

SCHOOL TRAVEL PLAN - PARENT QUESTIONNAIRE

Our School is developing a school travel plan which aims to widen journey choice to and from school, reduce traffic congestion and improve health. Your help is needed to provide an accurate picture about journeys to and from school and attitudes to transport issues. Please complete or tick the appropriate boxes leaving blank any you do not feel able to complete. Data from the survey will be treated with the strictest confidence.

1. **Your name**
2. **How many children do you have at this school?**

3. **How does your child usually (i.e. at least 3 days a week) travel to and from school?** (Please tick one box that applies to the main part of the journey)

TO SCHOOL (Please tick one box)

<input type="checkbox"/>	WALK
<input type="checkbox"/>	BICYCLE
<input type="checkbox"/>	BUS
<input type="checkbox"/>	CAR
<input type="checkbox"/>	CAR SHARE
<input type="checkbox"/>	OTHER

FROM SCHOOL (Please tick one box)

<input type="checkbox"/>	WALK
<input type="checkbox"/>	BICYCLE
<input type="checkbox"/>	BUS
<input type="checkbox"/>	CAR
<input type="checkbox"/>	CAR SHARE
<input type="checkbox"/>	OTHER

4. **From the following list, please tick the two most important factors**

- | | |
|---|--------------------------|
| A) Availability of car | <input type="checkbox"/> |
| B) Availability of public transport | <input type="checkbox"/> |
| C) Safety of my child – personal safety | <input type="checkbox"/> |
| D) Safety of my child – road safety | <input type="checkbox"/> |
| E) My child’s preference | <input type="checkbox"/> |
| F) Distance | <input type="checkbox"/> |

Is there anything else which you think is important?

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IF YOUR CHILD TRAVELS TO SCHOOL BY CAR, PLEASE **GO TO QUESTION 5a**
 IF NOT PLEASE **GO TO QUESTION 6**

TRAVELLING BY CAR

5a. **If your child currently travels by car, what prevents him/her walking, cycling or using public transport?**

<input type="checkbox"/>	LACK OF A SAFE ROUTE
<input type="checkbox"/>	CONVENIENCE/TIME
<input type="checkbox"/>	TOO MUCH TRAFFIC
<input type="checkbox"/>	LACK OF CYCLE STORAGE
<input type="checkbox"/>	TOO FAR TO WALK/CYCLE
<input type="checkbox"/>	OTHER

Comments

5b. If you drive your children to school, where do you usually go immediately afterwards?

<input type="checkbox"/>	BACK HOME	<input type="checkbox"/>	TO WORK	<input type="checkbox"/>	TO SHOPS
<input type="checkbox"/>	OTHER	Please state			

5c. What would encourage you to consider changing the way your child travels to and from school e.g. walking or cycling?

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WALKING AND CYCLING

6. If your child already walks, or cycles, what could make their journey safer?

(Please tick all boxes that apply)

<input type="checkbox"/>	ALREADY SAFE	Please comment
<input type="checkbox"/>	CYCLE ROUTES	Please comment
<input type="checkbox"/>	SAFER CROSSING PLACES	Please comment
<input type="checkbox"/>	SAFER PATHS	Please comment
<input type="checkbox"/>	OTHER	Please comment
<input type="checkbox"/>	CYCLE HELMET & REFLECTIVE CLOTHING	Please comment

7. Are there any places on the journey to/from school that you think makes them dangerous for pupils walking and cycling? If so, where are they and why are they dangerous?

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8. School to add in question - seeking opinions on specific school related ideas/initiatives.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

Please return it to your child's teacher as soon a possible.