**\_\_DATE\_\_**

**Safe Routes to School Student Travel Tally**

Dear teacher,

Please complete this survey on **two days** in the coming week. Thank you!

Instructions:

1. Complete the following fields

SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF STUDENTS ENROLLED IN CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MONDAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ask students “How did you arrive at school today?” and “How will you go home after school?” Have students raise their hands for each travel mode and put the **number of students** in the box next to the appropriate response.
2. Do this for two days in the week, on a Tuesday, Wednesday, and/or Thursday.
3. Return to the front office by end of day on **\_\_(day)\_, \_(date)\_.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Weather****S=sunny****R=rainy** | **Total students at time of count** | **Walk** | **Bike** | **School Bus \*** | **Family Vehicle** | **Carpool** | **Transit****(city bus)** | **Other (scooter etc.)** |
|  **Tues AM** |  |  |  |  |  |  |  |  |  |
|  **Tues PM** |  |  |  |  |  |  |  |  |  |
|  **Wed AM** |  |  |  |  |  |  |  |  |  |
|  **Wed PM** |  |  |  |  |  |  |  |  |  |
| **Thurs AM** |  |  |  |  |  |  |  |  |  |
| **Thurs PM** |  |  |  |  |  |  |  |  |  |

\* Daycare van transportation can be counted as school bus.

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*This survey is required for the program that supports Walk to School days, bicycle repair and encouragement activities, safe route mapping, and more.*

 **Thank you for your assistance!**