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Name of School

Safe Routes to School Travel Action Plan

Month, Day, Year

School Name

School Address

City, State, ZIP

School web site

Edition and date finalized







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| --- |
| Edition Tracking |

|  |  |  |
| --- | --- | --- |
| Keep track of which edition your School Travel Action Plan is on. Please fill in the date below when new editions are completed. | | |
| Edition # | Description | Date Finalized |
| Year 1 | Official launch of School Travel Action Plan |  |
| Year 2 | Updated to include results of first round of follow-up data collection and implementation tracking to date |  |
| Year 3 | Updated to include results of second round of follow-up data collection and implementation tracking to date and revisions to School Travel Action Plan |  |

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| Lead Contact for Safe Routes to School Team |

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| --- |
| Name: |
| Organization: |
| Email: |
| Mailing Address: |
| Phone Number: |

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| --- |
| Alternate Contact for Safe Routes to School Team |
| Name: |
| Organization: |
| Email: |
| Mailing Address: |
| Phone Number: |

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| SECTION 1: Safe Routes to School Team It is important to assemble a Safe Routes to School Team that has diverse perspectives and roles. Who in your community has the tools and drive to make SRTS happen? (see Guidance pages 2 and 3) |

## Key Partners

School Representative

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

Parent Representative

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

City or County Representative

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

Local Traffic Safety Representative

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

## Other participants on SRTS Team

School District Representation

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

Local Government Representation

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

Community Representation

|  |  |  |
| --- | --- | --- |
| Name | Email Address | Role |
|  |  |  |

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| Section 2: School Information |

Describe your school and students

|  |  |
| --- | --- |
| Students in 1 mile radius  (1.5 for middle) (#): |  |
| Title 1 School (Y/N): |  |
| Grades Served: |  |
| Type of School:  (Public, Private, Charter) |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Our School’s Students | | | | | | | | | |
| Average Daily Student Enrollment | American Indian/Alaska Native | Asian | Hispanic | Native Hawaiian Pacific Island | Multiracial | Black/African American | White, non-Hispanic | Limited English Proficient | Students with Disabilities |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Languages Spoken | |
| Top 5 Languages | # Students |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Languages Spoken |  |

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| School Attendance Boundary |
| Briefly describe the school attendance area. Boundary maps may be available from the school district. If available, please include as attached supplemental information. |
|  |

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| SECTION 3: Vision for School Travel |
| Successful SRTS programs benefit from the school and community working together toward a common vision. Vision statements can be a single statement, a list of goals or a short paragraph. There is no correct or incorrect vision statement. Explain your team’s vision for your SRTS program in the space below. |
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| SECTION 4: Existing Conditions for School Travel |

## How do families usually get to school?

Please collect data using student tallies.  <http://www.saferoutesdata.org/>

(see Guidance Page 3) Add a copy of the Student Tally report. Have you done these? If you have completed the tallies enter the data below, if not make this one of your first priorities in Section 5

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Travel Mode | Walk | Bike | School Bus | Family Vehicle | Carpool | Public Transit | Other |
| % of Students AM |  |  |  |  |  |  |  |
| % of Students PM |  |  |  |  |  |  |  |
| Data Source: |  | | | | | | |

## Perceptions of Active Transportation

Record feedback from parent surveys. <http://www.saferoutesdata.org/> (see Guidance Page 3) If you have completed the surveys, add a copy of the Parent Survey report. If not make this one of your first priorities in Section 5

|  |  |
| --- | --- |
| How do parents and caregivers at your school feel about walking, rolling and/or taking the bus? | |
| 1. |  |
| 2. |  |
| 3. |  |
| What are the top concerns that parents and caregivers have, which keep them from walking, rolling, and/or taking the bus more often? | |
| 1. |  |
| 2. |  |
| 3. |  |
| Data Source (s): |  |

## School Transportation Policies

List any school or district policies that may affect a students’ ability or decision to walk or roll to school.

