

PARENT TRANSPORTATION SURVEY



Dear Parent, as part of our traffic safety program at XXX Public School we are trying to determine how children travel to and from the school today. We would ask that you take five minutes of your time to complete the following questionnaire. Your feedback is important to us.

(PLEASE PRINT)

Your Address: _____ Apt. # _____

1. How far away from the school do you live?

- Less than 3 blocks 3-6 blocks 0.5 to 1 km 1-3 km Over 3 km

2. How many children do you have that attend XXX School? _____

What grades are they in? _____

3. How do your children get to and from school:

To School

- Walk
 Car (parent/caregiver)
 School Bus
 Carpool
 Transit
 Bicycle
 Other (explain) _____

Home from School

- Walk
 Car (parent/caregiver)
 School Bus
 Carpool
 Transit
 Bicycle
 Other (explain) _____

4. How many trips per day do you or your caregiver make to take your child(ren) to school and home?

Trips per day: _____

5. If your children walk or cycle to and from school, do they walk:

- With parent/caregiver With friends
 With brothers or sisters Alone
 Other _____

6. Which of the following issues present safety concerns around getting your children to and from school?

- Traffic Bullying Elevator in your building Abduction Harassment
 No adult to accompany children Other (explain) _____

7. What would make it easier for your children to walk to school? _____

8. Would you be interested in helping to organize walking groups in your neighbourhood to make it easier and safer for children to walk to school? _____

May we contact you for additional information? _____

Name: _____ Phone: _____

THANK YOU FOR YOUR TIME. YOUR COMMENTS ARE APPRECIATED.