



Application

17069 - 2022 Safe Routes to School Infrastructure

17494 - Koehler Road/Edgerton Street Trail: Edgerton Street to Centerville Road

Regional Solicitation - Bicycle and Pedestrian Facilities

Status:

Submitted

Submitted Date:

04/11/2022 1:08 PM

Primary Contact

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He/him/his

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55112

City

State/Province

Postal Code/Zip

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What Grant Programs are you most interested in?

Regional Solicitation - Roadways Including Multimodal Elements

Organization Information

Name:

RAMSEY COUNTY

Jurisdictional Agency (if different):

Organization Type:

County Government

Organization Website:

Address:

DEPT OF PUBLIC WORKS

1425 PAUL KIRKWOOD DR

*

ARDEN HILLS

Minnesota

55112

City

State/Province

Postal Code/Zip

County:

Ramsey

Phone:*

651-266-7100

Ext.

Fax:

PeopleSoft Vendor Number

0000023983A30

Project Information

Project Name

Koehler Road/Edgerton Street (CSAH 14) Trail

Primary County where the Project is Located

Ramsey

Cities or Townships where the Project is Located:

Vadnais Heights

Jurisdictional Agency (If Different than the Applicant):

Brief Project Description (Include location, road name/functional class, type of improvement, etc.)

Shared use path along Koehler Road/Edgerton Street (CSAH 14) along the north side of Koehler Road and the east side of Edgerton Street from the northerly intersection of Edgerton Street and Koehler Road to Centerville Road, including ADA ramps, pedestrian crossings and RRFB. Edgerton Street and Koehler Road are designated as "Other Arterial" on Met Council's functional classification map.

(Limit 2,800 characters; approximately 400 words)

TRANSPORTATION IMPROVEMENT PROGRAM (TIP) DESCRIPTION - will be used in TIP if the project is selected for funding. See MnDOT's TIP description guidance.

Koehler Road/Edgerton Street (CSAH 14) Trail: From the Northerly Intersection of Edgerton Street and Koehler Road to Centerville Road

Include both the CSAH/MSAS/TH references and their corresponding street names in the TIP Description (see Resources link on Regional Solicitation webpage for examples).

Project Length (Miles)

0.48

to the nearest one-tenth of a mile

Project Funding

Are you applying for competitive funds from another source(s) to implement this project? No

If yes, please identify the source(s)

Federal Amount \$557,653.68

Match Amount \$139,413.42

Minimum of 20% of project total

Project Total \$697,067.10

For transit projects, the total cost for the application is total cost minus fare revenues.

Match Percentage 20.0%

Minimum of 20%

Compute the match percentage by dividing the match amount by the project total

Source of Match Funds Ramsey County and City of Vadnais Heights

A minimum of 20% of the total project cost must come from non-federal sources; additional match funds over the 20% minimum can come from other federal sources

Preferred Program Year

Select one: 2026

Select 2024 or 2025 for TDM and Unique projects only. For all other applications, select 2026 or 2027.

Additional Program Years: 2024, 2025

Select all years that are feasible if funding in an earlier year becomes available.

Project Information

County, City, or Lead Agency Ramsey County

Zip Code where Majority of Work is Being Performed 55127

(Approximate) Begin Construction Date 06/01/2026

(Approximate) End Construction Date 09/30/2026

Name of Trail/Ped Facility: Koehler Road/Edgerton Street (CSAH 14) Trail

(i.e., CEDAR LAKE TRAIL)

TERMINI:(Termini listed must be within 0.3 miles of any work)

From:
(Intersection or Address) Northerly Intersection of Koehler Road/Edgerton Street

To:
(Intersection or Address) Centerville Road

*DO NOT INCLUDE LEGAL DESCRIPTION; INCLUDE NAME OF ROADWAY
IF MAJORITY OF FACILITY RUNS ADJACENT TO A SINGLE CORRIDOR*

Or At:

Miles of trail (nearest 0.1 miles): 0.48

Miles of trail on the Regional Bicycle Transportation Network
(nearest 0.1 miles): 0

Is this a new trail?

Yes

Primary Types of Work

Grade, Aggregate Base, Bituminous Surface, Concrete Curb & Gutter, ADA, Pedestrian Ramps, RRFB, Drainage, Landscaping, Fencing/Retaining Wall

Examples: GRADE, AGG BASE, BIT BASE, BIT SURF, SIDEWALK, SIGNALS, LIGHTING, GUARDRAIL, BIKE PATH, PED RAMPS, BRIDGE, PARK AND RIDE, ETC.

BRIDGE/CULVERT PROJECTS (IF APPLICABLE)

Old Bridge/Culvert No.:

New Bridge/Culvert No.:

Structure is Over/Under
(Bridge or culvert name):

Requirements - All Projects

All Projects

1. The project must be consistent with the goals and policies in these adopted regional plans: Thrive MSP 2040 (2014), the 2040 Transportation Policy Plan (2018), the 2040 Regional Parks Policy Plan (2018), and the 2040 Water Resources Policy Plan (2015).

Check the box to indicate that the project meets this requirement. Yes

2. The project must be consistent with the 2040 Transportation Policy Plan. Reference the 2040 Transportation Plan goals, objectives, and strategies that relate to the project.

A. Safety/Security (P 2.5-2.9)

The project will remove the need for bikers and walkers to use the existing paved roadway shoulder next to a high traffic volume, high speed county road. New and improved ADA and pedestrian crossing facilities and a new RRFB will also make it safer for disabled individuals, parents with strollers, young children, elderly individuals and the general public to safely cross Koehler Road and Edgerton Street along the project segment.

B. Access to Destinations (P 2.10-2.25)

Key destinations directly benefiting from the project include Vadnais Heights Elementary School and various retail, office and medical destinations east of Centerville Road, including a Walmart. When the future Vadnais Boulevard Trail is constructed, Vadnais Lake and the future Trout Brook Regional Trail will also be key destinations of Koehler Road/Edgerton Street Trail users.

Briefly list the goals, objectives, strategies, and associated pages:

C. Competitive Economy (P 2.26-2.29)

The project will directly connect to a Tier 1 RBTN along Centerville Road. It will also eventually connect to Vadnais Lake, Vadnais Snail Lakes Regional Park and the future Trout Brook Regional Trail.

D. Healthy and Equitable Communities (P 2.30-2.34)

The new multiuse separated trail, ADA improvements, RRFB and pedestrian crossing improvements will provide a healthy lifestyle choice for 365 Vadnais Heights Elementary School students, including 44 percent (161) BIPOC. 343 people within ½ mile of the project that have a

disability will also realize improved overall quality of life and improved health as a result of the project.

(Limit 2,800 characters; approximately 400 words)

3. The project or the transportation problem/need that the project addresses must be in a local planning or programming document. Reference the name of the appropriate comprehensive plan, regional/statewide plan, capital improvement program, corridor study document [studies on trunk highway must be approved by the Minnesota Department of Transportation and the Metropolitan Council], or other official plan or program of the applicant agency [includes Safe Routes to School Plans] that the project is included in and/or a transportation problem/need that the project addresses.

Ramsey County 2022-2026 Transportation Improvement Program (TIP) - attached

List the applicable documents and pages: Unique projects are exempt from this qualifying requirement because of their innovative nature.

City of Vadnais Heights 2040 Comprehensive Plan - attached

Ramsey County Bike and Pedestrian Plan - attached

(Limit 2,800 characters; approximately 400 words)

4. The project must exclude costs for studies, preliminary engineering, design, or construction engineering. Right-of-way costs are only eligible as part of transit stations/stops, transit terminals, park-and-ride facilities, or pool-and-ride lots. Noise barriers, drainage projects, fences, landscaping, etc., are not eligible for funding as a standalone project, but can be included as part of the larger submitted project, which is otherwise eligible. Unique project costs are limited to those that are federally eligible.

Check the box to indicate that the project meets this requirement. Yes

5. Applicant is a public agency (e.g., county, city, tribal government, transit provider, etc.) or non-profit organization (TDM and Unique Projects applicants only). Applicants that are not State Aid cities or counties in the seven-county metro area with populations over 5,000 must contact the MnDOT Metro State Aid Office prior to submitting their application to determine if a public agency sponsor is required.

Check the box to indicate that the project meets this requirement. Yes

6. Applicants must not submit an application for the same project in more than one funding sub-category.

Check the box to indicate that the project meets this requirement. Yes

7. The requested funding amount must be more than or equal to the minimum award and less than or equal to the maximum award. The cost of preparing a project for funding authorization can be substantial. For that reason, minimum federal amounts apply. Other federal funds may be combined with the requested funds for projects exceeding the maximum award, but the source(s) must be identified in the application. Funding amounts by application category are listed below in Table 1. For unique projects, the minimum award is \$500,000 and the maximum award is the total amount available each funding cycle (approximately \$4,000,000 for the 2020 funding cycle).

Multiuse Trails and Bicycle Facilities: \$250,000 to \$5,500,000

Pedestrian Facilities (Sidewalks, Streetscaping, and ADA): \$250,000 to \$2,000,000

Safe Routes to School: \$250,000 to \$1,000,000

Check the box to indicate that the project meets this requirement. Yes

8. The project must comply with the Americans with Disabilities Act (ADA).

Check the box to indicate that the project meets this requirement. Yes

9. In order for a selected project to be included in the Transportation Improvement Program (TIP) and approved by USDOT, the public agency sponsor must either have a current Americans with Disabilities Act (ADA) self-evaluation or transition plan that covers the public right of way/transportation, as required under Title II of the ADA. The plan must be completed by the local agency before the Regional Solicitation application deadline. For the 2022 Regional Solicitation funding cycle, this requirement may include that the plan is updated within the past five years.

