

School Road Safety Survey

(One form per family, to be completed by a parent/carer in reference to the student with the next birthday.)

SCHOOL: _____

By completing this questionnaire you will be providing important information to assist in the development of strategies to improve road safety around your school. Please fill in the questionnaire and return it to school by **INSERT DATE**.

STUDENT'S NAME _____ **YEAR LEVEL** _____ **AGE** _____

MALE **FEMALE**

If you have other children at this school, please list for each, their year level and age

Year level	Age
<i>Example</i> 5	<i>10 years</i>

Year level	Age

1. **How does your child get to and from school on MOST DAYS:**
(Please tick one box only)

In dry weather?

- CAR
- WALK OR CYCLE
- BUS
- WALKING SCHOOL BUS
- OTHER _____

In wet weather?

- CAR
- WALK OR CYCLE
- BUS
- WALKING SCHOOL BUS
- OTHER _____

2. **How many times LAST WEEK did your child travel to/from school by:**
(Indicate by placing a number in each box)


- | | | |
|-------------------------------|---|--------------------------------------|
| <input type="checkbox"/> CAR | <input type="checkbox"/> BUS | <input type="checkbox"/> BICYCLE |
| <input type="checkbox"/> WALK | <input type="checkbox"/> WALKING SCHOOL BUS | <input type="checkbox"/> OTHER _____ |

3. **Please estimate the distance your child travels from home to school.**
(Use the map on the last page, as a guide. Please tick one box only.)

<input type="checkbox"/>	5 km	<input type="checkbox"/>	1 to 2 km	<input type="checkbox"/>	3 to 5 km
<input type="checkbox"/>	.5 to 1 km	<input type="checkbox"/>	2 to 3 km	<input type="checkbox"/>	5 km or more

4. **Please list any reasons which might prevent you from walking or cycling to school.**

5. **If your child walks or cycles, are they accompanied to school?**

	<input type="checkbox"/>	NO (go to question 6)
	<input type="checkbox"/>	YES 
BY:	<input type="checkbox"/>	ADULT (parent/carer/other)
	<input type="checkbox"/>	OLDER BROTHER OR SISTER - AGE: _____
	<input type="checkbox"/>	YOUNGER BROTHER OR SISTER - AGE: _____
	<input type="checkbox"/>	OTHER STUDENT/S - AGE: _____

6. **Please indicate on the scale below how important you believe road safety is, compared to other issues at the school?** (please circle one only)

Very important	Important	Moderately important	Somewhat important	Not important
1	2	3	4	5

7. **How would you rate your understanding of road safety issues?** (please circle one only)

Very high	Above average	Average	Below average	Limited
1	2	3	4	5

8. **In your opinion, how safe is the road environment and the people who use the road near your school?** (please tick one box only)

<input type="checkbox"/>	Very safe
<input type="checkbox"/>	Fairly safe
<input type="checkbox"/>	Not sure
<input type="checkbox"/>	Fairly unsafe
<input type="checkbox"/>	Very unsafe

9. (A) **INSERT STREET NAME:** Do you believe there are any traffic problems affecting road users (drivers, cyclists and pedestrians) in the drop off/pick up area, in this street, next to the school? (tick as many boxes as apply)

- CONGESTION
- DOUBLE PARKING
- PARKING IN NO STANDING OR NO PARKING ZONES
- PARKING ON THE VERGE
- PARKING IN THE BUS BAY
- PARKING OR DRIVING THROUGH THE TEACHERS CAR PARK
- U-TURNS IN FRONT OF THE SCHOOL
- LACK OF PARKING
- CHILDREN CROSSING THE ROAD TO CARS PARKED ON THE OPPOSITE SIDE OF THE ROAD TO THE SCHOOL
- PULLING INTO AND REVERSING OUT OF PRIVATE DRIVEWAYS
- OTHER (Please specify below)

9. (B) **INSERT STREET NAME:** Do you believe there are any traffic problems affecting road users (drivers, cyclists and pedestrians) in the drop off/pick up area, in this street, next to the school? (tick as many boxes as apply)

- CONGESTION
- DOUBLE PARKING
- PARKING IN NO STANDING OR NO PARKING ZONES
- PARKING ON THE VERGE
- PARKING IN THE BUS BAY
- PARKING OR DRIVING THROUGH THE TEACHERS CAR PARK
- U-TURNS IN FRONT OF THE SCHOOL
- LACK OF PARKING
- CHILDREN CROSSING THE ROAD TO CARS PARKED ON THE OPPOSITE SIDE OF THE ROAD TO THE SCHOOL

PULLING INTO AND REVERSING OUT OF PRIVATE DRIVEWAYS

OTHER (Please specify below)

10. **Please mark your normal route to and from school on the map below. Please use different colours to specify mode of transport (ie red = car, blue = bicycle, green = walk).**

11. **Have you noticed any other road safety danger spots in the area or on your regular route to & from school?**

(Please use the map provided should you wish to indicate the exact location/s.)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM, PLEASE RETURN IT TO
INSERT WHERE & WHO BY ***INSERT DATE DUE***