be interested in getting involved with Safe Routes to Schools to (please check all that apply)

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Help with events and contests | <input type="checkbox"/> Other |
| <input type="checkbox"/> Organize a SchoolPool (walk, bike and/or carpool together) | |
| <input type="checkbox"/> Help identify traffic safety issues | |

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

Name _____

Phone _____

Email _____

15. Other comments