* District Bus Policies
  + Policy:
  + How it affects student travel mode (3-5 sentences):
* School Travel Policies
  + Policy:
  + How it affects student travel mode (3-5 sentences):

## Summary of Previous SRTS Activities

What activities and events has your school participated in the past three years? (See Guidance page 5)

|  |  |  |
| --- | --- | --- |
|  | This School Year | Previous Years  (Include dates and contact if known) |
| Walking-focused activities  Examples: Outreach to parents, walking safety education, Walk and Roll Day, May Challenge Month, Walking School Buses, Bicycle Rodeos |  |  |
| Rolling-focused activities  Examples: Outreach to parents, rolling safety education, Walk and Roll Day, May Challenge Month, Bicycle Rodeos |  |  |
| Other  Examples: Transportation safety messaging to drivers, transit and carpool activities, no-idling campaigns, personal safety concerns |  |  |

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| SECTION 5: Key Issues Impacting Safe Walking and Rolling to School |

Conduct a Walk Audit to list the physical barriers and hazards to and around your school. Or if you have already completed this describe your process and attach your findings. (See Guidance page 5)

Examples: no sidewalks or bicycle lanes on approach to school, broken and uneven sidewalks, overgrown vegetation, narrow shoulders, school parking lot needs better walking safety.

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## Travel Patterns

Does your school have a SRTS Infrastructure Plan?

If yes, please provide a link or attach it to the School Travel Action Plan. If not, please complete the section below.

|  |  |
| --- | --- |
| How and where do students get onto the school campus?  Briefly describe typical routes and observed issues below, or refer to the SRTS Infrastructure Plan. (See Guidance Page 4) | |
| Walking Conditions and Issues |  |
| Rolling Conditions and Issues |  |
| Bussing Conditions and Issues |  |
| Driving Conditions and Issues |  |
| Other Conditions and Issues |  |

List the Education/Enforcement/Encouragement barriers and hazards at your school.

Examples: no crossing guard, traffic exceeds 20mph of school zone, no pedestrian safety information provided at school, no local enforcement.

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| SECTION 6: Identifying Solutions and Making a Plan |

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| Congratulations on completing above information. It’s now time to develop your school-level action plan. Identify 3-5 priorities based on your goals. For each priority, determine specific activities that are needed to help you achieve your goals. Check out a list of possible activities (See Guidance page 5). Be sure to include a start and end date, the name of the person(s) responsible, required resources, relevant activities that will aid implementation, and measures of success that will inform you of whether or not you have accomplished the goal. Consider using the Oregon SRTS [Recognition Levels](https://www.oregonsaferoutes.org/get-recognized/) to plan the next steps for your school. (see Guidance page 5) Fill in the actions that will help you fulfill your Year 1 goals. Specify which “E” the action focuses on (Education, Encouragement, Enforcement, Engineering, Evaluation, Equity) Please address how your program is collaborating with local partners (including health departments) and the school district. Add rows as needed to address all priorities for each year. Good luck! Contact us as needed for one-on-one support. |

Year 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY | WHO’S  RESPONSIBLE? | WHEN WILL  YOU DO IT? | WHAT RESOURCES DO YOU NEED? | HOW WILL YOU INCLUDE EVERYONE? | WHICH  E? | MEASURE OF SUCCESS |
| Goal #1: Goal, Objective, Action | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Goal #2: | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Goal #3: | | | | | | |
|  |  |  |  |  |  |  |
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Evaluate, Improve & Continue

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| To evaluate how a specific improvement/process worked or how your overall SRTS program is working you should repeat data-gathering tactics used at the beginning of SRTS efforts. (See Guidance Page 7-8 for more information). In addition, please answer the questions below at the end of each program year. |

Evaluation: To be completed at the end of year 1

1. Were activities implemented as planned?
2. Were required resources in place and sufficient?
3. What was the cost of delivering the activities?
4. What are best practices in relation to program delivery?
5. What can be improved upon for year two of program?

Year 2

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY | WHO’S  RESPONSIBLE? | WHEN WILL  YOU DO IT? | WHAT RESOURCES DO YOU NEED? | HOW WILL YOU INCLUDE EVERYONE? | WHICH  E? | MEASURE OF SUCCESS |
| Goal #1: | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Goal #2: | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Goal #3: | | | | | | |
|  |  |  |  |  |  |  |
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Evaluate, Improve & Continue

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| --- |
| To evaluate how a specific improvement/process worked or how your overall SRTS program is working you should repeat data-gathering tactics used at the beginning of SRTS efforts. (See Guidance Page 7-8 for more information). In addition, please answer the questions below at the end of each program year. |

Evaluation: To be completed at the end of year 2

1. Were activities implemented as planned?
2. Were required resources in place and sufficient?
3. What was the cost of delivering the activities?
4. What are best practices in relation to program delivery?
5. What can be improved upon for year two of program?