The applicant is a public agency that employs 50 or more people and has a completed ADA transition plan that covers the public right of way/transportation. Yes

Date plan completed: 06/02/1997

Link to plan: The Ramsey County ADA Transition Plan is provided as an attachment to this submittal.

The applicant is a public agency that employs fewer than 50 people and has a completed ADA self-evaluation that covers the public right of way/transportation.

Date self-evaluation completed:

Link to plan:

Upload plan or self-evaluation if there is no link 1645824888678_1997 RC ADA Transition Plan.pdf

Upload as PDF

10. The project must be accessible and open to the general public.

Check the box to indicate that the project meets this requirement. Yes

11. The owner/operator of the facility must operate and maintain the project year-round for the useful life of the improvement, per FHWA direction established 8/27/2008 and updated 6/27/2017. Unique projects are exempt from this qualifying requirement.

Check the box to indicate that the project meets this requirement. Yes

12. The project must represent a permanent improvement with independent utility. The term independent utility means the project provides benefits described in the application by itself and does not depend on any construction elements of the project being funded from other sources outside the regional solicitation, excluding the required non-federal match.

Projects that include traffic management or transit operating funds as part of a construction project are exempt from this policy.

Check the box to indicate that the project meets this requirement. Yes

13. The project must not be a temporary construction project. A temporary construction project is defined as work that must be replaced within five years and is ineligible for funding. The project must also not be staged construction where the project will be replaced as part of future stages. Staged construction is eligible for funding as long as future stages build on, rather than replace, previous work.

Check the box to indicate that the project meets this requirement. Yes

14. The project applicant must send written notification regarding the proposed project to all affected state and local units of government prior to submitting the application.

Check the box to indicate that the project meets this requirement. Yes

Requirements - Bicycle and Pedestrian Facilities Projects

1. All projects must relate to surface transportation. As an example, for multiuse trail and bicycle facilities, surface transportation is defined as primarily serving a commuting purpose and/or that connect two destination points. A facility may serve both a transportation purpose and a recreational purpose; a facility that connects people to recreational destinations may be considered to have a transportation purpose.

Check the box to indicate that the project meets this requirement. Yes

Multiuse Trails on Active Railroad Right-of-Way:

2.All multiuse trail projects that are located within right-of-way occupied by an active railroad must attach an agreement with the railroad that this right-of-way will be used for trail purposes.

Check the box to indicate that the project meets this requirement.

[Upload Agreement PDF](#)

Check the box to indicate that the project is not in active railroad right-of-way. Yes

Multiuse Trails and Bicycle Facilities projects only:

3.All applications must include a letter from the operator of the facility confirming that they will remove snow and ice for year-round bicycle and pedestrian use. The Minnesota Pollution Control Agency has a resource for best practices when using salt. Upload PDF of Agreement in Other Attachments.

Check the box to indicate that the project meets this requirement. Yes

[Upload PDF of Agreement in Other Attachments.](#)

Safe Routes to School projects only:

4.All projects must be located within a two-mile radius of the associated primary, middle, or high school site.

Check the box to indicate that the project meets this requirement. Yes

5.All schools benefitting from the SRTS program must conduct after-implementation surveys. These include the student travel tally form and the parent survey available on the National Center for SRTS website. The school(s) must submit the after-evaluation data to the National Center for SRTS within a year of the project completion date. Additional guidance regarding evaluation can be found at the MnDOT SRTS website.

Check the box to indicate that the applicant understands this requirement and will submit data to the National Center for SRTS within one year of project completion. Yes

Requirements - Bicycle and Pedestrian Facilities Projects

Specific Roadway Elements

| CONSTRUCTION PROJECT ELEMENTS/COST ESTIMATES | Cost |
|--|-------------|
| Mobilization (approx. 5% of total cost) | \$31,000.00 |
| Removals (approx. 5% of total cost) | \$58,066.00 |
| Roadway (grading, borrow, etc.) | \$0.00 |
| Roadway (aggregates and paving) | \$0.00 |
| Subgrade Correction (muck) | \$0.00 |
| Storm Sewer | \$0.00 |
| Ponds | \$0.00 |
| Concrete Items (curb & gutter, sidewalks, median barriers) | \$43,850.00 |
| Traffic Control | \$16,200.00 |
| Striping | \$0.00 |
| Signing | \$0.00 |

| | |
|---|---------------------|
| Lighting | \$0.00 |
| Turf - Erosion & Landscaping | \$69,108.50 |
| Bridge | \$0.00 |
| Retaining Walls | \$60,840.00 |
| Noise Wall (not calculated in cost effectiveness measure) | \$0.00 |
| Traffic Signals | \$0.00 |
| Wetland Mitigation | \$0.00 |
| Other Natural and Cultural Resource Protection | \$0.00 |
| RR Crossing | \$0.00 |
| Roadway Contingencies | \$0.00 |
| Other Roadway Elements | \$0.00 |
| Totals | \$279,064.50 |

Specific Bicycle and Pedestrian Elements

| CONSTRUCTION PROJECT ELEMENTS/COST ESTIMATES | Cost |
|--|---------------------|
| Path/Trail Construction | \$237,324.75 |
| Sidewalk Construction | \$0.00 |
| On-Street Bicycle Facility Construction | \$0.00 |
| Right-of-Way | \$0.00 |
| Pedestrian Curb Ramps (ADA) | \$12,500.00 |
| Crossing Aids (e.g., Audible Pedestrian Signals, HAWK) | \$52,000.00 |
| Pedestrian-scale Lighting | \$0.00 |
| Streetscaping | \$0.00 |
| Wayfinding | \$0.00 |
| Bicycle and Pedestrian Contingencies | \$116,177.85 |
| Other Bicycle and Pedestrian Elements | \$0.00 |
| Totals | \$418,002.60 |

Specific Transit and TDM Elements

| CONSTRUCTION PROJECT ELEMENTS/COST ESTIMATES | Cost |
|--|--------|
| Fixed Guideway Elements | \$0.00 |
| Stations, Stops, and Terminals | \$0.00 |
| Support Facilities | \$0.00 |

| | |
|---|---------------|
| Transit Systems (e.g. communications, signals, controls, fare collection, etc.) | \$0.00 |
| Vehicles | \$0.00 |
| Contingencies | \$0.00 |
| Right-of-Way | \$0.00 |
| Other Transit and TDM Elements | \$0.00 |
| Totals | \$0.00 |

Transit Operating Costs

| | |
|---|--------|
| Number of Platform hours | 0 |
| Cost Per Platform hour (full loaded Cost) | \$0.00 |
| Subtotal | \$0.00 |
| Other Costs - Administration, Overhead,etc. | \$0.00 |

Totals

| | |
|------------------------------|--------------|
| Total Cost | \$697,067.10 |
| Construction Cost Total | \$697,067.10 |
| Transit Operating Cost Total | \$0.00 |

Measure 1A: Relationship Between Safe Routes to School Program Elements

Evaluation: The principal at Vadnais Heights Elementary School estimates that less than 1 percent of students currently bike or walk to school because of unsafe conditions. Students that do bike or walk to school must have a parent permission letter on file with the school. A fall of 2021 parent survey (attached) indicated 37 families would allow their children to bike or walk to school if the project was constructed.

Education: Teachers regularly communicate with students about bicycle and pedestrian safety and the health benefits of biking and walking as part of PE and health classes. Students will learn basic traffic safety, sign identification and decision-making tools such as look left, right and left again. This includes in-class lessons, mock street scenarios and on-street practice. Students will also have bicycle safety training to understand they have the same responsibility as motorists to obey traffic laws. Walk and Bike to School Maps will help families choose the best route to walk/bike to school. Maps can also lead to encouragement for children to bike or walk to school.

Response:

Encouragement: Parent/PTA workshops will be held to educate parents and provide resources. Topics will include starting a walking school bus, carpool matching, launching a safety campaign or organizing a Walk and Bike to School Day.

Equity: 44 percent of the Vadnais Heights Elementary enrollment are students of color and 33 percent qualify for free/reduced lunch. The Ramsey County All Abilities resolution (attached) commits Ramsey County to creating and maintaining a transportation system that provides equitable access for all people regardless of race, ethnicity, age, gender, sexual preference, health, education,

abilities and economics.

Engagement: The Koehler Road Task Force involving broad community representation and a project website were both launched in 2018. The project website has collected 627 page views. A fall parent survey collected 67 written responses. Project information was distributed at a February parent/teacher conference to 365 students. A May project open house meeting is also scheduled.

Engineering: The City is committed to implementing pedestrian, bicycle and overall accessibility improvements including construction of a new multiuse trail, ADA pedestrian ramps, enhanced pedestrian crossing markings and installation of a Rectangular Rapid Flashing Beacon (RRFB). These improvements will maximize safety for all users, especially children walking and biking to Vadnais Heights Elementary School. Improvements will be engineered to provide full accessibility to all users.

(Limit 2,800 characters; approximately 400 words)

Measure A: Project Location and Impact to Disadvantaged Populations

Select one:

The project, or the issue/barrier being addressed by the project, is specifically named in an adopted Safe Routes to School plan*

** The Minnesota Department of Transportation has a grant award program for Safe Routes to School Planning.*

The project, while not specifically named, is consistent with an adopted Safe Routes to School plan highlighting at least one of the school(s) to which it is meant to provide access

The project is identified in a locally adopted transportation/mobility plan or study and would make a safety improvement, reduce traffic or improve air quality at or near a school

Yes

The school(s) in question do not have Safe Routes to School plan(s)

Measure A: Average share of student population that bikes or walks

Average Percent of Student Population

1.0%

Documentation Attachment

1646832552523_Parent Survey ALL.pdf

Please upload attachment in PDF form.

