



How to Get Started

EVALUATING YOUR SAFE ROUTES TO SCHOOL PROGRAM

Conducting Pedestrian/Bicycle Assessments for your School

A Safe Routes to School (SRTS) Assessment is a simple way to see how accessible your school is to bicyclists and pedestrians by helping to evaluate walking and cycling conditions in your neighborhood. The tools provided here will help you to:

- Conduct “travel pattern surveys”
- Characterize your school and neighborhood
- Determine their “walkability” or “bikeability”
- Monitor progress by documenting SRTS events

Simple pedestrian and bicycle assessments can enhance your SRTS Travel Plan and provide a means to monitor its success in the future. The Travel Plan can be updated to reflect changes over time (see *Develop a Basic Travel Plan For Your School and Travel Plan Guide*). It is recommended that you conduct pedestrian and bicycle assessments throughout the school year. There are already two excellent opportunities to highlight the issues as you perform your assessments: National Bike Month in May and International Walk to School Month in October. Some of these assessment tools can be incorporated into educational activities and community events that have been developed for these occasions.

CHECKLIST: **Pedestrian/Bicycle Assessments**

- Evaluate your school and community.
- Conduct a walkability assessment in October.
- Conduct a bikeability assessment in May.
- Conduct *Student Arrival and Departure Tally* (2/year).
- Conduct take-home *NJ SRTS Parent/Caregiver Survey* (1-2/year).
- Adjust program approach to meet appropriate needs.

Who Does the Assessment?

Ideally, your SRTS Team can lead the effort to evaluate what your school needs to do to accommodate people who want to walk or bicycle (see *Building your Team*). However, most of the information can be gathered by teachers in the classroom or as a PTA activity.

Five Pedestrian and Bicycle Assessments

1. Travel Pattern Surveys
2. School Characteristics Inventory
3. Walkability Checklist
4. Bikeability Checklist
5. Program Monitoring

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1. *Travel Pattern Surveys*

A travel pattern can be defined as the ordered sequence of trips made during a day by the members of a household. Thus, travel pattern surveys are a quick way to measure how students get to and from school now and how they would like to do so if conditions permitted. Travel pattern surveys are valuable for any community; however, they are mandatory for recipients of New Jersey Department of Transportation's (NJDOT) federal Safe Route to School grants. Starting on Page 7 are two types of Travel Pattern Surveys.

The *Student Arrival and Departure Tally Survey* is intended to target how students travel to and from school and can be conducted by the teacher in the classroom. The *NJ Safe Routes to School Parent/Caregiver Survey* is more detailed and is intended to be completed at home by the parent or caregiver. It is provided in English and in Spanish. The results of these surveys, which should be administered by the SRTS Team, will help you decide which actions would best meet the needs of your school now and in the future.

2. *Description of Physical and Social Characteristics of Your School*

Begin your Pedestrian and Bicycle Assessment by describing your school and neighborhood. This is an opportunity to set the foundation for your SRTS program by understanding the existing behaviors of the school community – and the potential to increase the number of students walking and bicycling to school on a regular basis.

Start by evaluating the physical characteristics. Ask questions like:

- Is it rural, suburban, or urban?
- Is it hilly or flat?
- Are there parks, trails or sidewalks?
- Are there other schools nearby?

Next, consider the social characteristics. Ask questions like:

- How many students attend the school?
- What are their ages and in which grades are they?
- How many of them live within walking or bicycling distance (two miles)?
- How many students currently walk and/or bike to school or are driven, either in a bus or by their parents?

With these characteristics in mind, consider the likelihood of success for SRTS. Think about how walking and bicycling fits into the culture and philosophy of your school community.

3. *Walkability Checklists*

The Walkability Checklist can help you answer, “How walkable is your community?” The easy-to-use form will allow you to evaluate your neighborhood and come up with immediate solutions for your SRTS program. The form is included in your Toolbox and also can be downloaded from www.walkinginfo.org.

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A walkability assessment can be done anywhere in your neighborhood. The best place to start is along the walking routes to school. Pick a route, walk it and use the checklist to describe your trip. Then see how your route rates on the walkability scale.

The walkability assessment answers questions like:

- Does a sidewalk exist?
- Did you have room to walk?
- Was it easy to cross streets?
- Did drivers behave well?
- Was it easy to follow safety rules?
- Was your walk pleasant?

