

# Parent/Caregiver Survey



Thank you for participating in this brief survey to share information about your student’s travel behavior and your perceptions of transportation safety. Safe Routes to School helps create safe, convenient, and fun opportunities for children to walk, bike and roll to and from school.

If you have multiple students at the same school, complete the survey for the child that brought the survey home or your oldest child at the school that contacted you.

Please return this survey to your school office. If you would prefer to take the survey online, it is available here:

<https://rb.gy/7tlxum>

1. What city do you live in? \_\_\_\_\_
2. What school does this student attend? \_\_\_\_\_
3. What grade is this student in? \_\_\_\_\_
4. What is this student’s gender? \_\_\_\_\_
5. How far does this student live from school? (circle the response)
 

Less than ¼ mile	¼ - ½ mile	½ - 1 mile	1-2 miles	More than 2 miles: _____ miles
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6. How did this student travel TO school last week? Mark the mode this student used for each day of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family vehicle (with your children only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpool (with children from other families)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transit (bus/train)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (skateboard/scooter/etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How did this student travel FROM school last week? Mark the mode this student used for each day of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family vehicle (with your children only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpool (with children from other families)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transit (bus/train)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (skateboard/scooter/etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you allow this student to travel to school in the following ways? Mark your response for each mode.

	No	Yes, by themselves	Yes, with a friend or sibling	Yes, with a trusted adult
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family vehicle (with your children only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carpool (with children from other families)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public transit (bus/train)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. How strongly do you agree or disagree with the following statements:**

<i>Walking/biking to school is....</i>	Strongly agree	Agree	Neither	Disagree	Strongly disagree
...fun for my student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...healthy for my student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...encouraged by my student's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...something I wish we did more often	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. What concerns limit this student's ability to walk or bike to/from school? (please select up to three concerns)**

- |  |   |
|--|---|
| <input type="checkbox"/> Takes too long to walk or bike to school  | <input type="checkbox"/> Lack of facilities or bike parking (no sidewalks, bike paths or routes; sidewalks/bike routes are in disrepair; street crossings are unsafe) |
| <input type="checkbox"/> Driving is more convenient due to parent(s) work schedules, household routines/schedules (sibling activities, dual households), child's before or after school activities | <input type="checkbox"/> Concerns about personal safety, documentation, or criminal activity  |
| <input type="checkbox"/> Bad weather   | <input type="checkbox"/> No concerns  |
| <input type="checkbox"/> No crossing guards  | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Poor driving behavior on streets near school (distracted driving, speeding, not yielding at crosswalks)   |   |

**11. What is your race/ethnicity? Note: This is only used to track who we're reaching with this survey.**

\_\_\_\_\_

**12. Are you interested in learning more about volunteering with Safe Routes to Schools?**

Yes                      No

**13. Would you like to be entered into a drawing to win a safety-oriented prize?**

Yes                      No

**14. If you replied yes to either of the above questions, please provide your name and contact information.**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

**15. Do you have any other comments or feedback on transportation to your school?**

**THANK YOU FOR YOUR TIME!**