Measure B: Student Population

Student population within one mile of the school

300.0

Measure A: Engagement

i. Describe any Black, Indigenous, and People of Color populations, low-income populations, disabled populations, youth, or older adults within a ½ mile of the proposed project. Describe how these populations relate to regional context. Location of affordable housing will be addressed in Measure C.

ii. Describe how Black, Indigenous, and People of Color populations, low-income populations, persons with disabilities, youth, older adults, and residents in affordable housing were engaged, whether through community planning efforts, project needs identification, or during the project development process.

iii. Describe the progression of engagement activities in this project. A full response should answer these questions:

White Bear Lake Area Schools are very diverse, with students speaking 53 home languages. The U.S Census Bureau population within ½ mile of the project along Koehler Road near Vadnais Heights Elementary School is approximately 3,425. Of this population, 73 percent (2,500 people) are White and 27 percent (925 people) are BIPOC compared to approximately 69 percent White and 29 percent BIPOC for the Region. Of the Vadnais Heights Elementary School total enrollment of 365, 56 percent (204 people) are White and 44 percent (161 people) are BIPOC. Twenty-three percent (788 people) within ½ mile of the project are 18 or younger compared to approximately 13 percent for the Region. Thirteen percent (445 people) within ½ mile of the project are 65 or older compared to approximately 7 percent for the Region. Also, 10 percent (343 people) within ½ mile of the project have a disability.

Response:

The Ramsey County All Abilities Transportation Network Policy adopted in 2016 (attached) formally commits Ramsey County to creating and maintaining a transportation system that provides equitable access for all people regardless of race, ethnicity, age, gender, sexual preference, health, education, abilities and economics. Ramsey County strategic priorities for Advancing Racial Equity and Shared Community Power and Economic Competitiveness and Inclusion (attached) also emphasize the importance Ramsey County places on equitable community engagement.

Ramsey County, in cooperation with the Koehler Road Task Force, the City of Vadnais Heights, Vadnais Heights Elementary School and White Bear Lake Area Schools have collaborated to provide a wide variety of project specific public engagement opportunities for all individuals dating back to 2018. This includes parents, students, general citizenry, adjacent property owners and

equity populations (see attached Koehler Road Task Force 1-pager). In addition to the Koehler Road Task Force, additional public engagement activities discussing the project have occurred as part of the City of Vadnais Heights 2040 Comprehensive Plan and development of the Connected Ramsey Communities Bicycle Network. More recently, public engagement for the project has taken place as part of a fall 2022 parent survey and February 2022 parent-teacher conferences. A project website was launched in August 2018 that has resulted in 627 page views. A May open house meeting that will target equity populations and adjacent property owners as well as businesses and the general public is also scheduled.

(Limit 2,800 characters; approximately 400 words):

Measure B: Equity Population Benefits and Impacts

Describe the projects benefits to Black, Indigenous, and People of Color populations, low-income populations, children, people with disabilities, youth, and older adults. Benefits could relate to:

This is not an exhaustive list. A full response will support the benefits claimed, identify benefits specific to Equity populations residing or engaged in activities near the project area, identify benefits addressing a transportation issue affecting Equity populations specifically identified through engagement, and substantiate benefits with data.

Acknowledge and describe any negative project impacts to Black, Indigenous, and People of Color populations, low-income populations, children, people with disabilities, youth, and older adults. Describe measures to mitigate these impacts. Unidentified or unmitigated negative impacts may result in a reduction in points.

Below is a list of potential negative impacts. This is not an exhaustive list.

As illustrated on the attached project location map, for equity populations and others living north of Lake Vadnais and west of Centerville Road, Koehler Road provides the only direct access to Vadnais Heights Elementary School and other major destinations just east of the Koehler Road/Centerville Road intersection including Vadnais Heights City Hall, a Walmart and various restaurants, banks and medical services. The equity population directly benefiting from the project is large, with an estimated 925 BIPOC population and 445 elderly population within ½ mile of Koehler Road and 161 BIPOC students at Vadnais Heights Elementary School. The Koehler Road trail project will greatly improve the overall biking and walking experience, safety, travel times and personal health for all equity populations.

Response:

As a result of the project, these equity populations will no longer need to dangerously walk or bike along the roadway shoulder in close proximity to heavy traffic volumes of 3,000 AADT and vehicles regularly driving well in excess of the posted 30 mile per hour speed limit. The new pedestrian crossing of Koehler Road just south of Edgerton Street will also allow equity populations traveling from neighborhoods south of Koehler Road to safely cross the roadway and use the trail on the north side of the road. New ADA compliant pedestrian ramps at the intersections of Koehler Road/Edgerton Street, Koehler Road/Searle Court and Koehler Road/Centerville Road will improve safety, mobility and access for 343 disabled residents that live within ½ mile of the project along with other ADA ramp users such as parents with baby strollers and rollerbladers.

Another equity population benefit of the project will be its connection to planned regional and county trail facilities. The new Koehler Road trail will connect to Centerville Road, which is a planned

RBTN alignment. Additionally, Ramsey County is currently studying a potential future trail along Vadnais Boulevard and Centerville Road from Rice Street to Koehler Road that would provide a scenic lake experience for equity populations biking or walking along the Koehler Road trail. All of the above referenced improvements will benefit equity populations while avoiding negative impacts to these users.

(Limit 2,800 characters; approximately 400 words):

Measure C: Affordable Housing Access

Describe any affordable housing development existing, under construction, or planned within ½ mile of the proposed project. The applicant should note the number of existing subsidized units, which will be provided on the Socio-Economic Conditions map. Applicants can also describe other types of affordable housing (e.g., naturally-occurring affordable housing, manufactured housing) and under construction or planned affordable housing that is within a half mile of the project. If applicable, the applicant can provide self-generated PDF maps to support these additions. Applicants are encouraged to provide a self-generated PDF map describing how a project connects affordable housing residents to destinations (e.g., childcare, grocery stores, schools, places of worship).

Describe the project's benefits to current and future affordable housing residents within ½ mile of the project. Benefits must relate to affordable housing residents. Examples may include:

This is not an exhaustive list. Since residents of affordable housing are more likely not to own a private vehicle, higher points will be provided to roadway projects that include other multimodal access improvements. A full response will support the benefits claimed, identify benefits specific to residents of affordable housing, identify benefits addressing a transportation issue affecting residents of affordable housing specifically identified through engagement, and substantiate benefits with data.

Existing land use north, south and west of the project along Koehler Road is single family residential. East of Centerville Road land uses include mixed density residential and commercial. There are 182 publicly subsidized housing units and 325 households with annual incomes less than the poverty rate of \$35,000 within ½ mile of the project. Four-hundred twenty households within ½ mile of the project are also cost burdened, spending more than 30 percent of their income on housing.

The new separated trail along the north side of Koehler Road will allow Vadnais Height Elementary School students and other residents living in these affordable housing units to bike and walk on a safe paved facility separated from the roadway, instead of using the dangerous roadway shoulder in close proximity to traffic.

Response:

With existing sidewalks currently in-place on the north and south sides of County Road E east of Centerville Road, the new Koehler Road trail connection to the Centerville Road/Koehler Road/County Road E intersection will also provide a safe biking and walking experience for students and other affordable housing residents to access jobs and essential living needs at a Walmart, various medical providers, restaurants and other commercial and office destinations located just three blocks east of the project.

New ADA ramps located at five locations along the project corridor will provide a safer environment for pedestrians, bicyclists, parents with strollers and affordable housing students and other residents that have a disability to safely travel on and off the new trail from the adjacent roadway. The new pedestrian crossing of Koehler Road just east of Edgerton Street and new pedestrian crossing and RRFB along Edgerton Street at its northerly

intersection with Koehler Road will provide a safe pedestrian crossings for affordable housing residents to access the new trail north of Koehler Road and east of Edgerton Street.

(Limit 2,800 characters; approximately 400 words):

Measure D: BONUS POINTS

Project is located in an Area of Concentrated Poverty:

Projects census tracts are above the regional average for population in poverty or population of color (Regional Environmental Justice Area):

Yes

Project located in a census tract that is below the regional average for population in poverty or populations of color (Regional Environmental Justice Area):

Upload the Socio-Economic Conditions map used for this measure.

1647263296174_Socio-Economic Conditions Map.pdf

Measure A: Gaps, Barriers, and Continuity/Connections

As illustrated on the attached Vadnais Heights Boundary Map, Koehler Road/Edgerton Street provides the only route for most students residing north of Lake Vadnais and west of Centerville Road to walk or bike to school. Existing conditions include a two lane road with a paved shoulder, an existing AADT of 3,000 and a posted speed limit of 30 MPH. Vehicles regularly travel in excess of this posted speed.

The lack of existing bike or pedestrian facilities along the project segment currently creates a barrier for students to safely walk or bike to Vadnais Heights Elementary School. Due to large wetland complexes existing roadways are oriented in a manner that results in no parallel routes to Koehler Road/Edgerton Street. Construction of the project will remove this barrier for a significant portion of students west of Centerville Road and north of Lake Vadnais, negating the need for students to bike or walk along the paved shoulder next to high traffic volumes and vehicles traveling at high speeds.

