

Grant Required Evaluation Tools



GRANT REQUIREMENT SECTION OVERVIEW

The school districts taking part in this bicycle and pedestrian safety education project play an important role in increasing the active lifestyles of children across Washington State. Measurement is a critical aspect of the project so that participants and funders alike can know whether and to what degree our efforts impact the transportation choices and safety behaviors of children.

The measurement tools included in this section are required as part of the grant:

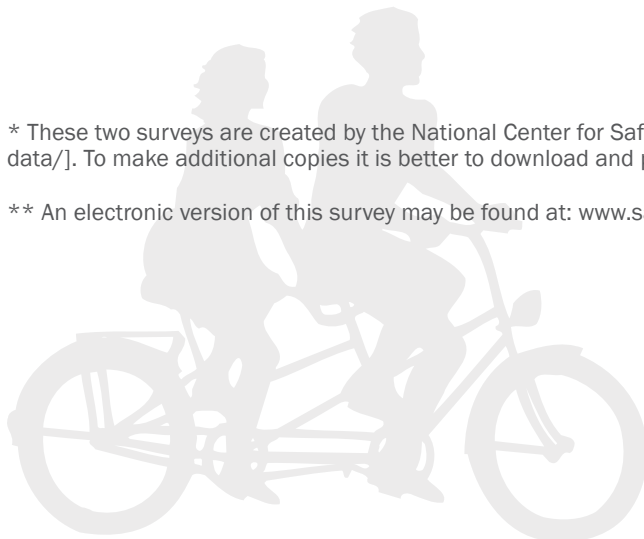
1. Evaluation of training (handed out at end of training)
2. Student Self-Reported Behavior Survey (pre and post) **
3. Safe Routes to School Students Arrival and Departure Tally Sheet* (This form should have already been completed by your school CPPW grant lead)

The following survey is optional:

1. Parent Survey About Walking and Biking to School*

* These two surveys are created by the National Center for Safe Routes to School and may be found at: [www.saferoutes.info.org/data/]. To make additional copies it is better to download and print from this site than to copy the forms from this binder.

** An electronic version of this survey may be found at: www.saferouteswa.org



TIMELINE FOR ADMINISTERING SURVEYS:

BEFORE YOU IMPLEMENT THE PROGRAM:

- Student Self-Reported Behavior Survey (Side 1 of 2-sided survey sheet. File and save these pages to administer side two after the program.)
 - Safe Routes to School Students Arrival and Departure Tally Sheet (This form should have already been completed by your school CPPW grant lead)
 - *Optional:* Parent Survey About Walking and Biking to School (Send home and collect before the program.)
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IMPLEMENT THE PROGRAM

- Lessons 1-8
-

AFTER YOU IMPLEMENT THE PROGRAM:**

- Student Self-Reported Behavior Survey (Side 2 of 2-sided survey sheet. Match students to their original surveys.)
 - Safe Routes to School Students Arrival and Departure Tally Sheet (Your school lead will complete this form.)
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****WHAT TO DO WITH THE COMPLETED TALLIES AND SURVEYS:**

After all paper surveys and tallies are complete, mail the entire set (before and after) to:

BICYCLE ALLIANCE OF WASHINGTON
ATTN: JOHN VANDER SLUIS
309A THIRD AVENUE SOUTH
SEATTLE WA 98104

A self-addressed, stamped envelope will be provided at the training.

Safe Routes to School Students Arrival and Departure Tally Sheet

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name: Teacher's First Name: Teacher's Last Name:

Grade: (PK,K,1,2,3...) Monday's Date (Week count was conducted) Number of Students Enrolled in Class:

0 2 M M D D Y Y Y Y 1 5

- Please conduct these counts **on two of the following three days Tuesday, Wednesday, or Thursday. (Three days would provide better data if counted)**
- **Please do not conduct these counts on Mondays or Fridays.**
- Before asking your students to raise their hands, please read through all possible answer choices so they will know their choices. Each Student may only answer once.
- Ask your students as a group the question **"How did you arrive at school today?"**
- Then, reread each answer choice and record the number of students that raised their hands for each. **Place just one character or number in each box.**
- Follow the same procedure for the question **"How do you plan to leave for home after school?"**
- You can conduct the counts once per day but during the count please ask students both the school arrival and departure questions.
- Please conduct this count regardless of weather conditions (i.e., ask these questions on rainy days, too).

Step 1.
Fill in the weather conditions and number of students in each class

Step 2.
AM – "How did you arrive at school today?" Record the number of hands for each answer.
PM – "How do you plan to leave for home after school?" Record the number of hands for each answer.

