

# 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 and return it to the school office by:

*Note this survey can also be filled out on line at*

1. **Name of School:** \_\_\_\_\_

2. **What is the closest intersection to your home?** \_\_\_\_\_

### 3. About your child(ren):

A: Male/Female Grade: B: Male/Female Grade:

C: Male/Female Grade: D: Male/Female Grade:

### 4. 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

### 5. How does your child usually travel to and from school?

*Please use the letter from question 3 to indicate which child this refers to*

TO school in the morning				
	Every day	3–4 days a week	1–2 days a week	Not often
Walks				
Bikes				
Driven				
Carpools				
Bus				
Local Shuttle				

FROM school in the afternoon				
	Every day	3–4 days a week	1–2 days a week	Not often
Walks				
Bikes				
Driven				
Carpools				
Bus				
Local Shuttle				

### 6. What concerns limit your ability to walk and bike to school? (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> It's too far                                | <input type="checkbox"/> Dangerous intersections         |
| <input type="checkbox"/> It's too steep                              | <input type="checkbox"/> Stranger Danger                 |
| <input type="checkbox"/> Running late/tardiness                      | <input type="checkbox"/> Bullies                         |
| <input type="checkbox"/> On the way to work                          | <input type="checkbox"/> Scary dogs                      |
| <input type="checkbox"/> Weather                                     | <input type="checkbox"/> Lack of safe bike parking       |
| <input type="checkbox"/> Too much to carry                           | <input type="checkbox"/> Child is too young              |
| <input type="checkbox"/> Speeding cars                               | <input type="checkbox"/> Child won't follow safety rules |
| <input type="checkbox"/> Unsafe or lack of sidewalks and/or bikeways |  |

**7. 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 |   |

**8. If you currently drive your child(ren), would you allow your child to walk or bike if: (please check all that apply)**

- |   |   |
|---|---|
| <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 was available                      |
| <input type="checkbox"/> Crossing guards at dangerous intersections | <input type="checkbox"/> Routes maps were provided                              |
| <input type="checkbox"/> More police enforcement                    | <input type="checkbox"/> Park and walk locations where we could walk part way   |
| <input type="checkbox"/> Safety training was provided for students  | <input type="checkbox"/> When he/she is older                                   |
| <input type="checkbox"/> Improved sidewalks and paths               | <input type="checkbox"/> I would never allow my child to walk or bike to school |
| <input type="checkbox"/> Improved intersections                     |   |

**9. Would you participate in a carpool if: (please check all that apply)**

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

**10. Would you allow your child to ride the bus or shuttle if: (please check all that apply)**

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

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

- Yes     No     Don't Know

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

- Help with events and contests  
 Organize a SchoolPool (walk, bike and/or carpool together)  
 Help identify traffic safety issues

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

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**13. Other comments**

---

---

---

Please return this survey to your school office by \_\_\_\_\_