Response:

An alternative to Koehler Road/Edgerton Street for some students would potentially be an existing separated bicycle and pedestrian trail on the west side of Centerville Road that extends from Koehler Road to the north, past the elementary school, continuing to County Road F. However, County Road F is a barrier for students wishing to bike or walk to school via the Centerville Road trail due to the lack of existing bike or pedestrian facilities along County Road F. County Road F is a two lane road with a paved shoulder and has an existing AADT of 2,500 with a posted speed limit of 45 MPH.

As illustrated in the attached Vadnais Heights 2040 Comprehensive Plan, the City of Vadnais Heights is planning to extend the Koehler Road trail west of

Edgerton Street and north along McMenemy Street to County Road F. Completion of the separated bicycle and pedestrian trail along Koehler Road, Edgerton Street and McMenemy Street to County Road F will provide the vast majority of students living west of Centerville Road and north of Lake Vadnais with a safe and convenient route to bike or walk to school.

As illustrated on the Project to RBTN Orientation map, the project will also connect to a RBTN Tier 1 alignment along Centerville Road providing users of the Koehler Road trail access to the regional bicycle and pedestrian network. Additionally, Ramsey County is currently conducting a planning study for a future trail along Vadnais Boulevard and Centerville Road from Rice Street to Koehler Road. Construction of this trail will provide Koehler Road/Edgerton Street trail users access to Lake Vadnais and Vadnais/Snail Lake Regional Park. Long term plans also call for a connection of the Trout Brook Regional Trail to the planned trail on Vadnais Boulevard.

(Limit 2,800 characters; approximately 400 words)

Upload Map

1647263329183_RBTN Map.pdf

Please upload attachment in PDF form.

Measure B:Deficiencies corrected or safety or security addressed

Koehler Road/Edgerton Street along the project segment extending from Edgerton Street to Centerville Road currently is a two lane roadway with a paved shoulder and no separated bicycle and pedestrian facilities. Vehicle speeds along this segment are posted at 30 MPH, however, vehicles seldomly abide by this limit despite variable speed message signs and enforcement efforts. Existing traffic counts along this segment are also high for a neighborhood street at approximately 3,000 AADT. Due to the lack of separated bicycle and pedestrian facilities along Koehler Road, students must bike or walk on the roadway shoulder or sometimes in the vehicle lane due to snow and ice buildup along the shoulder in the winter months.

Response:

A ten year crash analysis from 2012 to 2021 was conducted along project corridor. During this period of time, there were a total of 35 crashes. One crash involved a pedestrian, and three crashes involved a bicyclist. In all four cases, a motor vehicle struck the bicyclist or pedestrian as they were crossing the road at an intersection. The pedestrian crash occurred at the intersection of County Road E and Centerville Road/Koehler Road and was a Type C (possible injury). Two of the bicycle crashes occurred at the intersection of County Road E and Centerville Road/Koehler Road and one occurred at the intersection of Edgerton Street and Koehler Road. One of the bicycle crashes was a Type A (serious injury) and two were a Type C (possible injury). The Type A serious injury bicycle crash occurred in the fall of 2020 and involved a Vadnais Heights Elementary School student who was struck by a car and nearly killed.

Because Koehler Road/Edgerton Street is the primary route that most students must travel to bike or walk to school and conditions along this road are

extremely unsafe, less than one percent of students currently bike or walk to school. Families that allow their child to bike or walk to school must have a parent permission letter on file with the school. Construction of the Koehler Road trail will negate the need for students to bike or walk on the roadway or roadway shoulder in close proximity to vehicles driving at high speed. This improvement, along with a new pedestrian crossing just east of Edgerton Street across Koehler Road and upgraded ADA pedestrian ramps at three locations are expected to reduce modal conflicts between vehicles, pedestrians and bicyclists and reduce the risk of future bicycle and pedestrian crashes. A parent survey taken in the fall of 2021 (attached) indicated that 37/57 families (55 percent) would likely allow their children to bike or walk to school if the Koehler Road trail was constructed.

(Limit 2,800 characters; approximately 400 words)

Transit Projects Not Requiring Construction

If the applicant is completing a transit application that is operations only, check the box and do not complete the remainder of the form. These projects will receive full points for the Risk Assessment.

Park-and-Ride and other transit construction projects require completion of the Risk Assessment below.

Check Here if Your Transit Project Does Not Require Construction

Measure A: Risk Assessment - Construction Projects

1. Public Involvement (20 Percent of Points)

Projects that have been through a public process with residents and other interested public entities are more likely than others to be successful. The project applicant must indicate that events and/or targeted outreach (e.g., surveys and other web-based input) were held to help identify the transportation problem, how the potential solution was selected instead of other options, and the public involvement completed to date on the project. The focus of this section is on the opportunity for public input as opposed to the quality of input. NOTE: A written response is required and failure to respond will result in zero points.

Multiple types of targeted outreach efforts (such as meetings or online/mail outreach) specific to this project with the general public and partner agencies have been used to help identify the project need.

Yes

100%

At least one meeting specific to this project with the general public has been used to help identify the project need.

50%

At least online/mail outreach effort specific to this project with the general public has been used to help identify the project need.

50%

No meeting or outreach specific to this project was conducted, but the project was identified through meetings and/or outreach related to a larger planning effort.

25%

No outreach has led to the selection of this project.

0%

Describe the type(s) of outreach selected for this project (i.e., online or in-person meetings, surveys, demonstration projects), the method(s) used to announce outreach opportunities, and how many people participated. Include any public website links to outreach opportunities.

Public engagement for the Koehler Road trail project dates back to the 2018 initiation of the Koehler Road Task Force in response to Vadnais Heights resident concerns about bicycle and pedestrian safety along Koehler Road. The Koehler Road Task Force has been a mechanism for collaboration between the City of Vadnais Heights, Ramsey County, White Bear Lake Area Schools and Vadnais Heights residents to discuss needs and identify and refine a project scope and trail design concept for bicycle and pedestrian improvements along Koehler Road. The Koehler Road Task Force has worked with a consultant for the past four years to develop and refine alternatives and ultimately select the preferred trail design concept that is illustrated as part of this Regional Solicitation application.

Response:

A variety of Vadnais Heights City Council meetings; Park, Recreation and Trails Commission meetings and Task Force meetings have been held since 2018. Further details regarding these meetings and the Koehler Road Task Force activities can be found in the attached Koehler Road Task Force 1- Pager and at the following project website link: <http://www.cityvadnaisheights.com/663/Koehler-Road-Task-Force> . This website was launched in August of 2018 and has resulted in 627 page views.

Public engagement has also included a parent survey that included 67 written responses (attached). The survey asks for input on bicycle and pedestrian safety and trail needs. Project background materials were also distributed to 365 students at February 2022 parent-teacher conferences held at Vadnais Heights Elementary School.

A public meeting is also scheduled to occur in May that will further engage adjacent property owners, students, faculty, businesses and a significant equity population that lives within the project area. In addition to this project specific public engagement, additional discussion of the Koehler Road trail project has occurred as part of the City of Vadnais Heights 2040 Comprehensive Plan development and development of the Ramsey County Existing and Planned Bicycle and Pedestrian Network.

(Limit 2,800 characters; approximately 400 words)

2. Layout (25 Percent of Points)

*Layout includes proposed geometrics and existing and proposed right-of-way boundaries. A basic layout should include a base map (north arrow; scale; legend; * city and/or county limits; existing ROW, labeled; existing signals; * and bridge numbers*) and design data (proposed alignments; bike and/or roadway lane widths; shoulder width; * proposed signals; * and proposed ROW). An aerial photograph with a line showing the projects termini does not suffice and will be awarded zero points. *If applicable*

Layout approved by the applicant and all impacted jurisdictions (i.e., cities/counties/MnDOT. If a MnDOT trunk highway is impacted, approval by MnDOT must have occurred to receive full points. A PDF of the layout must be attached along with letters from each jurisdiction to receive points.

100%

A layout does not apply (signal replacement/signal timing, stand-alone streetscaping, minor intersection improvements). Applicants that are not certain whether a layout is required should contact Colleen Brown at MnDOT Metro State Aid colleen.brown@state.mn.us.

100%

For projects where MnDOT trunk highways are impacted and a MnDOT Staff Approved layout is required. Layout approved by the applicant and all impacted local jurisdictions (i.e., cities/counties), and layout review and approval by MnDOT is pending. A PDF of the layout must be attached along with letters from each jurisdiction to receive points.

75%

Layout completed but not approved by all jurisdictions. A PDF of the layout must be attached to receive points.

Yes

50%

Layout has been started but is not complete. A PDF of the layout must be attached to receive points.

25%

Layout has not been started

0%

Attach Layout

1647533049918_Koehler Road Trail Layout Exhibit_03-16-2022.pdf

Please upload attachment in PDF form.

Additional Attachments

Please upload attachment in PDF form.

3.Review of Section 106 Historic Resources (15 Percent of Points)

No known historic properties eligible for or listed in the National Register of Historic Places are located in the project area, and project is not located on an identified historic bridge

Yes

100%

There are historical/archeological properties present but determination of no historic properties affected is anticipated.

100%

Historic/archeological property impacted; determination of no adverse effect anticipated

80%

Historic/archeological property impacted; determination of adverse effect anticipated

40%

Unsure if there are any historic/archaeological properties in the project area.

0%

Project is located on an identified historic bridge

4.Right-of-Way (25 Percent of Points)

Right-of-way, permanent or temporary easements, and MnDOT agreement/limited-use permit either not required or all have been acquired

100%

Right-of-way, permanent or temporary easements, and/or MnDOT agreement/limited-use permit required - plat, legal descriptions, or official map complete

50%

Right-of-way, permanent or temporary easements, and/or MnDOT agreement/limited-use permit required - parcels identified

Yes

25%

Right-of-way, permanent or temporary easements, and/or MnDOT agreement/limited-use permit required - parcels not all identified

0%

5.Railroad Involvement (15 Percent of Points)

No railroad involvement on project or railroad Right-of-Way agreement is executed (include signature page, if applicable)

Yes

100%

Signature Page

Please upload attachment in PDF form.

Railroad Right-of-Way Agreement required; negotiations have begun

50%

Railroad Right-of-Way Agreement required; negotiations have not begun.

0%

Measure A: Cost Effectiveness

| | |
|--|--------------|
| Total Project Cost (entered in Project Cost Form): | \$697,067.10 |
| Enter Amount of the Noise Walls: | \$0.00 |
| Total Project Cost subtract the amount of the noise walls: | \$697,067.10 |
| Points Awarded in Previous Criteria | |
| Cost Effectiveness | \$0.00 |

Other Attachments

| File Name | Description | File Size |
|---|--|-----------|
| Active Living Ramsey Communities.pdf | Active Living Ramsey Communities Background Information | 5.2 MB |
| Advancing Racial and Health Equity and Shared Community Power _ Ramsey County.pdf | Ramsey County Strategic Priority - Advancing Racial and Health Equity and Shared Community Power | 365 KB |
| All Abilities Network Resolution.pdf | Ramsey County All Abilities Transportation Network Resolution Adopted December 2016 | 117 KB |
| Connected Ramsey County communities bicycle network_24x36.pdf | Ramsey County Bike and Pedestrian Plan | 4.7 MB |
| Economic Competitiveness and Inclusion _ Ramsey County.pdf | Ramsey County Strategic Priority - Economic Competitiveness and Inclusion | 368 KB |
| Equity and Housing Profile.pdf | Equity and Housing Demographic Profile | 432 KB |
| Koehler Road Engineer's Estimate_03-16-2022.pdf | Detailed Engineer's Cost Estimate | 145 KB |
| Koehler Road Project Reference Sheet_UPDATED March 2022.pdf | Koehler Road Task Force Project Summary | 3.4 MB |
| Koehler Road Trail Layout Exhibit_03-16-2022.pdf | Layout | 18.7 MB |
| Koehler Road_Edgeron Street Trail Project 1-Pager.pdf | Koehler Road / Edgeron Street SRTS Trail 1-Pager | 394 KB |
| Parent Survey ALL.pdf | Vadnais Heights Elementary School Parent Survey, Fall 2021 | 7.3 MB |
| Project Location Map.pdf | Project Location Map | 2.1 MB |
| Ramsey County 2022-2026 TIP.pdf | Ramsey County 2022-2026 Transportation Improvement Program (TIP) | 524 KB |
| RBTN Map.pdf | RBTN Map | 1.8 MB |
| School District Letter of Support.pdf | White Bear Lake Area Schools Letter of Support | 85 KB |
| Site Photos.pdf | Koehler Road/Edgeron Street Site Photos | 2.2 MB |
| Socio-Economic Conditions Map.pdf | Socio-Economic Conditions Map | 1.9 MB |
| Vadnais Heights 2040 Comp Plan.pdf | Vadnais Heights 2040 Comprehensive Plan Parks and Trails Map | 21.2 MB |
| Vadnais Heights Letter of Support.pdf | City of Vadnais Heights Letter of Support and Commitment to Maintenance and Snow/Ice Removal | 73 KB |
| White Bear Lake Area Schools Profile.pdf | White Bear Lake Area Schools Demographic Profile | 245 KB |

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RAMSEY COUNTY

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THE AMERICANS WITH DISABILITIES ACT

COMPLIANCE REPORT & TRANSITION PLAN UPDATE

June, 1997

RAMSEY COUNTY ADA POLICY STATEMENT

Ramsey County and its various departments and divisions are committed to full implementation of both the spirit and the letter of the Americans With Disabilities Act. The County will respond quickly, fully, and fairly to all complaints related to the Americans With Disabilities Act.

TABLE OF CONTENTS

I. COUNTY-WIDE EVALUATION UPDATE

- A. Introduction
- B. Overview of the Americans With Disabilities Act
- C. County ADA Grievance Procedure
- D. County Employee Education Plan
- E. County Compliance Evaluation Process
- F. Community Comments

II. DEPARTMENT EVALUATIONS

- A. Department Evaluation Process
- B. Department Compliance Procedures
- C. Individual Department Evaluations, Compliance Plans,
and Community Comments

I. COUNTY-WIDE EVALUATION UPDATE

A. INTRODUCTION

The landmark Americans with Disabilities Act of 1990 (ADA), enacted on July 26, 1990, provides comprehensive civil rights protection to individuals with disabilities in the area of employment, public accommodations, state and local government services and telecommunications. This report concentrates on that portion of the Act under Title II that requires all programs, services and activities provided by public entities to be accessible to persons with disabilities.

The ADA requires the County to conduct a self-evaluation regarding compliance and to develop a transition plan to correct those deficiencies. The evaluation and transition plan development took place in 1992/1993: The County and members of its various departments conducted evaluations of the programs, services and activities offered by the County and surveyed the buildings in order to identify any physical barriers.

This report is an update of those previous actions and includes the following:

1. Overview of the ADA
2. County ADA Grievance Procedure
3. County Employee Education Plan
4. Summary of the County's General Compliance Evaluation Process
5. Department Evaluation Process
6. Department's ADA Compliance Procedures
7. Evaluation Updates by Individual Department Including Action and Transition Plans
8. Comments by Interested Persons Within the Community

B. OVERVIEW OF THE AMERICANS WITH DISABILITIES ACT

"The Americans with Disabilities Act (ADA) has set our sights on removing the barriers that deny individuals with disabilities an equal opportunity to share in and contribute to the vitality of American life. The ADA means access to jobs, public accommodations, government services, public transportation and telecommunications -- in other words, full participation in, and access to, all aspects of society."

John R. Dunne,
Assistant U.S. Attorney General
Civil Rights Division

A primary goal of the ADA is the equal participation of individuals with disabilities in the "mainstream" of American society. The major principles of mainstreaming are:

- Individuals with disabilities must be integrated to the maximum extent appropriate;
- Separate programs are permitted where necessary to ensure equal opportunity. A separate program must be appropriate to the particular individual;
- Individuals with disabilities cannot be excluded from the regular program, or required to accept special services or benefits.

The ADA prohibits discrimination against a "qualified individual with a disability". A disability, as defined by the Act, is a physical or mental impairment which places substantial limitations on an individual's major life activities. Three categories of individuals are included:

- Individuals who have a physical or mental impairment that substantially limits one or more major life activities;
- Individuals who have a record of physical or mental impairment that substantially limits one of more of the individual's major life activities;
- Individuals who are regarded as having such an impairment, whether they have the impairment or not.

Title II of the ADA covers all state and local government programs, activities and services. Individuals with a disability must be provided an equally effective opportunity to participate in or benefit from a public service. Programs may not impose eligibility criteria that either screen out or tend to screen out persons with disabilities.

A public entity must reasonably modify its policies, practices, or procedures to avoid discrimination. A public entity's services, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. Public entities are not required to make each of their existing facilities accessible but public entities may not deny the benefits of their programs to individuals with disabilities because their facilities are inaccessible. This standard, known as "program accessibility", applies to all existing facilities of public entities. However, the Act does permit exceptions to accessibility where providing accessibility would require a fundamental alteration in the nature of the programs or create undue financial or administrative burden.

There are a variety of means to achieve compliance:

- Re-design equipment;
- Reassignment of services to accessible buildings;
- Provision of personal aides to beneficiaries;
- Home visits, delivery of services at alternate accessible sites;
- Alteration of existing facilities and construction of new facilities;
- Access to facilities through structural methods, such as alteration of existing facilities and acquisition or construction of additional facilities.

All public facilities designed, constructed, or substantially altered after January 26, 1992, must be readily accessible and usable by individuals with disabilities. Where structural changes in facilities are undertaken to comply with the obligations, such changes shall be made by January 26, 1995 or as expeditiously as possible.

C. COUNTY ADA GRIEVANCE PROCEDURE

Ramsey County has adopted an internal grievance procedure for prompt and equitable resolution of complaints alleging any action prohibited by Title II of the Americans With Disabilities Act, which states, in part, that "no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of services, programs or activities of a public entity, or be subjected to discrimination by any public entity."

1. **NOTICE:** Complaints may be addressed to:

**ADA Coordinator
Ramsey County Affirmative Action Division
Ramsey County Government Center-West
50 West Kellogg Boulevard
St. Paul, MN 55102
(612) 266-2765
TDD - (612) 266-2728**

2. **COMPLAINT:** A complaint may be filed verbally or in writing, should state the name and address of the person making the complaint, and should briefly describe the alleged violation. A complaint should be filed promptly after the complainant becomes aware of the alleged violation.
3. **INVESTIGATION:** An investigation shall follow the filing of a complaint. The investigation shall be conducted by the Coordinator. The investigation shall be impartial and thorough, and shall afford all parties pertinent to the investigation an opportunity to submit evidence relevant to the complaint.
4. **DETERMINATION:** A determination as to the validity of the complaint and a description of the resolution, if any, shall be issued by the Coordinator and a copy forwarded to the complainant no later than 45 days after its filing.
5. **RECORDS:** The Affirmative Action Division shall maintain the files and records of Ramsey County relating to the complaints filed, in accordance with the Minnesota Data Practices Act, and all other pertinent State and Federal laws, rules, and regulation.
6. **RECONSIDERATION:** The complainant may request a reconsideration if s/he is dissatisfied with the determination and/or resolution. The request for reconsideration should be filed with the Affirmative Action Division within 10 working days after receiving the written notice of determination. Within 10 working days following receipt of the request for reconsideration, a determination will be made as to the merits of the request and notice of such determination shall be issued by the Coordinator and a copy to the Complainant.

D. COUNTY EMPLOYEE EDUCATION PLAN

The County and its various departments and divisions will include training on ADA compliance in all new employee orientation to ensure full compliance with the ADA. In addition, the County will immediately address any issues of ADA compliance and educate staff at all locations to properly handle them in the future.

E. COUNTY COMPLIANCE EVALUATION PROCESS

The County began its evaluation on the ADA compliance in the fall of 1991. Representatives from Property Management, the County Attorney's Office and Risk Management met to develop an overall plan for Ramsey County compliance with the ADA.

As a result of these meetings, two groups were formed to deal with the issues presented under Title I and Title II of the ADA. Title I focuses on employment issues. Title II concentrates on the accessibility of the programs, activities and services of public entities. This report focuses on Title II of the ADA.

Title II of the ADA was applicable to the County on January 26, 1992. As of that date, all programs, services and activities of Ramsey County were to be accessible and nondiscriminatory on the basis of disability.

To ensure compliance with the provisions of Title II, a core team of representatives from various departments was formed to develop a compliance plan. The initial goal of the team was to conduct a self-evaluation of the County to:

- identify public use of various County programs and facilities.
- survey programs and buildings for non-compliance.
- evaluate the results of the survey.
- compile the results.
- prioritize deficiencies.
- report and make recommendations for correction.
- seek input from groups representing persons with disabilities.
- monitor plan for completion and compliance during the transition period.

A consultant experienced in ADA issues, Harold Kiewel, assisted the team in developing a program and facility survey to identify existing deficiencies and barriers. Representatives from each department were directed to complete the surveys after training classes were conducted to educate the representatives on the ADA and on how to complete the forms.

A committee of these representatives then evaluated the surveys to identify areas of non-compliance. The committee prioritized deficiencies for correction based on public use, essential services, degree of inaccessibility, and impact on program or service availability.

In a continuing effort to ensure full compliance by the County with Title II of the ADA, the County re-evaluated its compliance efforts in 1996/1997. This compliance report and transition plan update focuses on the remaining barriers to compliance and incorporates comments from the community on the current status of the action and transition plans of individual County departments.

Future Actions:

1. It is the responsibility of the department to ensure that this information is correct and to implement and monitor the action and transition plans. If additional deficiencies outside this report are identified, the departments are responsible for implementing changes to remove these barriers as soon as possible.
2. The County has designated an ADA coordinator to handle claims and grievances under the ADA. This position is identified as a staff member of the Affirmative Action Department. The duties and responsibilities of this position are available through the Affirmative Action Department. All inquiries related to the ADA are to be directed through this person.

F. COMMUNITY COMMENTS

To completely evaluate this report, it was necessary to get comments from the Community on the self-evaluation. To do this, notices were sent to various organizations servicing persons with disabilities in Ramsey County. The notices informed the groups and individuals that an updated self-evaluation report was available for their review and that two public meetings would be held at the Roseville Library on June 10, 1997 and June 12, 1997. As a result of these notices, 14 people or organizations requested copies of the report and three sent back comments or attended the meeting. The responses to the report related to specific departments are found under the individual department comment sections. The following responses are directed for the County as a whole.

One individual responded that reading printed materials to visually impaired persons trying to access the various county programs does not allow them to function equally within those programs or have equal access to those programs. If they need to reference some printed materials or forms that were previously read to them, they cannot do this as a sighted person wishing for the same information.

One individual believes that the County has an obligation to inform individuals with disabilities of the services they have which are ADA compliant. For a blind person they could have a message prior to answering the general information lines that some materials, forms, etc are available in alternative media.

One of the sections within a county department offers volunteers a course to represent abused children. They mention course materials but these materials and instructions are not available in an alternative media thus preventing a visually impaired person from participating in this program.

An individual also wanted to know who is the person that is the ADA Coordinator for the County. Since the County has the ability to tax, he felt implementation of the ADA has been a process of foot dragging with money being the excuse. He hopes that his comment will be taken in the vein offered and some substantial improvements will come in the near future.

II. DEPARTMENT EVALUATIONS

A. DEPARTMENT EVALUATION PROCESS

Title II of the Act requires that public entities take several steps designed to achieve compliance with ADA. One step is the completion of a self-evaluation. Each department of the County was evaluated in 1992-93 and re-evaluated in this report. Both evaluations concentrated on the following issues:

- Eligibility, Admission and Participation requirements of programs, services and activities to ensure that they do not discriminate against persons with disabilities.
- Programs to ensure that they communicate with persons with disabilities in a manner that is as effective as their communications with others;
- Procedures and practices to ensure that public employees are familiar with the requirements for the full participation of individuals with disabilities;
- Building restrictions which may limit those with mobility impairments in attending programs and activities;
- Building and construction policies to ensure compliance with ADA standards;
- Evacuation procedures.

B. DEPARTMENT COMPLIANCE PROCEDURES

Upon completion of this report, each department will be provided a copy of the results of its own evaluation and of the following compliance policy.

Each Ramsey County Department shall:

1. Identify an individual responsible authority to coordinate and handle ADA issues for the department.
2. Work with the County's ADA coordinator to ensure proper handling of ADA issues.
3. Accept the recommendations of this Evaluation Report and implement the necessary changes.

4. Add the following language to all contracts:

No qualified individual with a disability as defined by the Americans with Disabilities Act, 42 U.S.C. Sections 12101-12213 or qualified handicapped person, as defined by United States Department of Health and Human Services regulations, Title 45 Part 84.3 (j) and (k), which implements Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. Section 794, under Executive Order No. 11914 (41 FR 17871, April 28, 1976) shall be:

- a. Denied access to or opportunity to participate in or receive benefits from any service offered by the CONTRACTOR under the terms and provisions of this Agreement, or
 - b. Subject to discrimination in employment under any program or activity related to the services provided by the CONTRACTOR under the terms and provisions of this agreement.
5. Immediately forward all claims and grievances to the Affirmative Action Department ADA Coordinator in accordance with the Ramsey County ADA Grievance Procedures.
 6. Accept an active role in ensuring the County's compliance with the ADA in accordance with the following statement:

"The Department has responsibility for monitoring compliance with the ADA, and taking the steps necessary to maintain accessibility. This responsibility includes obtaining adequate funding for projects, either through normal budgeting process, grants or the CIP process to remove barriers to programs, services and activities."

7. Develop on-going training/education programs for ADA compliance for all department employees.

C. INDIVIDUAL DEPARTMENT EVALUATIONS, COMPLIANCE PLANS, AND COMMUNITY COMMENTS

AFFIRMATIVE ACTION

455 Government Center-West Building

Affirmative Action is responsible for the active recruiting of and assistance to individuals in protected classes in the application, testing, and employment process throughout Ramsey County. The Division is designated as the ADA Coordinator for the entire County. All complaints and claims under the ADA are handled by this office.

1. PROGRAM EVALUATION

A program evaluation of the Affirmative Action Division was updated on 11/22/96 and found no deficiencies within the division. The division offers alternative formats to meet the needs of individuals applying for employment with the County and ensures that reasonable accommodations are provided to employees. The Division's main objective is to ensure accessibility.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Affirmative Action is located in the Ramsey County Government Center-West Building. Physical barriers in the building are addressed under the Property Management report.

Deficiencies: Accessibility of Ramsey County Government Center-West.

Transition Plan: See Property Management report.

3. COMMUNITY COMMENTS

None.

BOARD OF COUNTY COMMISSIONERS

220 Courthouse

COUNTY MANAGER'S OFFICE

250 Courthouse

Ramsey County's mission is to enhance the quality of life for its citizens by providing progressive and innovative leadership which addresses federal and state directive and changing community needs by delivering services in a responsive, professional and cost effective manner. The Board of County Commissioners is the governing body of the County. It has established fundamental values of the County to ensure the success of the County in meeting its mission. These values include fiscal responsibility, openness of process, caring, integrity and honesty and an ethical workforce. The Board strives to meet the needs of its citizens balancing them with its fiscal responsibility and compliance with state and federal laws.

The County Manager's Office is committed to fostering an environment for County employees that stimulates creativity, innovation and collaboration while meeting the diverse and ever-changing needs of its citizens. The County Manager's Office supports the Board of Commissioners, departments and the community and provides leadership in fulfilling the County's mission.

1. PROGRAM EVALUATION

A program evaluation was conducted on the various functions of the Board of Commissioners and County Manager's Office on 5/14/93 and updated on 12/20/96. Currently the County Board relies on a relay system in order to communicate with persons who are hearing impaired. To date, there has been minimal use of this relay system. If usage increases, the department will consider use of a TDD.

Board meetings are held in a room that is wheelchair accessible. Hearing devices are provided for use in Council Chambers to help those who are hearing impaired. Minutes for the meeting are typed and available to the public. All meetings are tape-recorded and videotaped for viewing on cable T.V. A copy of the tapes are available upon request.

The County Board also appoints members to various advisory committees. A review of the application and selection process indicates there is no discrimination in the areas of eligibility or admission. Once a Committee member is selected, a location and the necessary auxiliary devices are selected to meet the needs of the various committee members.

Deficiencies: Commissioner application should include ADA compliance statement.

Action Plan: Add ADA compliance statement to all commissioner applications.