Key	Weather	Student Tally	Walk	Bike	School Bus	Family Vehicle	Carpool	Transit	Other
	S= sunny R= rainy O=overcast SN=snow	Number in class when count made	-	-	-	Only with Children from your family	Riding with children from other families	City bus, subway, etc.	Skate-board, scooter, etc.
Sample AM	S N	2 0	2	3	8	3		3	1
Sample PM	R	1 9	3	3	8	1	2	2	
Tues. AM									
Tues. PM									
Wed. AM									
Wed. PM									
Thurs. AM									
Thurs. PM									

Please list any disruptions to these counts or any unusual travel conditions to/from the school on the days of the tally.

+ +

8. Has your child asked you for permission to walk or bike to/from school in the last year? Yes No

9. At what grade would you allow your child to walk or bike to/from school without an adult?
(Select a grade between PK,K,1,2,3...) grade (or) I would not feel comfortable at any grade

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

10. What of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school? (Select ALL that apply)

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (Select one choice per line, mark box with X)

- Distance..... Yes No Not Sure
- Convenience of driving..... Yes No Not Sure
- Time..... Yes No Not Sure
- Child's before or after-school activities..... Yes No Not Sure
- Speed of traffic along route..... Yes No Not Sure
- Amount of traffic along route..... Yes No Not Sure
- Adults to walk or bike with..... Yes No Not Sure
- Sidewalks or pathways..... Yes No Not Sure
- Safety of intersections and crossings..... Yes No Not Sure
- Crossing guards..... Yes No Not Sure
- Violence or crime..... Yes No Not Sure
- Weather or climate..... Yes No Not Sure

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?

- Strongly Encourages Encourages Neither Discourages Strongly Discourages

13. How much fun is walking or biking to/from school for your child?

- Very Fun Fun Neutral Boring Very Boring

14. How healthy is walking or biking to/from school for your child?

- Very Healthy Healthy Neutral Unhealthy Very Unhealthy

Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box

15. What is the highest grade or year of school you completed?

- Grades 1 through 8 (Elementary) College 1 to 3 years (Some college or technical school)
- Grades 9 through 11 (Some high school) College 4 years or more (College graduate)
- Grade 12 or GED (High school graduate) Prefer not to answer

16. Please provide any additional comments below.

PRE-SURVEY: STUDENT SELF-REPORTED BEHAVIOR SURVEY

Students complete this survey **BEFORE BEGINNING** the education program.

School Name: _____ Teacher Name: _____

Student Name: _____ Date: _____

Instructions: Check off the box on each line that best describes your current behavior.

IN GENERAL, HOW LIKELY ARE YOU TO...	NEVER	I THINK ABOUT IT	SOME OF THE TIME	ALWAYS	DOES NOT APPLY TO ME
1. Walk to school?					
2. Ride a bicycle to school?					

WHEN YOU WALK, HOW LIKELY ARE YOU TO...	NEVER	I THINK ABOUT IT	SOME OF THE TIME	ALWAYS	DOES NOT APPLY TO ME
3. Go to a corner to cross rather than crossing in the middle of a block?					
4. Make eye contact with a driver before crossing the street?					
5. Walk on the left side of the street if there is no sidewalk					
6. Notice how things in your environment affect your safety?					
7. Keep looking for cars as you cross the street?					

WHEN YOU RIDE A BICYCLE, HOW LIKELY ARE YOU TO...	NEVER	I THINK ABOUT IT	SOME OF THE TIME	ALWAYS	DOES NOT APPLY TO ME
8. Wear a helmet?					
9. Use hand signals to tell others where you are going next?					
10. Ride on the right side of the road?					
11. Stop and look before riding into a street from a driveway or alley?					
12. Make a full stop at a stop sign?					

POST-SURVEY: STUDENT SELF-REPORTED BEHAVIOR SURVEY

Students complete this survey **AFTER COMPLETING** the education program.

School Name: _____ Teacher Name: _____

Student Name: _____ Date: _____

Instructions: Check off the box on each line that best describes your current behavior.

IN GENERAL, HOW LIKELY ARE YOU TO...	NEVER	I THINK ABOUT IT	SOME OF THE TIME	ALWAYS	DOES NOT APPLY TO ME
1. Walk to school?					
2. Ride a bicycle to school?					

WHEN YOU WALK, HOW LIKELY ARE YOU TO...	NEVER	I THINK ABOUT IT	SOME OF THE TIME	ALWAYS	DOES NOT APPLY TO ME
3. Go to a corner to cross rather than crossing in the middle of a block?					
4. Make eye contact with a driver before crossing the street?					
5. Walk on the left side of the street if there is no sidewalk					
6. Notice how things in your environment affect your safety?					
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