

Example School School Travel Plan Parent Survey

Example School, Greater Wellington Regional Council, and Example Council are working together to develop a School Travel Plan.

A School Travel Plan is a series of practical steps for improving children's journeys to and from school. School Travel Plans start by looking in detail at parents' and children's travel needs.

School Travel Plans can help to:

- reduce traffic congestion
- improve health and wellbeing
- increase children's travel options
- reduce pollution in our environment
- enhance local communities

This survey is an important part of your school's Travel Plan. It should be filled in by the person who is most often responsible for arranging the children's travel to/from school.

This survey will take approximately 10 minutes of your time.

The class that returns the most surveys will win a \$100 prize.

If you have any questions, please contact:

Example Name
School Travel Plan Coordinator
Example Council
Tel:
Mobile:
Email:

Thank you for taking the time to complete this survey. Please return it to this school by example date.

Please be assured, your personal details are only used for the purpose of your school's travel plan.

Example Council Logo

SECTION 1: YOUR CHILDREN AND THEIR ROUTE TO SCHOOL

1. Knowing where children start their school journeys from is important for establishing patterns of travel and identifying walking and cycling routes. Please provide the address your children start their journey to school from. *(Please print)*

House / Flat Number	eg. 112, 12A
Street Name and Type	eg. Tui St., Tui Rd. Tui Tce. Tui Pl. etc.
Suburb	eg. Kelburn, Waitangirua, Naenae etc.

2. As far as you know, which of the following are available for your children's journey to this school...

	Yes	No	Unsure
Walking route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking School Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycle route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School bus service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which school entrance do your children usually use?

Entrance A – Example Street	<input type="checkbox"/>
Entrance B – Example Street	<input type="checkbox"/>
Entrance C – Example Street	<input type="checkbox"/>

4. How old are your children at this school? *(Please list oldest child to youngest child)*



Age (years)	5	6	7	8	9	10	11	12	13
Child 1 (oldest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4 (youngest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: YOUR CHILDREN'S TRAVEL TO SCHOOL

5. How do your children usually travel TO this school? *(Please select only one option for each child)*

	Walk	Scooter	Cycle	Family car	Friend's car	School bus	Public bus	Train	Ferry	Other
Child 1 (oldest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4 (youngest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you, or does someone from your household, ever drive your children TO or FROM this school, even for a small part of the journey?


No	<input type="checkbox"/>		Go to Question 16
Yes	<input type="checkbox"/>		Go to Question 7

7. People have various reasons for driving children to and from school. When your children are driven TO or FROM this school is it because... *(Please select all reasons that apply and then the main reason)*

	Select all that apply	What is the main reason? (select one)
It is too far for them to use other travel options	<input type="checkbox"/>	<input type="checkbox"/>
You are worried about your children's road safety	<input type="checkbox"/>	<input type="checkbox"/>
Public transport is not available or is unrealistic for their journey	<input type="checkbox"/>	<input type="checkbox"/>
You are worried about your children's personal safety	<input type="checkbox"/>	<input type="checkbox"/>
You are already driving to/from work or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>
Of the weather	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

MORNINGS

8. Do you, or does someone from your household, usually drive your children TO this school in the morning?

No	<input type="checkbox"/>		Go to Question 11				
Yes	<input type="checkbox"/>	How many mornings per week?	1	2	3	4	5
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. On the mornings that your children are driven TO this school, how often does the driver drop them off and then...


Number of mornings per week	0	1	2	3	4	5
Drive straight home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. On the mornings that your children are driven TO this school, who else is in the car with them other than the driver?

	Select all that apply
Only your children going to this school	<input type="checkbox"/>
Other people's children	<input type="checkbox"/>
Your spouse/partner going to work	<input type="checkbox"/>
Colleague or friend also travelling with you to work or school	<input type="checkbox"/>
Your other children going to childcare, preschool, university, work or a different school	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

AFTERNOONS

11. Do you, or does someone from your household, usually drive your children FROM this school in the afternoon?

No	<input type="checkbox"/>		Go to Question 14				
Yes	<input type="checkbox"/>	How many afternoons per week?	1	2	3	4	5
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. On the afternoons that your children are driven FROM this school, how often does the driver drive to the school from...

Number of afternoons per week	0	1	2	3	4	5
Work or own place of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



13. On the afternoons that your children are driven FROM this school, how often does the driver take them...

Number of afternoons per week	0	1	2	3	4	5
Straight home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else (e.g. after school activities, shopping etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL CARPOOL

A **School Carpool** is an arrangement where children from different households travel to or from school together in the same vehicle on at least one day of the week.