2. BUILDING EVALUATION

The offices of the Board of Commissioners and the County Manager are located in the City Hall/Courthouse. The major renovation of the building from 1991-1996 addressed issues of accessibility and made the necessary modifications.

Deficiencies: None

Transition Plan: N/A

3. COMMUNITY COMMENTS

In the public meeting held on June 10, the following comment was made:

The third floor Council Chambers have double doors. There is no easy access because one of the double doors is always locked and there is no power entrance. It was suggested that both doors remain unlocked while the Chambers are in use. This comment will be forwarded to Building Services so that the appropriate action may be taken.

BUDGETING & ACCOUNTING

270 Courthouse

The Budgeting and Accounting Department is an internal operation serving the Board and County Manager's Office. There is limited public contact. Public contact is generated through calls to the County Board or County Manager's Office.

1. PROGRAM EVALUATION

There are no programs, services or activities issues for this department. Any public access issues are dealt with at the Board/County Manager's Office level. The department meets the ADA and no action plan is necessary.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

The Budgeting and Accounting Department is located in the Courthouse. The major renovation of the building from 1991 - 1996 addressed issues of accessibility and made the necessary modifications.

Deficiencies: None

Transition Plan: N/A

3. COMMUNITY COMMENTS

None.

COMMUNITY HUMAN SERVICES

160 Kellogg Boulevard

Community Human Services operates as the social service program of the County. Its mission is to enhance the quality of life for the people of Ramsey County by providing resources to meet basic human needs, assuring protection for the vulnerable, and assisting in achieving self-sufficiency, all in the most cost effective manner. The department is divided into 7 divisions: Administrative Services, Information Services, Income Maintenance, Social Services, Mental Health/Chemical Dependency Services, Lake Owasso Residence and Ramsey Nursing Home. Lake Owasso and Ramsey Nursing Home evaluations are found under separate sections. The other five divisions are included in the following evaluations.

Administrative Services: handles the internal operations of the Department including Human Resources, Budgeting and Accounting, Staff Development and Planning. The division also deals with issues affecting the entire department such as the Data Practices Act, Electronic Benefit Services and Home Delivered Meals of Ramsey County.

Information Services: includes computer support for the Department along with research and evaluation, purchasing, supplies and print shop.

Income Maintenance: provides financial, medical and self-support services to eligible Ramsey County residents in need of these services. Services include Aid to Families with Dependent Children, General Assistance, Emergency Assistance, Food Stamps, General Assistance Medical Care, Medical Assistance, Minnesota Supplemental Aid and Refugee Case Assistance.

Social Services: provides protection for vulnerable adults and children and provides essential culturally sensitive social services to Ramsey County citizens with the most serious needs. The division offers the following services and programs:

- Family & Children Services
- Placement Systems
- Service to Wards
- Purchase of Services
- Adult Services
- Developmental Disabilities

Mental Health/Chemical Dependency Services: provides a variety of assistance to persons with mental illness or chemical dependency issues. The division offers the following services:

- ***Mental Health Clinic:*** provides outpatient mental health services including

psychiatric services (medication monitoring/prescribing) and court evaluations. The target population is serious and persistently mentally ill, lower to middle income, and Medical Assistance clients.

- ***Mental Health Day Treatment:*** provides day treatment for clients with serious and persistent mental illness. Clients participate in group therapy, goal setting, mental health education sessions, and recreational and occupational therapy. Clients are referred to this site from the Intake Section at 529 Jackson.
- ***Mental Health Case Management:*** provides case management services to individuals with serious and persistent mental illness. Program arranges, coordinates, monitors and provides services to individuals living in residential programs, state hospitals or independently.
- ***Mental Health Crisis/Intake Unit:*** provides screening and intake for mental health services; provides mental health crisis outreach and crisis intervention services; assesses all cases referred for civil commitment.
- ***Chemical Assessment And Referral:*** provides access to chemical dependency treatment by determining client financial eligibility and assessing their chemical use history in order to establish an appropriate level of care.
- ***Detox Center:*** provides detoxification services for all people who are intoxicated or experiencing withdrawal. Referrals are from Ramsey County. The Center provides medical treatment and behavioral management for these clients. Length of stay is 24 to 36 hours and the minimum age is 13 years.

1. PROGRAM EVALUATION

Administrative Services: all program, services and activities issues are covered under the various other divisions that deal with the public. No further evaluation is necessary.

Information Services: supports the various other divisions and assists them in contracting for special services. As a support operation, there are no public programs, services or activities. No further evaluation is necessary.

Income Maintenance: an evaluation of the Income Maintenance Division was conducted in May, 1992 and updated in February, 1997. Services under this division have access to TDD, the relay system and sign language interpreters. There are no eligibility or admission requirements that limit the number of qualified persons with disabilities from participating in the various programs. Forms necessary for admission into the programs are usually filled out before the clients are interviewed. Staff is

available to help individuals complete the forms. (No alternate formats are available.)
Program information form notifies applicants how to file a complaint if they feel they are treated differently because of disability. Programs do not discriminate against persons with disability in recruitment, eligibility, admission or participation. Any pre-admission inquiries about the nature or extent of a disability are for the purpose of determining eligibility for financial programs.

Deficiencies: None

Action Plan: N/A

Social Services: program evaluations for the various services and programs offered by this division were conducted in 1992 and updated in 1997. Only those programs/services where deficiencies exist are indicated below.

Child Care: establishes eligibility for child care assistance for individuals who are employed or in training. for continued assistance. It provides child care assistance for parents who are unable to give full time care to their children because of medical, social or child protection problems. The program has a TDD and a signer is available to assist applicants and clients. Eligibility requirements include income guidelines and a medical statement verifying incapacity, but do not discriminate on basis of a person's disability.

Deficiencies: Application has no ADA compliance statement.

Action Plan: Add ADA statement to application.

Home Housekeeping: establishes eligibility for housekeeping services for individuals who are elderly and frail or who are severely handicapped and need these services to remain in their own home. This program uses TDD, relay, amplified phone receiver, and signers to assist clients. Staff will assist individuals with completing applications. The program does not discriminate on eligibility, admission or participation. Clients must meet income guidelines and have written medical verification of their disability and need for services.

Deficiencies: Application has no ADA compliance/non-discrimination statement.

Action Plan: Add ADA statement to application.

Sexual Offense Services (SOS): SOS is the sexual assault victim crisis center for Ramsey County. The program offers 24-hour telephone services for victims of sexual assault. Services include crisis intervention, counseling, advocacy, information and referral (telephone and in person); community education and in-service training for

professionals; coordination and planning of services and prevention efforts with other agencies.

A program evaluation was conducted on 7/21/93 and updated in January, 1997. In the program evaluation, it was found that there are no braille or audiotape versions of the brochures/flyers used in this program. There is a relay service provided but since there is an emphasis on phone service in this program, a TDD would provide the best service to the hearing impaired.

Deficiencies:

1. No alternate formats for materials.
2. No TDD service available on site.

Action Plan:

1. Have audio tape or braille version of materials available at request.
2. Evaluate use of Relay System. Add TDD to site if use warrants it. Make sure staff is trained in how to use TDD effectively.

Mental Health/Chemical Dependency Services: conducted evaluations by individual areas in order to identify any deficiencies in the various programs, services and activities offered by this division.

Mental Health Clinic: a program evaluation of the Mental Health Clinic was conducted on 4/21/92 and updated in January, 1997. The program does not discriminate against persons with disabilities in its recruitment, eligibility, admission or participation practices although the ability to accommodate persons with hearing impairments is limited. A serious barrier for the clinic is their lack of a TDD system. They do provide information to the general public over the telephone, so this would definitely inhibit their ability to communicate with the hearing and speech impaired. The clinic has not hired sign language interpreters and does not have taped or brailled information for clients. (They provide brochures explaining general information, confidentiality and program rules.) A staff person can assist a vision impaired client in filling out the paperwork required for admission into the program and the psychological testing can also be tailored to accommodate the vision impaired.

Deficiencies:

1. No auxiliary aids or TDD system used.
2. Brochures, information, application not available in alternate formats.
3. Staff not trained in issues of ADA accommodations.

Action Plan:

1. Plans for using auxiliary aids should be made so that staff can access them as

needed.

2. The department can use a relay system to handle calls from hearing and speech impaired. If usage warrants, department should purchase TDD for on site use and train staff on how to use it.
3. Staff training programs should be modified to include ADA accommodation.
4. Alternate formats of brochures, information and application should be available. Division should look into services to transfer information on tape or in braille for the visually impaired.

Day Treatment: a program evaluation of the Mental Health Day Treatment program was conducted on 5/14/92 and updated in January, 1997. As per the evaluation, there are no auxiliary aids provided to accommodate individuals with hearing, speech or vision impairments. There is no ADA notice on the forms that they use. There are no post-admission inquiries made regarding disability status to make accommodations. There is no in-service training provided to ensure that staff are informed on accommodations/alternate procedures. The facilities would need assistance in planning accommodations for a hearing, speech or vision impaired client.

Deficiencies:

1. No auxiliary aids provided or TDD.
2. No ADA notice of compliance on forms.
3. No staff training on how to accommodate persons with disability.

Action Plan:

1. In planning appropriate treatment program, staff should accommodate individuals with special needs and make arrangements to provide necessary auxiliary aids.
2. The department can use a relay system to handle calls from hearing and speech impaired. If usage warrants, department should purchase TDD for on site and train staff on how to use it.
3. Staff training programs should be modified to include ADA accommodation.
4. Alternate formats of brochures, information and application should be available. Division should look into services to transfer information on tape or in braille for the visually impaired.