Because October is International Walk to School Month, it serves as a perfect time to perform a walkability assessment.

4. *Bikeability Checklists*

The Bikeability Checklist can help you answer the question, “How bikeable is your community?” Like the Walkability Checklist, this assessment applies an easy-to-use form for evaluating your neighborhood. It can be downloaded from www.bicyclinginfo.org.

You should assess the needs of bicyclists anywhere in your neighborhood where you think people might bicycle to school. Pick a route, ride it and use the checklist to describe your trip. Then see how your route rates on the bikeability scale.

The bikeability assessment answers questions like:

- Did you have a place to bike safely?
- How was the pavement surface?
- How were the intersections?
- Did drivers behave well?
- Was it easy for you to use your bike?
- What did you do to make your ride safer?
- How did your community rate?

May is a good month for a yearly bikeability assessment as it is National Bike Month.

NOTE: The Pedestrian and Bicycle Information Center (PBIC), a clearinghouse for pedestrian and bicycle resources, has developed the Walkability and Bikeability Checklists referenced here; they are available for your use at www.pedbikeinfo.org. Sponsors for PBIC include the US Department of Transportation (USDOT), the Federal Highway Administration (FHWA), the National Highway Traffic Safety Administration (NHTSA), the Centers for Disease Control and Prevention (CDC), and the Robert Wood Johnson Foundation (RWJF).

5. *Program Monitoring*

It is important to keep track of the logistics and participation in your Safe Routes to School program. Monitoring and evaluating the success of each program and event will help your SRTS Team make changes to maximize effectiveness. Keeping track of the number of students that participated or how many classes or events were held; actual vs. expected expenses; number of fliers distributed or news media articles published; number of participants that complete assignments and number of people that have inquired about the

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program, are all important aspects of monitoring progress. Your SRTS Team can use the summary of these measures to better tailor programs to a target population (e.g., if students are not joining a walk to school day event) or to monitor changes in program performance, such as fewer students participating in an event than previously.

How to Administer Travel Pattern Surveys

“Evaluation” is the collection of data before a program begins and again once it is underway or finished, to identify and quantify how effectively processes are working. Evaluation also allows participants to see progress, justify future funding, drive program improvements and share successes to encourage participation. The following two travel pattern surveys will help to evaluate your SRTS program.

Student Arrival and Departure Tally Survey

The *Student Arrival and Departure Tally* helps track the number of children walking and biking to and from school. The information will have many applications, including evaluating overall program success, estimating traffic congestion and environmental issues, understanding travel patterns, etc. The *Student Arrival and Departure Tally* should be administered at least twice during the school year. First, counts should be taken at some point during the second, third, or fourth weeks of the beginning of a Safe Routes to School program, which is often the beginning of the school year. A count should also be conducted towards the end of the school year. Mid-year counts are not required, but might also be useful (see page 7 for Tally with instructions).

NJ Safe Routes to School Parent/Caregiver Survey

The Parent/Caregiver Survey is intended to collect information from parents about how their children travel to and from school and what barriers they face. This information has numerous uses, including understanding the overall environment for walking and biking, why children don't walk or bike to school, and how attitudes change as a result of SRTS programs. The *NJ SRTS Parent/Caregiver Survey* should be administered at the beginning of your SRTS program, which is often the beginning of the school year. It can also be useful to administer a follow-up survey toward the end of your program or school year (see page 5 for instructions and page 8 for survey). All responses will be kept confidential and neither the parent/caregiver nor student's name will be associated with any results.

NOTE: The *NJ SRTS Parent/Caregiver Survey* is different than the parent survey found on the National Center for Safe Routes to School web site. Please use the New Jersey form.

How to Get Results Tabulated and Summarized

In order to facilitate consistent results reporting statewide, please mail your completed surveys (both *Student Arrival and Departure Tally* and/or *NJ SRTS Parent/Caregiver Survey*) to the Alan M. Voorhees Transportation Center at Rutgers University. The Voorhees Transportation Center will tabulate and summarize your results and return them to you for use in your Travel Plan and/or other evaluation documentation. The Voorhees Transportation Center will also share your results with the NJ Department of Transportation and the National Center for Safe Routes

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to School.

In order to submit your results, please mail all completed tallies and surveys with a cover letter that identifies:

1. School(s) name
2. School District(s)
3. Municipalities served by the school district
4. Key contact information, including phone number and email address, of the person in charge of conducting the survey and receiving results

Mail all completed surveys to:

Attn: Leigh Ann Von Hagen
Alan M. Voorhees Transportation Center
Rutgers, The State University of NJ
33 Livingston Avenue
New Brunswick, NJ 08901
732-932-6812, 613 or email srts@rci.rutgers.edu

Questions, contact

NJ Safe Routes to School Parent/Caregiver Survey

The *NJ SRTS Parent/Caregiver Survey* can be handed out or placed in backpacks for students to take home, deliver to parents, and then return the completed survey to their teachers. The survey should take between 5-10 minutes to complete and is provided in English and Spanish. An alternative to this option is to assign the parent survey as part of a homework assignment, where the student would take home the form and fill it out as part of an interview with the parent or caregiver. **Please note that all responses will be kept confidential and neither the parent/caregiver nor student's name will be associated with any results.**

The parent/caregiver survey should be conducted at least once during the school year.

- To collect baseline information, parents/caregivers should be surveyed before beginning your SRTS program, which is often the beginning of the school year.

Other options include:

- Parents/caregivers could also be surveyed at the end of the school year to collect information about how attitudes and beliefs have changed during the year.
- A survey conducted within 2-3 weeks after educational events or encouragement and enforcement campaigns can be used to measure immediate effects of these activities.
- A mid-year survey can also be used to understand the progress and early effects of long-term programs, as well as other variation in parental attitudes that affect walking and biking to and from school.

Downloading and Printing Instructions

1. The *NJ SRTS Parent/Caregiver Survey* can be downloaded from the Voorhees Transportation Center's website at <http://www.njbikeped.org/>.
2. It can be printed double-sided to reduce costs.

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NOTE: The NJ SRTS Parent/Caregiver Survey is different than the parent survey found on the national Center for Safe Routes to School web site. Please use the New Jersey form so that results can be easily tabulated and are consistent across the state.

Option 1: Take-Home Administration Instructions:

1. Please distribute copies of the *NJ SRTS Parent/Caregiver Survey* to teachers for each classroom, so that all caregivers will receive a copy of the survey.
2. Collect surveys from teachers weekly for a two-week period after the surveys have been sent home.
3. Completed surveys, with a cover letter that identifies the school name and key contact, must be sent to the following address:

Attn: Leigh Ann Von Hagen
Alan M. Voorhees Transportation Center
Rutgers, The State University of NJ
33 Livingston Avenue
New Brunswick, NJ 08901

Option 2: Homework Instructions:

1. Please distribute copies of the *NJ SRTS Parent/Caregiver Survey* to teachers for each classroom, so that all caregivers will receive a copy of the survey.
2. Teachers can assign the surveys to be filled out as part of a homework assignment. The student would take the survey form home and fill it out during an interview with their parent, or along with their parents.
 - i. Other homework approaches can also be used, as long as the *NJ SRTS Parent/Caregiver Survey* is used, and the parent provides the answers.
 - ii. In many instances, curriculum changes or new homework assignments require approval from the principal or a curriculum committee. Local SRTS programs considering the homework approach should check on this potential issue early.
3. Collect surveys from teachers weekly for a two-week period after the surveys have been sent home.
4. Completed surveys, with a cover letter that identifies the school name and key contact, must be sent to the following address:

Attn: Leigh Ann Von Hagen
Alan M. Voorhees Transportation Center
Rutgers, The State University of NJ
33 Livingston Avenue
New Brunswick, NJ 08901



New Jersey Safe Routes to School (SRTS) Survey Information Page

Return this form with completed SRTS surveys (please type or print)

I. Background Information:

Lead Organization Collecting Data: _____

Organization Type:

- Local/Regional Gov't Agency
- School/District
- Parent/ Parent Organization
- Consultant
- Nonprofit/Other

City: _____ Zip code: _____

Program Contact: _____

Phone: _____

E-Mail Address: _____

II. School Information: (must be filled out for each school submitting survey information)

School Name: _____

Street Address: _____

City: _____ Zip code: _____

Contact Name: _____

E-Mail Address: _____

1. How many students attend this school? _____

2. What grades attend this school? Pre-K K 1 2 3 4 5 6 7 8 9
Other (please specify)_____

3. How many classes are in each grade?
___ Pre-K ___ K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9
___ Other (please specify)_____

4. Were there any classes or grades that were requested to take the surveys that did not complete them? Yes No If yes, how many?_____

5. At what point of implementing a Safe Routes to School (SRTS) program was this data collected?
Before program Mid-Program
Post-Program Other_____

6. How many NJ SRTS Parent/Caregiver Surveys were distributed?_____

Not Applicable

7. Is there a school level team helping to implement SRTS at this school? Yes No
(such as PTA, School Wellness Team, SRTS Committee, etc.)

Please Specify: _____

8. Are other agencies or organizations involved in implementing this program? Yes No
(such as local governments, health departments, Safe Kids, University or
Transportation Management Association (TMA))

Please Specify: _____

Please Attach Additional Sheets for Each School

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STUDENT ARRIVAL AND DEPARTURE TALLY SHEET

School Name: Zip Code: -

Teacher: Grade (K-8)

Monday's Date / / 2 0 # of students enrolled in class
M M / D D / Y E A R

Teachers, here are simple instructions for using this form:

- Please conduct these counts **on any two days from Tuesday, Wednesday, or Thursday of the assigned week**. Only two days worth of counts are needed, but counting all 3 provides better data.
- **Please do not conduct these counts on Mondays or Fridays.**
- Before asking your students to raise their hands to indicate the *one answer* that is correct for them, read through all potential answers so they will know what the choices are.
- Ask your students as a group the question **“How did you arrive at school today?”**
- Read each answer and record the number of students that raised their hands for each.
- **Place just one character or number in each box.**
- Follow the same procedure for the question **“How do you plan to leave for home after school?”**
- Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too).

Step 1. Fill in the weather conditions and number of students in class each day.			Step 2. Ask students “How did you arrive at school today?” and “How do you plan to leave for home after school?” (record number of hands for each answer)								
	Weather S= sunny R= rainy O= overcast Sn= snow	Number of Students (in class when count made)	Walk	Bike	School Bus	Family Vehicle (only with children from your family)	Carpool (riding with children from other families)	Transit (city bus, subway, etc.)	Other (skateboard, scooter, inline skates, etc.)		
SAMPLE	S	2 7	4	2	1 1	7	3	0	0		
Tues AM											
Tues PM											
Wed AM											
Wed PM											
Thur AM											
Thur PM											

Comments (List disruptions to counts or any unusual travel conditions to/from the school on the days of the tally):

Thank you for helping gather this information!



To take this survey
online, visit:
<http://tinyurl.com/p23ent>

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school and has partnered with the NJ Department of Transportation and researchers at the Rutgers University Voorhees Transportation Center to prepare the following survey.

Purpose of Survey

The goal of this survey is to understand any issues or concerns with allowing your child to walk or bike to school. The information gathered from this survey will be used to support your local, state and national Safe Routes to School programs. Safe Routes to School (SRTS) is a nationwide effort to encourage more and safer walking and bicycling to school.

Please note that all responses will be kept anonymous and neither your name nor your child's name will be associated with any results. If you have any questions about your rights as a participant in this study, you may contact the Institutional Review Board administrator at Rutgers University at 732-932-0150 ext. 2104

Your participation in this survey is completely voluntary; however, your opinions are highly valued. If you have any questions about the survey, please contact Leigh Ann Von Hagen of the NJ Bicycle and Pedestrian Resource Center at Rutgers University at lavh@rci.rutgers.edu, 732-932-6812, extension 613, or www.njbikeped.org.

Thank you for participating!

Sincerely,

Elise Bremer-Nei
State Safe Routes to School Coordinator
New Jersey Department of Transportation

**Vea la página 5 para el
español
Para tomar esta encuesta
en línea, visite:
<http://tinyurl.com/p23ent>**



Estimado Padre o Guardián,

La escuela de su niño/a desea aprender qué piensa usted acerca de los niños que caminan y van en bicicleta a la escuela, y se ha unido con El Departamento de Transporte de Nueva Jersey y los investigadores del Centro de Transporte de Voorhees de la Universidad de Rutgers para preparar esta encuesta.