14. If it could be arranged, would you be interested in a School Carpool?



No	<input type="checkbox"/>		Go to Question 16
Yes	<input type="checkbox"/>		Go to Question 15

15. How likely is it that you would use, or increase your use of, carpool arrangements to or from this school if...

	Very likely	Quite likely	Not very likely	Not at all likely
You had met other members of the School Carpool in your area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone organised it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL BUS

16. Is there a school bus service available for your children's journey to this school?

No	<input type="checkbox"/>		Go to Question 18
Yes	<input type="checkbox"/>		Go to Question 17

17. How likely is it that your children would use the school bus service more often than they do now if...

	Very likely	Quite likely	Not very likely	Not at all likely
You had more information about the school bus service in your area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school bus cost less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school bus schedule was more suitable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school bus stop was closer to home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your children were able get to the school bus stop safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school bus stop was safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were not worried about your children being bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CYCLING

18. Do any of your children at this school have access to a bicycle?

No  Go to Question 20

Yes  Go to Question 19

19. How likely is it that your children would cycle to or from this school more often than they do now if...

	Very likely	Quite likely	Not very likely	Not at all likely
They were older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclist skills training was available at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe cycling route to school was available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There were safe places to cross the roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance between home and school was shorter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic on the roads was slower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The roads had less traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure facilities for bikes and belongings were available at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WALKING

20. How likely is it that your children would walk to or from this school or walk more often than they do now if...

	Very likely	Quite likely	Not very likely	Not at all likely
They had friends to walk with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The distance between home and school was shorter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there was somewhere to drop them off part way to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The traffic on the roads was slower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The roads had less traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There were fewer cars stopping or parking near the school gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An adult walked with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe walking route to school was available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There were safe places to cross the roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: YOUR CHILDREN'S TRAVEL SAFETY

21. Please write the age that you think it is appropriate for a child to...

	Fill in age (years)	No age is appropriate	Not Sure
Walk to this school by themselves	_____	<input type="checkbox"/>	<input type="checkbox"/>
Walk to this school with another child	_____	<input type="checkbox"/>	<input type="checkbox"/>
Walk with a Walking School Bus to this school	_____	<input type="checkbox"/>	<input type="checkbox"/>
Take part in cyclist skills training at school	_____	<input type="checkbox"/>	<input type="checkbox"/>
Cycle to this school by themselves	_____	<input type="checkbox"/>	<input type="checkbox"/>
Catch a school bus to this school	_____	<input type="checkbox"/>	<input type="checkbox"/>
Catch a public bus to this school	_____	<input type="checkbox"/>	<input type="checkbox"/>

22. Please indicate the extent that you agree or disagree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Your family knows other people in your neighbourhood quite well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your children's walking route to this school is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Please fill in this table with any locations you believe are unsafe for children walking, cycling or busing to or from this school. For your reference a map is provided on the back of this page.

Location?	Why do you think this area is unsafe?	What do you think would make this location safer?
EXAMPLE <i>Alfred St near Grotto St</i>	<i>Children cross the road unsafely.</i>	<ul style="list-style-type: none"> • <i>Road safety education for children</i> • <i>A patrolled school crossing</i> • <i>Police enforcement of speed limits on Alfred St.</i>

EXAMPLE MAP

SECTION 4: YOUR SCHOOL'S TRAVEL PLAN

24. Which of the following would you be interested in?

Select all that
apply

Helping to develop your school's Travel Plan	<input type="checkbox"/>
Being a contact person for a specific part of the School Travel Plan once developed	<input type="checkbox"/>
Helping monitor a school crossing once a fortnight	<input type="checkbox"/>
Being a volunteer "walking driver" of a Walking School Bus on a roster basis	<input type="checkbox"/>
Being a parent co-ordinator of a Walking School Bus roster	<input type="checkbox"/>
Supervising a meeting point for children using school buses	<input type="checkbox"/>
Helping set up a school carpool	<input type="checkbox"/>
Assisting at an activity day at school	<input type="checkbox"/>
Helping organise a promotional activity for this school (e.g. Walk to School Day, Car Free Day, Environment Day etc.)	<input type="checkbox"/>
Helping at a "Wheels Day" - children bring bikes, scooters and skateboards to school	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

If you indicated that you are interested in any of the above please provide your contact details below. *(Please print)*

Name:

Phone:

Email:

