



Parent Survey

SAFE ROUTES TO SCHOOLS: NAPA COUNTY

2121 Imola Ave. Napa, CA 94559 • 707.253.6884 • Fax 707.226.6842

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5-10 minutes to complete. 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.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

School Name:

Completing this form: Please write clearly. Mark boxes with "X"

1. What is the grade of the child who brought home this survey? (K-8) grade
2. Is the child who brought home this survey male or female? Male Female
3. How many children do you have in Kindergarten through 8th grade? children
4. What is the street intersection nearest your home? (provide names of intersecting streets)

_____ and _____

5. How far does your child live from school? (Note: 1/4 mile = 5 minute walk)

- a. less than 1/4 mile c. 1/2 mile up to 1 mile e. More than 2 miles
- b. 1/4 mile up to 1/2 mile d. 1 mile up to 2 miles f. Don't know

6. On most days, how does your child arrive at school and leave for home after school?

Arrive at school	Leave for home
<input type="checkbox"/> a. Walk	<input type="checkbox"/> a. Walk
<input type="checkbox"/> b. Bike	<input type="checkbox"/> b. Bike
<input type="checkbox"/> c. School Bus	<input type="checkbox"/> c. School Bus
<input type="checkbox"/> d. Family vehicle (only with children from your family)	<input type="checkbox"/> d. Family vehicle (only with children from your family)
<input type="checkbox"/> e. Carpool (riding with children from other families)	<input type="checkbox"/> e. Carpool (riding with children from other families)
<input type="checkbox"/> f. Transit (city bus, etc.)	<input type="checkbox"/> f. Transit (city bus, etc.)
<input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.)	<input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.)

7. How long does it normally take your child to get to/from school?

Travel time to school	Travel time from school
<input type="checkbox"/> a. Less than 5 minutes	<input type="checkbox"/> a. Less than 5 minutes
<input type="checkbox"/> b. 5-10 minutes	<input type="checkbox"/> b. 5-10 minutes
<input type="checkbox"/> c. 11-20 minutes	<input type="checkbox"/> c. 11-20 minutes
<input type="checkbox"/> d. More than 20 minutes	<input type="checkbox"/> d. More than 20 minutes
<input type="checkbox"/> e. Don't know / Not sure	<input type="checkbox"/> e. Don't know / Not sure

8. Has your child asked you for permission to walk or bike to/from school? Yes No

9. At what grade would you allow your child to walk or bike without an adult to/from school?

(select a grade between K-8) grade (or I would not feel comfortable at any grade)

10. Why do you drive your child to/from school? (please check all that apply)

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Distance to school | <input type="checkbox"/> No Crossing Guards |
| <input type="checkbox"/> Convenience of driving | <input type="checkbox"/> Safety of intersections and crossings |
| <input type="checkbox"/> Running late/ tardiness | <input type="checkbox"/> Sidewalks (lack of or incomplete) |
| <input type="checkbox"/> Child's before or after-school activities | <input type="checkbox"/> Violence or crime |
| <input type="checkbox"/> Speed of traffic along route | <input type="checkbox"/> Weather or climate |
| <input type="checkbox"/> Amount of traffic along route | <input type="checkbox"/> Drop off on way to work |
| <input type="checkbox"/> Lack of safe bike storage or security | <input type="checkbox"/> Stranger-danger concerns |
| <input type="checkbox"/> Child is too young | <input type="checkbox"/> Other: _____ |

11. 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"/> Improved sidewalks and bike paths |
| <input type="checkbox"/> Accompanied by other adults | <input type="checkbox"/> Cars slowed down |
| <input type="checkbox"/> Provided route maps | <input type="checkbox"/> Secure bike storage was available |
| <input type="checkbox"/> More crossing guards | <input type="checkbox"/> Paths were separated from traffic |
| <input type="checkbox"/> Safety training for students | <input type="checkbox"/> Other: _____ |

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/ from school? (please check one)

- Strongly Encourage Encourage Neither Discourage Strongly Discourage

13. How much FUN is walking or biking to/from school for your child? (please check one)

- Very Fun Fun Neutral Boring Very Boring

14. How HEALTHY is walking or biking to/from school for your child? (please check one)

- Very Healthy Healthy Neutral Unhealthy Very Unhealthy

15. Would you be interested in volunteering to: (please check all that apply)

- Organize a carpool group
- Help with Bike/Walk to School events or promotion
- Work on the Safe Routes to School Task force
- Participate in traffic and road safety improvement meetings
- Other: _____

If yes, please include name and contact information: _____