Propósito de la Encuesta

Con esta encuesta buscamos entender los problemas y las preocupaciones de los padres/guardiánes al considerar permitir que su niño/a viaje a la escuela a pie o en bicicleta. La información colleccionada en esta encuesta será usada para mantener los Programas de Rutas Seguras a la Escuela de nivel local, estatal y nacional. Rutas Seguras a la Escuela (llamada en inglés - Safe Routes to School Programs (SRTS)) es un esfuerzo a nivel nacional para aumentar la seguridad y confianza de los padres/guardiánes respecto al viaje a la escuela bien a pie o en bicicleta.

Va a tardar aproximadamente de 5 a 10 minutos para completar esta encuesta. Todas sus respuestas serán anónimas, sin requerir información que los identifique. Esto indica que nosotros no vamos a preguntarle por su nombre, dirección, número de teléfono, fecha de nacimiento o cualquier otra información de identificación personal, por lo tanto ni su nombre o el nombre de su niño/a será asociado con ningún resultado. También, si usted se siente incómodo con cualquier pregunta en la encuesta, por favor siéntase libre de saltar esa pregunta. Si tiene alguna pregunta sobre sus derechos como participante en este estudio, por favor póngase en contacto con el administrador de la Junta de Revisión Institucional en la Universidad de Rutgers en el 732-932-0150, extensión 2104.

Su participación en esta encuesta es completamente voluntaria; sin embargo, sus opiniones son de mucho valor y son importantes para nuestro éxito. Si tiene alguna pregunta sobre la encuesta, por favor póngase en contacto con Leigh Ann Von Hagen del Centro del Recurso de la Bicicleta y del Peatón de NJ en la Universidad de Rutgers (llamada en inglés - NJ Bicycle and Pedestrian Resource Center at Rutgers University) a lavh@rci.rutgers.edu, 732-932-6812, extensión 613, o www.njbikeped.org.

¡Gracias por su participación!

Sinceramente,

Elise Bremer-Nei
Coordinador de las Rutas Seguras a la Escuela Estatal
El Departamento de Transporte de Nueva Jersey



Please answer the questions below for **the child who brought home this survey**. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date. This survey will take about **5 - 10 minutes to complete**. Remember, all the information will be **anonymous**, with no identifying information requested.

1. What is the name of the child's school? _____
2. What is this child's grade? _____
3. What is the street intersection nearest your home? _____ and _____
4. Is the child who brought home this survey Male or Female? Male Female
5. Does your school district provide this child with busing? Yes No
6. How many days per week does this child go to school and leave from school using the types of transportation listed below, during a typical 5-day school week?

	Walk	Bike	School Bus	Family Vehicle (only with children from your family)	Carpool (riding with children from other families)	Transit (city bus, subway, etc.)	Other, Motorized (taxi, etc.)	Other, non Motorized (scooter, skates, etc.)	TOTAL = 5 days
EXAMPLE	2 days	1 day	2 days						= 5 days
Go to school									= 5 days
Leave from school									= 5 days

7. If your child walks or bikes to school, who do they travel with most often? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> My child does not walk or bike to school | <input type="checkbox"/> Other Adult |
| <input type="checkbox"/> Alone | <input type="checkbox"/> Other Sibling |
| <input type="checkbox"/> Parent or Guardian | <input type="checkbox"/> Other Children |

8. What is the shortest driving distance between your home and school?

	Less than ¼ mile	¼ to ½ mile	½ to 1 mile	1- 2 miles	More than 2 miles	Don't Know
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. When my child is driven to school, how long does the trip usually take?

	Not Applicable	5 minutes or less	6– 9 minutes	10 – 14 minutes	15 - 20 minutes	More than 20 minutes	Don't Know
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If this child walks or bikes to school, how long, on average, does it take to travel from your home to school?

	Not Applicable	5 minutes or less	6 – 9 minutes	10 – 14 minutes	15 - 20 minutes	More than 20 minutes	Don't Know
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Por favor conteste las preguntas que están abajo para **el niño/a que trajo la encuesta a casa**. Le pedimos a las familias que completen sólo una encuesta por escuela a la que asisten sus niños. Si recibe más de un formulario de la misma escuela, por favor complete solo una encuesta, la del niño que cumpla años en la fecha más próxima al día de hoy. Esta encuesta tomará de **5 a 10 minutos para completarla**. Recuerde que la información será **anónima**, sin requerir información que los identifique.

