

School Travel Questionnaire – Parents

Date _____

Your home postcode _____

If you have more than one child at this school, just complete the survey for your oldest child in the school.

1. How old is your child? _____

2. What year is your child in? _____

3. How does your child usually get **to** school? (Please tick ✓ only 1 box)

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Tube | <input type="checkbox"/> Car |
| <input type="checkbox"/> Cycle | <input type="checkbox"/> Train |
| <input type="checkbox"/> Combination (please explain below) | |

4. Who does your child travel **to** school with?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Parent/carer | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Siblings | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Other (please explain below) | |

5. How does your child usually travel **from** school? (Please tick ✓ only 1 box)

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Walk | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Tube | <input type="checkbox"/> Car |
| <input type="checkbox"/> Cycle | <input type="checkbox"/> Train |
| <input type="checkbox"/> Combination (please explain below) | |

6. Who does your child usually travel **from** school with?

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Parent/carer | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Siblings | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Other (please explain below) | |

7. Do you accompany additional children besides your own to school?

Most days Some days Rarely Never

8. Does your child have any disabilities that affect the way she travels?

Yes No

9. Approximately how far do you live from the school?

- 1-2 miles 3-5 miles 5+miles

10. Approximately how long does it take your child to get to school?

- 5-10 min. 45-60 mins
 15-25 mins More than 1 hour
 30-45 mins

11. How safe do you feel your local area is for your child and other children on their way to school? Please tick one description.

- Very safe
 Fairly safe
 Neither safe nor unsafe
 Fairly unsafe
 Very unsafe
 Don't know/not sure

12. Which of the following potential improvements would encourage you to let your child walk to school? Please tick only the 3 most important options.

- Safer road crossings
 Better street lighting
 Cleaner footpaths
 Wider footpaths
 Slower traffic on the route to school
 Less traffic on the route to school
 Someone to walk with on the walk
 Road safety skills training
 Less crime/antisocial behaviour
 Nothing, it's too far
 Other (please explain below)

13. Which of the following potential improvements would encourage you to let your child cycle to school? Please tick only the 3 most important options.

- More segregated cycle lanes
 20 mph zone around the school
 Less traffic
 Someone to ride with
 Cycle skills training
 Route planning assistance
 Showers at the school
 A locker to store their things
 Nothing, it's too far
 Nothing, it's too dangerous
 Other (please explain below)

Please write any additional comments or suggestions about your child's journey to and from school in the space below.