<date>

Dear Parent:

**Family Survey for our school**

<School Name> is taking part in a School Travel Planning project that will improve school journeys for our students. Through School Travel Planning, parents, students and school staff will work with municipal, school board and public health officials to reduce congestion, address traffic safety issues and encourage more students to walk and cycle for the school journey.

Please complete this **5-minute** Family Surveywith your **eldest child** who attends this school**. Your input is important to the success of this project.** Knowing what travel choices families are making and why they are making them will help the school create a travel plan that considers everyone’s needs.

Your responses are anonymous. We do not ask for your name.

Principal Signature

<Principal Name>

# Family Survey

1. Select the grade level of your eldest child that attends this school:

[ ] JK [ ] SK [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8

1. Is your child eligible to ride the school bus?

[ ] Yes [ ] No [ ] Don’t know

1. How does your child usually travel to/from school? (*check one in each column)*

|  |  |  |
| --- | --- | --- |
| **Mode** | **TO** school | **FROM** school |
| Walk | ☐ | ☐ |
| Walk partway (at least one entire block) | ☐ | ☐ |
| Bicycle  | ☐ | ☐ |
| School Bus | ☐ | ☐ |
| Public Transit  | ☐ | ☐ |
| Carpool (Two or more families sharing) | ☐ | ☐ |
| Car (Just my family)  | ☐ | ☐ |
| Other (Please Specify):  | ☐ | ☐ |

1. Why does your child usually travel to/from school in this way? (*check all that apply*)

|  |  |  |
| --- | --- | --- |
| **Reasons** | **TO** school | **FROM** school |
| Enjoyment | [ ]  | [ ]  |
| Exercise (e.g., from walking or cycling) | [ ]  | [ ]  |
| Age of child | [ ]  | [ ]  |
| Distance to school | [ ]  | [ ]  |
| Convenience (e.g., school on route to work, bussing available) | [ ]  | [ ]  |
| Time constraints (e.g., bus pick-up time does not fit family schedule, do not have time to walk or cycle) | [ ]  | [ ]  |
| Before/after school activities  | [ ]  | [ ]  |
| Before/after school care | [ ]  | [ ]  |
| Limited/restricted parking around school | [ ]  | [ ]  |
| Traffic safety/danger on route | [ ]  | [ ]  |
| Personal safety (e.g., bullying, crime) | [ ]  | [ ]  |
| Helps develop child’s independence | [ ]  | [ ]  |
| Disability/specific mobility needs | [ ]  | [ ]  |
| Bus stop not suitable | [ ]  | [ ]  |
| Other (Please Specify):  | ☐ | ☐ |

1. How long does it usually take your child to travel to/from school? (*check one in each column)*

|  |  |  |
| --- | --- | --- |
| **Time** | **TO** school | **FROM** school |
| 10 minutes or less | [ ]  | [ ]  |
| 11-20 minutes | [ ]  | [ ]  |
| 21-30 minutes | [ ]  | [ ]  |
| 31-60 minutes | [ ]  | [ ]  |
| More than 60 minutes | [ ]  | [ ]  |

1. Which of the following would encourage your child to **walk** to/from school?
(*check all that apply)*

[ ] Others to walk with

[ ] Once child is older

[ ] Pedestrian safety training

[ ] Improved sidewalks and crossings

[ ] Reduced traffic volume and congestion in school zone

[ ] Traffic calming in school zone (e.g., lower vehicle speeds, more careful drivers)

[ ] Not applicable, child is eligible to ride the school bus

[ ] Child already walks

[ ] Other reasons described below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Which of the following would encourage your child to **cycle** to/from school?
(*check all that apply)*

[ ] Others to cycle with

[ ] Once child is older

[ ] Cycling safety and skills training

[ ] Access to equipment (bicycle, helmet, lock)

[ ] Secure bicycle storage at school

[ ] Cycle-friendly routes (e.g., segregated cycle lanes)

[ ] Reduced traffic volume and congestion in school zone

[ ] Traffic calming in school zone (e.g., lower vehicle speeds, more careful drivers)

[ ] Not applicable, child is eligible to ride the school bus

[ ] Child already cycles

[ ] Other reasons described below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any locations of concern along your child’s trip to/from school?

[ ] No locations of concern

[ ] Yes. Please describe the location(s) and reasons for your concerns.

|  |  |
| --- | --- |
| **Location**  | **What is your concern about this area?** |
| E.g., on \_\_\_Rd near \_\_\_St | E.g., Cars turn right without looking for pedestrians |
| 1. |   |
| 2. |   |
| 3. |  |

1. Before completing this survey, did you know that the School Travel Planning program was being offered at your child’s school?

[ ] Yes [ ] No

1. Is there anything else you would like to share about your child’s school journey?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions about the survey, or would like to learn more or help with School Travel Planning efforts at your school please contact <insert school committee member or STP Facilitator contact info>

**THANK YOU FOR YOUR TIME.**

**PLEASE COMPLETE THIS SURVEY AND RETURN IT TO SCHOOL BY <insert deadline>.**