



# PARENT SURVEY

An initiative of: [Healthy Kids, Healthy Communities of Jefferson County](#)

United Way of Central Alabama | YMCA of Greater Birmingham | Jefferson County Department of Health

Regional Planning Commission of Greater Birmingham | Health Action Partnership

## Dear Parent or Guardian:

This survey will provide important information in developing a Safe Routes to Schools program for your school. Safe Routes to School is a national movement to create safe and convenient opportunities for children to walk or bicycle to school. Please take a few minutes to complete this survey (**only one child per form**) and return it to the teacher by Friday, August 19<sup>th</sup>.

1. Name of School: \_\_\_\_\_

2. What is the closest intersection to your home? \_\_\_\_\_

3. What is the approximate distance from your home to the school?

*Note: ¼ mile = 5 minute walk*

- ☐ ¼ mile or less      ☐ ¼ mile to ½ mile      ☐ ½ – 1 mile      ☐ 1 – 2 miles  
☐ more than 2 miles      ☐ Don't know

4. About your child:

Male ☐ Female ☐

Grade: \_\_\_\_\_

5. On most days, how does your child usually travel to school?

- ☐ Walks  
☐ Bikes  
☐ School Bus  
☐ Driven  
☐ Carpools  
☐ Other (skateboard, scooter, etc.)

6. How long does it normally take you child to get to school?

- ☐ Less than 5 minutes  
☐ 5-10 minutes  
☐ 11-20 minutes  
☐ More than 20 minutes  
☐ Don't know/Not sure

7. On most days, how does your child usually travel from school?

- ☐ Walks  
☐ Bikes  
☐ Driven  
☐ School Bus  
☐ Carpools  
☐ Other (skateboard, scooter, etc.)

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

- ☐ Less than 5 minutes  
☐ 5-10 minutes  
☐ 11-20 minutes  
☐ More than 20 minutes  
☐ Don't know/Not sure

9. If you do not allow your child to walk or bike to or from school, what of the following issues affected your decision?  
(Please check up to three.) If you child walks or bikes to school, skip down to question 11.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> It's too far           | <input type="checkbox"/> Speeding cars                    | <input type="checkbox"/> Bullies                         |
| <input type="checkbox"/> Running late/tardiness | <input type="checkbox"/> None or poor condition sidewalks | <input type="checkbox"/> Scary dogs                      |
| <input type="checkbox"/> On the way to work     | <input type="checkbox"/> Dangerous intersections          | <input type="checkbox"/> Child is too young              |
| <input type="checkbox"/> Weather                | <input type="checkbox"/> Stranger Danger                  | <input type="checkbox"/> Child won't follow safety rules |

10. Would you allow your child to walk or bike to or from school if:  
(Please select those which apply, and rate the options on a scale of 1 to 5 (5=most important))

- |   |  |
|---|--|
| <input type="checkbox"/> Accompanied by other children_____                   | <input type="checkbox"/> Sidewalks and paths were improved_____          |
| <input type="checkbox"/> Accompanied by other parents_____                    | <input type="checkbox"/> Safety training were provided for students_____ |
| <input type="checkbox"/> Cars slowed down_____                                | <input type="checkbox"/> Park and walk locations were available_____     |
| <input type="checkbox"/> Police enforcement were increased_____               | <input type="checkbox"/> Other_____                                      |
| <input type="checkbox"/> Crossing guards were at dangerous intersections_____ |  |

11. What concerns do you have about your child's ability to safely walk or bike to school?  
(Please select those which apply, and rate the options on a scale of 1 to 5 (5=most important))

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> It's too steep_____                   | <input type="checkbox"/> Lack of bikeways_____        | <input type="checkbox"/> Lack of safe bike parking_____       |
| <input type="checkbox"/> Weather_____                          | <input type="checkbox"/> Dangerous intersections_____ | <input type="checkbox"/> Child is too young_____              |
| <input type="checkbox"/> Too much to carry_____                | <input type="checkbox"/> Stranger Danger_____         | <input type="checkbox"/> Child won't follow safety rules_____ |
| <input type="checkbox"/> Speeding cars_____                    | <input type="checkbox"/> Bullies_____                 | <input type="checkbox"/> Other_____                           |
| <input type="checkbox"/> None or poor condition sidewalks_____ | <input type="checkbox"/> Scary dogs_____              |   |

12. Aside from safety concerns, how healthy is walking or biking to/from school for children?

- ☐ Very Health   ☐ Healthy   ☐ Neutral   ☐ Unhealthy   ☐ Very Unhealthy

13. What benefits do you see in children walking and biking to school? (Please check up to three.)

- |   |   |
|---|---|
| <input type="checkbox"/> Improved health            | <input type="checkbox"/> We get to know our neighborhood better       |
| <input type="checkbox"/> Child more alert at school | <input type="checkbox"/> Reduces traffic around school                |
| <input type="checkbox"/> Better for the environment | <input type="checkbox"/> Less stressful than driving                  |
| <input type="checkbox"/> Saves money on gas         | <input type="checkbox"/> Child learns traffic rules                   |
| <input type="checkbox"/> Gives me more free time    | <input type="checkbox"/> Child learns responsibility and independence |
| <input type="checkbox"/> Gets me walking and biking | <input type="checkbox"/> Other  |

14. Would you be interested in getting involved with Safe Routes to School? (check all that apply)

- |   | Y                        | N                        |
|---|--------------------------|--------------------------|
| Help identify traffic and other safety issues | <input type="checkbox"/> | <input type="checkbox"/> |
| Accompany kids to school                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Help with events and contest                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____                                   |                          |                          |

If you are interested in getting involved with Safe Routes to School, please provide you name, number and email.

Name\_\_\_\_\_

Number\_\_\_\_\_

Email\_\_\_\_\_

Other Comments\_\_\_\_\_

\_\_\_\_\_