

## GENERAL INFORMATION

Please provide us with some basic information about you and your school.

\* 1. Please let us know your name and position/title.

**Name:**

**Position/Title:**

**E-mail Address:**

**Phone Number:**

\* 2. Please provide some basic information about your school.

**School Name:**

**Address:**

**ZIP:**

## EXISTING STUDENT TRAVEL PATTERNS

Please provide us with some information about the existing travel patterns at your school.

3. Approximately what percentage of students at your school regularly travel to/from school by walking, bicycling, car, and bus? (Please provide an approximation if the exact amount is not known.)

% walkers

% bicyclists (or other non-motorized vehicle)

% car riders

% school bus riders

% SORTA riders

4. Which streets currently serve as key routes for students walking or bicycling to/from school?

5. Which streets could serve as key routes for students walking or bicycling to/from school?

## BARRIERS TO WALKING & BICYCLING TO SCHOOL

Please provide us with some information about the existing barriers that hinder walking and bicycling to your school.

6. Rank the key barriers to walking and bicycling to/from your school. (Please rank at least the top four barriers.)

1 2 3 4 5 6 7 8 9 10 11 12

Distance

(i.e. Most students live too far away from school to walk or bike).

Convenience

(i.e. Parents find it more convenient to drive their children to and from school).

Lack of

sidewalks or pathways.

Safety at

intersections and crossings.

Lack of

crossing guards.

Speed of

traffic along key student walking and bicycling routes.

Volume of

traffic along key student walking and bicycling

routes.

Lack of adult supervision.

Concern about violence or crime.

Before and/or after-school activities.

Students lack pedestrian and/or bicycle safety skills.

Other.

If you selected "other" above, please specify.

7. Please explain any specific barriers that you can think of.

## EXISTING WALKING & BICYCLING POLICIES

Please provide us with some information about the existing walking and bicycling policies that are in place at your school.

8. Do you prohibit any students from walking and/or bicycling to school?

	Yes	No
Walking	<input type="radio"/>	<input type="radio"/>
Bicycling	<input type="radio"/>	<input type="radio"/>

If you selected "yes" to either, please explain.

9. If walking and/or biking to and from your school is prohibited, what would need to be done for this prohibition to be relaxed or reversed?

## ARRIVAL & DISMISSAL

Please provide us with some information about the arrival and dismissal processes at your school.

10. How well would you say your current arrival process works for pedestrians and bicyclists?

- Excellent
- Good
- Fair
- Poor

If you selected "fair" or "poor," please explain why.

11. How well would you say your current dismissal process works for pedestrians and bicyclists?

- Excellent
- Good
- Fair
- Poor

If you selected "fair" or "poor," please explain why.

12. Would you be interested receiving expert advice on how improve your arrival and/or dismissal processes?

- Yes
- No

## EXISTING INFRASTRUCTURE

Please provide us with some information regarding the existing infrastructure at your school.

Below are examples of flashing school zone signs, "SCHOOL" pavement markings, and speed feedback signs that may be used to identify school zones.



13. How is your school's school zone identified for drivers? (Check all that apply.)

- School zone signs.
- Flashing beacons.
- SCHOOL pavement markings.
- Speed feedback sign.
- Other (please specify).

14. Does your school have bicycle racks?

- Yes
- No

If you selected "yes," do you feel that your bicycle racks are inadequate (poorly placed, poorly designed, poor condition, not the recommended style shown below, etc.)? Please explain.

Below are examples of recommended, inverted-U style bicycle racks.



## EXISTING ACTIVITIES & STRATEGIES

Please provide us with some information about the existing activities and strategies that are currently in place at your school.

15. Please identify the activities and strategies your school is currently implementing as well as the ones your school would be interested in implementing in the future with support from the Cincinnati SRTS Program. (Check all that apply.)

	School is currently implementing.	School would like to implement in the future.
Pedestrian safety education.	<input type="radio"/>	<input type="radio"/>
Bicycle safety education.	<input type="radio"/>	<input type="radio"/>
Personal security education.	<input type="radio"/>	<input type="radio"/>
Education regarding the health benefits of walking and bicycling to school.	<input type="radio"/>	<input type="radio"/>
Education regarding the environmental benefits of walking and bicycling to school.	<input type="radio"/>	<input type="radio"/>
International Walk to School Day.	<input type="radio"/>	<input type="radio"/>
Regular walking and/or bicycling events (e.g., weekly or monthly Walk on Wednesdays).	<input type="radio"/>	<input type="radio"/>
Walking school buses (adult supervised groups of children who regularly walk to/from school together).	<input type="radio"/>	<input type="radio"/>
Bicycle trains (adult supervised groups of children who regularly bicycle to/from together).	<input type="radio"/>	<input type="radio"/>
Mileage clubs or contests (students track miles walked in return for prizes or incentives).	<input type="radio"/>	<input type="radio"/>
Carpools.	<input type="radio"/>	<input type="radio"/>
Speed reduction campaign.	<input type="radio"/>	<input type="radio"/>
No phone zone campaign (to discourage cell phone use while driving).	<input type="radio"/>	<input type="radio"/>
Student travel tallies (using form provided by National Center for Safe Routes to School).	<input type="radio"/>	<input type="radio"/>
Parent surveys (using form	<input type="radio"/>	<input type="radio"/>

provided by National Center for Safe Routes to School.

Assessment of walkability and bikeability in the area around the school.

Observation of school arrival and dismissal.

Other.

If you selected "other" above, please specify.

16. Please specify any additional activities and strategies your school would like to implement that were not listed above.

17. Does your school currently use crossing guards and/or safety patrollers?

Adult Student

Crossing Guard

Safety Patrol

18. Where are crossing guards/safety patrollers located (if already used at your school) or where are they needed (if you would like to implement them in the future)?

## POTENTIAL SUPPORT FOR SRTS STRATEGY IMPLEMENTATION



19. Are there any organizations affiliated with your school that are working on Safe Routes to School activities? If so, please specify the organization and the activity.

20. Is your school planning on implementing any Safe Routes to School programs in the future?

- Yes
- No

If yes, what programs are they? Would you like help implementing them?