1. ¿Cuál es el nombre de la escuela de su niño/a? _____
2. ¿Cuál es el grado de su niño/a? _____
3. ¿Cuál es la intersección mas cerca a su hogar? _____ y _____
4. ¿El niño que trajo a casa la encuesta es varón o niña? Varón Niña
5. ¿El distrito de la escuela provee a su niño/a con autobús? Sí No
6. **¿Cuántos días a la semana va este niño/a a la escuela y vuelve a su casa con los tipos de transporte mencionados abajo, durante una semana típica de 5 días de escuela?**

	Caminar	Bicicleta	Autobús de la Escuela	Vehículo de la Familia (solo con niños de su familia)	CARPOOL (viajando en carro con niños de otras familias)	Tránsito (Autobús de la ciudad, subterráneo, etc.)	Otro Motorizado (taxi, etc.)	Otro No Motorizado (patines etc.)	TOTAL = 5 días
EJEMPLO	2 días	1 días	2 días						= 5 días
Ir a la Escuela									= 5 días
Deja la escuela									= 5 días

7. **¿Si su niño/a camina o va en bicicleta para ir a la escuela, con quién hace el recorrido más a menudo? (Marque todos los que aplican.)**

- | | |
|--|---|
| <input type="checkbox"/> Mi niño/a no camina ni va en bicicleta a la escuela
<input type="checkbox"/> Solo
<input type="checkbox"/> Padre o Guardián
<input type="checkbox"/> Otro Adulto | <input type="checkbox"/> Otros Adulto
<input type="checkbox"/> Otros Menor
<input type="checkbox"/> Otros Niños |
|--|---|

8. **¿Cuál es la distancia mas corta al ir en carro entre su casa y la escuela?**

	Menos de ¼ milla	¼ a ½ milla	½ a 1 milla	1- 2 millas	Mas de 2 millas	No Sabe
Ir en carro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **¿Cuando su niño es conducido a la escuela, ¿cuánto tiempo toma en hacer el viaje?**

	No Aplicable	5 minutos o menos	6 – 9 minutos	10 – 14 minutos	15 - 20 minutos	Mas de 20 minutos	No Sabe
Ir en carro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **¿Si su niño/a camina o va en bicicleta a la escuela, ¿cuánto tiempo, en promedio, tarda el viaje de su casa hasta la escuela?**

	No Aplicable	5 minutos o menos	6 – 9 minutos	10 – 14 minutos	15 – 20 minutos	Mas de 20 minutos	No Sabe
Caminar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Va en Bicicleta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 a. Currently, how do you decide if your child walks or bikes to school? Please indicate below how each of the following factors affects your decision.

11 b. Please circle the reason that affects your decision the most (circle only one).

	Affects my decision greatly	Affects my decision somewhat	Does <u>Not</u> affect my decision	Not Applicable
Too far a distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's before and after school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of bikeways and/or bike parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight of book bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding traffic along school route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too many cars along school route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of adult supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children to walk or bike with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of crossing guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe crossings and intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety (theft, gangs, abandoned buildings, stray dogs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Stranger Danger"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle traffic in pickup/drop-off area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child does not own a bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age of my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure to **circle** the reason that affects your decision **the most** (circle only one).

11 a. ¿Actualmente, cómo se decide si su hijo camina o va en bicicleta a la escuela? Por favor indiquen cómo cada uno de los siguientes factores afecta a su decisión.

Version 4

11 b. Por favor haga un círculo sobre la razón que afecta mas su decisión. (solo un círculo)

	Afecta mucho mi decisión	Afecta mi decisión algo	No afecta mi decisión	No Aplicable
Mucha distancia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
disponibilidad del autobús escolar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horario de la Familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actividades del niño/a antes y después de la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La Falta de la Familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
La falta de carriles de bicicletas y/o estacionamiento de bicicletas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peso de la mochila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiempo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tráfico en exceso de velocidad a lo largo de la ruta escolar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muchos autos a lo largo en la ruta de la escuela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disponibilidad de la supervisión de los adultos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caminando o andando en bicicleta con otros niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disponibilidad de guardias que cruzan a los niños	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paso de cruzamiento e intersecciones inseguras	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niños peleadores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seguridad personal (robo, pandillas, edificios abandonados, perros cajelleros)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miedo de Extraños ("Stranger Danger")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tráfico de vehículos en el área de abordaje/de desembarque	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mi niño/a tiene una discapacidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mi niño/a no tiene bicicleta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
la edad de mi hijo/a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro (especifique) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Por favor haga un círculo sobre la razón que afecta mas su decisión. (solo un círculo)

12. Does your child's school encourage walking to and from school? Yes No Don't Know

13. Does your child's school encourage biking to and from school? Yes No Don't Know

The next few questions ask about you and your household (Optional)

14. What is your age range?

18-24 years old 25-34 years old 35-44 years old 45-54 years old 55-64 years old 65+ years

15. Are you male or female?

male female

16. What is the highest grade or year of school you have completed?

Grades 1 through 8 (Elementary) College 1 year to 3 years (Some college or technical school)
 Grades 9 through 11 (Some high school) College 4 years or more (College graduate)
 Grade 12 or GED (High school graduate) Prefer not to answer

17. Which one of these groups would you say best represents your race?

White Native Hawaiian or Other Pacific Islander
 Black or African American American Indian, Alaska Native
 Asian Other: (specify) _____
 Hispanic/Latino

18. What is your total annual household income?

< \$25,000 \$25,000 — <\$50,000
 \$50,000— <\$100,000 \$100,000— <\$150,000
 \$150,000 or more Prefer not to answer

19. How many vehicles are kept at home for use by members of your household?

None Three
 One Four or more
 Two

20. What is your marital status?

Single/Never Married Married/Civil Union
 Divorced Widowed
 Living with a partner

THANK YOU FOR PARTICIPATING IN THIS SURVEY

12. ¿La escuela de su niño/a le anima a ir a pie entra la escuela y la casa? Sí No No Sabe

13. ¿La escuela de su niño/a le anima a ir en bicicleta entre la escuela y la casa? Sí No No Sabe

Las próximas preguntas son acerca de usted y su familia (Opcional)

14. ¿A qué grupo de edad pertenece?

- 18-24 años 25-34 años 35-44 años 45-54 años 55-64 años 65+ años

15. ¿Es usted hombre o mujer?

- hombre mujer

16. ¿Cuál es el nivel/grado o año escolar mas alto que ha completado?

- | | |
|--|---|
| <input type="checkbox"/> Grados 1 hasta 8 (Elementario) | <input type="checkbox"/> Universidad 1 año hasta 3 años
(Alguna universidad o escuela técnica) |
| <input type="checkbox"/> Grados 9 hasta 11 (Alguna escuela secundaria) | <input type="checkbox"/> Universidad 4 año o mas
(Graduado de la universidad)) |
| <input type="checkbox"/> Grado 12 o GED (Graduado de escuela secundaria) | <input type="checkbox"/> Prefiero no contestar |

17. ¿Cuál de estos grupos es el mejor que representa a su raza?

- | | |
|---|---|
| <input type="checkbox"/> Blanco | <input type="checkbox"/> Hawaiano o de Otra Isla del Pacifico |
| <input type="checkbox"/> Negro o Africano Americano | <input type="checkbox"/> Indio Americano, Nativo de Alaska |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Otro: (especifique)_____ |
| <input type="checkbox"/> Hispano/Latino | |

18. ¿Cuál es su ingreso familiar anual?

- | | |
|---|--|
| <input type="checkbox"/> < \$25,000 | <input type="checkbox"/> \$25,000 — <\$50,000 |
| <input type="checkbox"/> \$50,000— <\$100,000 | <input type="checkbox"/> \$100,000— <\$150,000 |
| <input type="checkbox"/> \$150,000 o más | <input type="checkbox"/> Prefiero no contestar |

19. ¿Cuántos vehículos se mantienen en el hogar para su uso por los miembros de su hogar?

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Ninguno | <input type="checkbox"/> Tres |
| <input type="checkbox"/> Uno | <input type="checkbox"/> Cuatro o más |
| <input type="checkbox"/> Dos | |

20. ¿Cuál es su estado civil actual?

- | | |
|--|---|
| <input type="checkbox"/> Individual/Nunca se casaron | <input type="checkbox"/> Casado/Unión civil |
| <input type="checkbox"/> Divorciado | <input type="checkbox"/> Viudo |
| <input type="checkbox"/> Vivir con un compañero | |

GRACIAS POR SU PARTICIPACIÓN EN ESTA ENCUESTA