



**School Name:**

Dear Neighborhood Parents,

As you may know, members of our community are planning a Walking School Bus program at \_\_\_\_\_ to encourage children to walk to school in groups under the supervision of responsible adults.

Please complete the attached survey, which addresses the following points:

- The number of children you have attending this school and their ages (to help determine the number of volunteers needed)
- How your child/children currently get to and from school
- Concerns you may have about your child/children walking to school
- What changes in the neighborhood would make you more likely to allow your child/children to walk to school
- Whether you and/or your child/children are interested in participating in the program

Thank you for your participation.

Sincerely,

**Name:**

**Telephone:**

Please return the attached survey to:

**School name:**

**Name:**

**Telephone:**

**Street:**

**City:**

**State:**

**Zip Code:**

# WALK-TO-SCHOOL SURVEY

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1. How many children do you have attending this school? (Check only one)

1  2  3  4  5  6

2. What are their ages? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

3. In an average school week, how many days does your child/children use the following modes of transportation to get to and from school? (Write the number of times your child/children travel to and from school; if different for each of your children, please indicate the number of times and the age of the child that travels each way.)

TIMES PER WEEK (going to school)

\_\_\_\_\_ Walk to school  
\_\_\_\_\_ Bicycle to school  
\_\_\_\_\_ Ride the bus to school  
\_\_\_\_\_ Ride in a car to school  
\_\_\_\_\_ Ride in a carpool to school

Other (explain) \_\_\_\_\_

TIMES PER WEEK (going home from school)

\_\_\_\_\_ Walk home from school  
\_\_\_\_\_ Bicycle home from school  
\_\_\_\_\_ Ride the bus home from school  
\_\_\_\_\_ Ride in a car home from school  
\_\_\_\_\_ Ride in a carpool home from school

Other (explain) \_\_\_\_\_

4. What concerns do you have about your child/children walking to or from school? (Please place the appropriate number in each box according to the following scale)

1 = Concerns me greatly, 2 = Concerns me somewhat, 3 = Concerns me a little, or 4 = Not a concern

\_\_\_\_\_ Crime (stranger danger, gangs, bullying).  
\_\_\_\_\_ Traffic — too much traffic in neighborhood.  
\_\_\_\_\_ Traffic — too much traffic around school.  
\_\_\_\_\_ Speed — cars drive too fast through the neighborhood.  
\_\_\_\_\_ No (or inadequate) sidewalks/bikeways on the route to school.  
\_\_\_\_\_ Distance — school is too far away.  
\_\_\_\_\_ Time — not enough time.  
\_\_\_\_\_ Child/children's after-school schedule.  
\_\_\_\_\_ Convenience — it is easier to drop off child/children on the way to work.  
\_\_\_\_\_ Child/children would be walking/bicycling alone to school.  
\_\_\_\_\_ Child/children do not want/like to walk or bicycle to school.

Other (please explain) \_\_\_\_\_

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## WALK-TO-SCHOOL SURVEY (Continued)

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5. If your child/children do not already walk or bicycle to school, what would make you more likely to allow your child/children to walk or bicycle? *(Check all that apply.)* If your child/children do already walk or bicycle to school, what changes would make you more comfortable as your child/children walk or bicycle? *(Check all that apply.)*

- Crime watch.
- Less traffic.
- Sidewalks/ bikeways/ crosswalks.
- Another child to walk/ride with your child/children.
- An adult to walk/ride with your child/children.

Other *(please explain)* \_\_\_\_\_  
\_\_\_\_\_

6. Do you have any comments or suggestions about how this neighborhood should carry out the Walking School Bus program? \_\_\_\_\_  
\_\_\_\_\_

7. Would you allow your child/children to participate in a walk-to-school program in our neighborhood? *(Check only one.)*

- YES
- NO
- Unsure

8. Would you be interested in volunteering to help plan the Walking School Bus program in our neighborhood? *(Circle only one.)*

- YES
- NO
- Undecided

If yes, what days/times of the week would be convenient for you to meet to plan the Walking School Bus program? \_\_\_\_\_

## WALK-TO-SCHOOL SURVEY (Continued)

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9. Would you be interested in walking with a group of children one or more times a week?

- YES  
 NO  
 Undecided

10. Would you be interested in having your home identified as a “safe house”/checkpoint for emergencies that children may experience while walking to and from school?

- YES  
 NO  
 Undecided

Optional *(please print)*

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_