

How Do I Conduct this Walk to School Assessment?

It's easy to get started on your own walking 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 _____

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1. What is the highest speed limit along your route to school?

- _____ MPH (*miles per hour*)
- Not posted

2. Did you have a comfortable place to walk?

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

Check any problems you observed:

- Sidewalks or paths started and stopped
- Sidewalks were broken or cracked
- Sidewalks were blocked with parked cars, signs, shrubs, dumpsters, etc.
- No sidewalk, paths, shoulders
- Too much traffic
- Other: _____

Location of problems: _____

3. Did you feel safe crossing streets?

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

Check any problems you observed:

- Crosswalks not clearly marked
- There were no signals to help me cross
- There were no sidewalk ramps at intersections
- Oncoming motor vehicles difficult to see
- There were too many motor vehicles
- I had to cross a street with more than four lanes
- Other: _____

Location of problems: _____

4. Were there crossing guards to help you cross streets? (Check all that apply)

- No
- Yes, in the morning
- Yes, in the afternoon
- Yes, but not where I wanted to cross

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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
- Did not stop for people in crosswalks
- Turned into people crossing the street
- Drivers drove through red lights or stop signs
- Other: _____

Location of problems: _____

6. Was it comfortable and easy for you to walk 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: _____

7. Overall, how pleasant and easy was your walk 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: _____

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