Year 3

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY | WHO’S  RESPONSIBLE? | WHEN WILL  YOU DO IT? | WHAT RESOURCES DO YOU NEED? | HOW WILL YOU INCLUDE EVERYONE? | WHICH  E? | MEASURE OF SUCCESS |
| Goal #1: | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Goal #2: | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Goal #3: | | | | | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Evaluate, Improve & Continue

|  |
| --- |
| To evaluate how a specific improvement/process worked or how your overall SRTS program is working you should repeat data-gathering tactics used at the beginning of SRTS efforts. (See Guidance Page 7-8 for more information). In addition, please answer the questions below at the end of each program year. |

Evaluation: To be completed at the end of year 3

1. Were activities implemented as planned?
2. Were required resources in place and sufficient?
3. What was the cost of delivering the activities?
4. What are best practices in relation to program delivery?
5. What can be improved upon for year two of program?

## Sustainability and long term goals

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| Now that short-term activities are identified, think about individual goals and actions to support a long-term sustainable school travel vision |

What are your long-term goals for the Safe Routes to School Program? What is your dream vision of what a Safe Route to School program?

1.

2.

3.

What are the top 3 goals for long term sustainability for the program?

How can the SRTS Team start to think about funding on a long-term level from a local source? Example: Reaching out to partners and building a coalition that meets a certain amount of times per year. Local sponsorships with partner businesses.

1.

2.

3.

|  |
| --- |
| Section 7: Public Input |

See Step 6 of the Guidance (Page 8) for instructions on how to complete this Section.

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| **Public Input Process:** Example – Presented at Parent Teacher Night |
| **Date:** Example – Wednesday January 4, 2019 |
| **Target Audience:** Example – Parents and students |
| **Key Input Received:**  Example:   * *Community asked for crosswalks at intersection near school* * *Parents volunteered to lead a walking school bus* * *PTA will include a bike rodeo as part of the annual Spring event* |

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| **Coordinator Input**  Record any additional information gathered or observed during the process of completing the Action Plan. |
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| State of Oregon Requirements |

“Safe Routes to School Action Plan” means the plan developed to fulfill the requirements of ORS195.115, OAR 737-025-0050 (3), and OAR 737-025-0060.

ORS195.115 <https://www.oregonlaws.org/ors/195.115>

City and county governing bodies shall work with school district personnel to identify barriers and hazards to children walking or bicycling to and from school. The cities, counties and districts may develop a plan for the funding of improvements designed to reduce the barriers and hazards identified. [2001 c.940 §1]

Note: [195.115 (Reducing barriers for pedestrian and bicycle access to schools)](https://www.oregonlaws.org/ors/195.115) was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 195 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

OAR 737-025-0050 (3)

(3) An Action Plan which meets TSD requirements, or a commitment to independently complete an Action Plan within a specified time, or a request for assistance to complete an Action Plan (as allowed by ORS 184.741).

[737-025-0060](https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=uMJtxQurdX_2yusLaa2FNd4HldYIKNX_woXLg2WiUVxH3smppMyt!-268141702?ruleVrsnRsn=189099) Action Plan

Action Plans submitted to fulfill the requirements of OAR 737-025-0050 for each school identified for a SRTS project or activity must:

* 1. Outline existing conditions and attitudes that have been identified as barriers and hazards to children walking or bicycling to and from school, as required by ORS 195.115.
  2. List the most critical actions needed to reach the Action Plan’s stated goals in the areas of education, engineering, and enforcement.
  3. Be a product of a coalition of local interested parties that must include representation of the following groups (a single person may fulfill multiple representations):

1. School Principal or designated school staff representative endorsed by the school district, if one exists;
2. A parent who is a representative of or has the endorsement of a recognized school/parent organization, if one exists;
3. City or county staff or representative endorsed by the local road authority;
4. Local traffic safety committee, if one exists.