

How Do I Conduct this Bike to School Assessment?

It's easy to get started on your own biking assessment.

STEP 1: FORM YOUR TEAM

You can do an assessment by yourself, but it's a good idea to include school administrators, Parents, Teachers, Students, municipal engineers and planners, or local elected officials. The more input you have and stakeholders you include, the better your assessment will be. Make sure you have a team leader who will collect all the assessments when you finish and summarize the results.

STEP 2: PUT IT ON A MAP

Draw out a route to or from the school that you will follow. Try to include streets where children often walk or bike. We usually recommend that the route be at least one half mile in length, since conditions differ from street to street. You can use paper road maps or prepare your own using Google or Bing. Get more information on preparing maps here: <http://www.saferoutesnj.org/stp/maps/>

STEP 3: PICK A DAY AND TIME

The best time to do perform these assessments are Tuesdays through Thursdays (the "average" school day), during the times when children will be travelling to or from school. However, you can pick a convenient time and date for your assessment.

STEP 4: PREPARE YOUR MATERIALS

Make sure everyone who will be completing an assessment has a copy and map. It's a good idea to bring a camera to take pictures of your route.

STEP 5: READ OVER THE ASSESSMENT TOGETHER, AND GO!

All participants should read over the questions in the assessment carefully before starting. This will help you to understand what to look for when out on the road. Then get out there and help make your community better!

STEP 6: COLLECT ALL THE ASSESSMENTS

Make sure all participants turn in their assessments and photographs to the team leader. The leader should use the assessments to summarize the existing conditions for walking and biking around the school for inclusion in a School Travel Plan document.

General Information

School Name: _____

Municipality: _____ County: _____

Fill out the initial questions:

Today's weather: _____

Today's date: ____/____/20__

Assessment time: Start ____:____ Finish ____:____

Tell us who you are:

- I am a student at this school
What grade are you in? _____
I am a... (circle one): **Boy** **Girl**

- I am parent of a child that attends this school
What is the grade and sex of your child(ren) who attend(s) this school?
Child 1: Grade _____ Sex (Circle one): M / F
Child 2: Grade _____ Sex (Circle one): M / F
Child 3: Grade _____ Sex (Circle one): M / F
Use back of sheet for additional children

- I am a Teacher at this School

- I am an Administrator at this School

- Other, please specify: _____

(Optional) Please provide your contact information:

Name: _____

Address: _____
(Street)

(City State Zip)

Email: _____ @ _____

Telephone _____

BIKE

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1. What is the highest speed limit along your route to school?
 - _____ MPH (*miles per hour*)
 - Not posted
2. Where did you ride? (If you did more than one, check all that apply)
 - On the street
 - On the sidewalk (*verify that riding on the sidewalk is legal in your neighborhood*)
 - On an off-street path or trail

3. Safety and comfort level:

A) If you rode on the sidewalk, were the sidewalks comfortable and safe?

Circle One: **Always** **Sometimes** **Never**

Check any problems you observed:

- Sidewalks or paths started and stopped
- Sidewalks were blocked with parked cars, poles, signs, shrubs, dumpsters, etc.
- Crosswalks not clearly marked
- There were no signals to help me cross
- There no sidewalk ramps at intersections
- Oncoming motor vehicles difficult to see
- Other: _____

Location of problems: _____

B) If you rode on the street (anywhere), did you have a comfortable and safe place to cycle?

Circle One: **Always** **Sometimes** **Never**

Check any problems you observed:

- There were no bicycle lanes or markings
- Traffic lights did not change for me
- Did not feel safe going through intersections
- Any bicycle lanes didn't go where I wanted them to go
- There were dangerous debris (glass, sand, trash, etc.)
- I had to cross a dangerous bridge or other obstacle
- Other: _____

Location of problems: _____

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C) If you rode on an off-street path or trail, did you have a comfortable and safe place to cycle?

Circle One: **Always** **Sometimes** **Never**

Check any problems you observed:

- Path or trail or paths started and stopped
- Path or trail was blocked with poles, signs, shrubbery, dumpsters, etc.
- Road crossings not clearly marked
- There no path or trail ramps at intersections
- Oncoming motor vehicles difficult to see
- Other: _____

Location of problems: _____

4. Was the surface of the sidewalk/trail/street you took easy to ride on?

Circle One: **Always** **Sometimes** **Never**

Check any problems you observed:

- Sidewalks were broken or cracked
- Path or trail was broken or cracked
- There were too many potholes on the road
- The street, path or trail was too bumpy
- There were dangerous grates
- I had to cross dangerous railroad tracks
- Other: _____

Location of problems: _____

5. Did drivers behave safely?

Circle One: **Always** **Sometimes** **Never**

Check any problems you observed:

- Drove too fast
- Drivers were distracted (cell phone, not paying attention, etc.)
- Backed out of driveways without looking
- Passed me too close
- Turned in front of bicyclists traveling through intersections
- Drove through red lights or stop signs
- Yelled or honked at me
- Parked motor vehicles opened a door in front of me
- Other _____

Location of problems: _____

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6. Was it easy to lock your bike at school?

Circle One: **Yes No**

Check any problems you observed:

- There were no bike racks
- The bike racks were too crowded
- It was hard to find the bike racks
- Bike racks were damaged, broken, or not secured to the ground
- My bike would not fit in the bike rack
- It was hard to lock my bike to the rack
- Other _____

Location of problems: _____

7. Was it comfortable and easy for you to bike at the school itself?

Circle One: **Always Sometimes Never**

Check any problems you observed:

- School zone is not clearly marked
- Sidewalks don't go directly to school
- School buses made it hard to cross the street to the school
- I had to pass through a busy motor vehicle pick up/drop off area
- Other _____

8. Overall, how pleasant and easy was your bike to/from school?

Circle One: **Very Good Good Okay Bad Very Bad**

Check any problems you observed:

- There were scary dogs
- There were scary people
- I had to pass scary places (abandoned lots, etc.)
- There was too much trash
- It was easy to get lost
- Other _____

Location of problems: _____

9. Were there any other factors that made it easy or hard to bike to/from your school?