Mental Health Case Management: deals with persons with mental disabilities. They do no recruiting or advertising. Persons in program must meet eligibility requirement of having serious and persistent mental illness as defined in law. Intake workers meet with clients at home or in office and helps client complete necessary application forms. (These forms are not available in alternate formats.) The forms carry a non-discrimination statement. Case managers meet with clients throughout program to review level of service and client's level of function to ensure client is receiving appropriate care.

Deficiencies: None

Action Plan: N/A

Chemical Assessment & Referral: offers presentations at a variety of locations and for a variety of organizations. The program has no printed recruitment or advertisements. Eligibility requirements, admissions and participation do not discriminate against persons with disabilities. This program accepts clients by referral and works to ensure that the program is well suited for the clients and is capable of serving the client's individual needs.

Deficiencies:

1. Presentations, meetings and lectures may not be fully accessible.
2. Admission form do not include ADA compliance statement.

Action Plan:

1. Review presentation materials to deal with hearing and visual impairment.
2. Make sure locations are accessible.
3. Add ADA compliance statement on form
4. Be sure staff orientation includes training in issues of ADA accommodation.

Detox Center : a program evaluation was completed on 4/23/92 and updated in January, 1997. Interpreters and telephones are available for persons with hearing impairments. There is no recruitment for participants. Information on the program is given to the public through meetings or oral presentations at seminars or schools. These meetings may not be held at fully accessible locations. There are no admission restrictions based on disability; however, participation in program may be limited based on medical assessment of client.

Deficiencies: Lectures and oral presentations may not be fully accessible.

Action Plan: Presentations initiated by Ramsey County should be held in accessible locations. Registration or information materials for presentations should have a number to contact if a person has special needs. These needs can then be accommodated at presentations. Employee orientation should include ADA training in accommodating persons with disabilities.

2. BUILDING EVALUATION

Administration, Information Services, and the Income Maintenance Divisions operate out of Ramsey County Government Center-East. This building completed a major renovation in 1996. All ADA deficiencies identified in the building at the time

of renovation were corrected. No additional deficiencies have been identified since that time.

Social Services also operates out of the East Building but uses community sites for some of its programs such as Child Protection and Sexual Offense Services (SOS). An evaluation of these facilities is presented below.

Child Protection Services: operates out of two non-owned facilities: Capital View Center and the Bigelow Building. These buildings were evaluated in December, 1996. The Bigelow Building is fully accessible whereas Capital View has some major deficiencies. Capital View is owned by a school district with no plans for renovations to make the building fully accessible.

Deficiencies:

1. Main entrance to lower level has high threshold which limits accessibility.
2. Signage does not indicate accessible entrances or directions to accessible entrances.
3. Bathrooms are not accessible.

Transition Plan: The division will ask the landlord to remove the barriers in the building. The division will look at an alternate site to Capital View to ensure that the program is accessible at this location.

SOS: operates out of a leased facility in St. Paul. A property survey was conducted in March, 1993, and updated in January, 1997. The survey identified several physical barriers at this location but found they do not restrict access to the program, services or activities.

Deficiencies:

1. Inadequate, noncompliant interior signage for public doors.
2. Inadequate knee space under lavatory.
3. Excessive height of toilet room mirrors.

Transition Plan: Contact building owner to provide better signage at public doors and to modify bathrooms to meet ADA requirements.

Mental Health/Chemical Dependency Services has various sites that were evaluated.

Mental Health Clinic, 529 Jackson St., St. Paul, MN

An evaluation was conducted in June, 1992 and updated in February, 1997. This is a leased site that operates as a Clinic.

Deficiencies:

1. Entry has high threshold and requires excessive force to open door.
2. Excessive projection of wall mounted objects into passageways.
3. Elevator call buttons, floor selector and emergency call buttons are too high.
4. No tactile landing identification signs on elevator door jambs.
5. No audio signals indicating elevator arrival, direction and landing.
6. Non-compliant hardware for common passage doors.
7. Excessive height for telephone, water fountain and fire alarm pulls.
8. Non visual signal for emergency warning system.

Transition Plan: Division should ask owner to address issues of ADA compliance immediately. If building owner is unable to comply, the Division should look for new site that is accessible to persons with disabilities.

Mental Health Day Treatment: Building surveys were conducted in 1992 and updated in 1997 for the 3 Day Treatment Centers. These three centers are all leased facilities. None of the locations are fully accessible. Clients are sent to these programs by referral from the Mental Health Clinic. The centers make the necessary accommodations to assist persons with disabilities at these facilities.

3. COMMUNITY COMMENTS

In program areas, social service decisions are not always made with sensitivity to the client's needs but focus on the system and the concerns of the caregivers. The department should look into its policies of coordinating services in various areas to ensure that the client comes first.

CORRECTIONS

650E Government Center-West Building

The Corrections Department provides services and facilities for adult and juvenile offenders in Ramsey County. The following is a summary of its operations.

The Adult Correction Division provides Investigation, Supervision and Domestic Relation services to the Courts:

- Investigation aids the Courts in providing information used in sentencing decisions including background information on prisons and background information for probation officers supervising offenders.
- The Supervision area provides community based supervision for those convicted offenders ordered by the court to comply with standard and special conditions of supervision. The purpose of this activity is to protect the public, reduce recidivism and obtain individual or community restitution.
- Domestic Relations serves the area of Family Court. Its services include performing mediation services and custody evaluations to support the work of the Courts and to protect the interests of children. It also enforces/oversees orders for protection.

The Correctional Facility (Workhouse) protects the community by providing security, supervision and treatment alternatives to all men committed by the Courts to this facility. Activities include administration, custody, treatment services, institutional and department services, building operations and maintenance.

Juvenile Probation provides probation supervision to juveniles adjudicated delinquent by the Courts and provides the Courts with information upon which to make dispositional decisions relative to these juveniles.

Juvenile Detention Center provides a 30-bed secure detention program for youth charged with delinquent offenses. Detention programming stresses safety, security, medical screening and emergency care, short-term counseling, individualized education programs, and recreational and motivational activities.

Boys Totem Town is a correctional facility for adolescent boys. It is licensed for 65 beds and offers long term programs (4-6 months). Its mission is to protect the community and to develop living skills in residents that may allow them to be successful in life.

1. PROGRAM EVALUATION

A program evaluation was completed in 1992 and updated in December, 1996 for the various programs offered by Corrections.

Under the **Adult Courts Division** there are no eligibility requirements. All participants are referred into the various programs by the Courts. The division provides sign language interpreters, TDD and relay services. Interviews with participants are conducted at accessible sites where information is provided in written and verbal form.

The Correction Facility (Workhouse) also has no eligibility or admission requirements that would affect persons with disabilities. All inmates are committed by order of the Courts. Signers are provided for inmates with hearing impairments. Orientation sessions have both verbal presentations and written materials to assist new inmates. Staff are trained to assist inmates with disabilities during their incarceration at this facility. Barriers at this facility are discussed under the Building Evaluation section.

Juvenile Probation will provide signers as necessary. They have TDD phone access for assisting persons with hearing or speech impairments. Programs for individuals with special needs are modified to accommodate these individuals while still complying with probation rules. Information is available in written and verbal form.

Juvenile Detention Center and Boys Totem Town make use of signers, TDD, taped materials and audio recordings to accommodate persons with disabilities. Eligibility for these facilities are determined by State Statute. Staff are trained in the ADA. Barriers are discussed under the Building Evaluation section.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

The Adult Courts Division has various leased offices to provide services under various programs at the following locations:

710 Arcade, St. Paul
1600 University Ave, St. Paul
650 Marshall, St. Paul

The last two facilities offer accessible sites for all participants in the programs. The Arcade location has several deficiencies.

The Workhouse is a County-owned facility that houses men convicted of felonies and misdemeanors. The facility completed renovation in the fall of 1996 that included removal of barriers to comply with the ADA.

Juvenile Probation has 2 leased offices that are accessible to persons with disabilities; 265 Oneida and 1021 Marion. The third leased office at 715 Edgerton is not fully accessible.

Juvenile Detention Center is a County owned facility that includes Juvenile Court proceedings. There are some barriers in the building that will be addressed during the major renovation and expansion project scheduled to begin in Fall of 1997.

Boys Totem Town is a County owned residential treatment facility. The buildings are old and have numerous deficiencies related to ADA. The facility cannot accommodate a potential resident with special needs and therefore the Courts would not assign a person with special needs to this facility. There are concerns with regard to public areas for visitors to the facility. These concerns are address below under deficiencies.

Deficiencies:

710 Arcade (leased)

1. Absence of direction signage to accessible entrance.
2. Noncompliant interior signage for public doors.
3. Bathroom not fully accessible.

715 Edgerton (leased)

1. Inadequate number of designated accessible parking spaces.
2. Obscured or inconspicuous accessible parking signs.
3. Excessive slope along path to accessible entry.
4. Undesignated accessible entry.
5. Noncompliant interior signage for public doors.
6. Noncompliant toilet room signage.
7. Obstructed threshold to toilet room entry door.

Boys Totem Town

1. Noncompliant site access and entrance.
2. Noncompliant accessibility throughout public areas of building.
3. Noncompliant signage.
4. Noncompliant restroom facilities.

Transition Plan:

For the two leased facilities, alternate sites are available to meet the needs of persons with disabilities; therefore the County is in full compliance with the ADA. However, to ensure greater accessibility, the department should look for alternate sites for these programs upon expiration of the current leases .

Boys Totem Town does not comply with ADA requirement. The County currently has no plans to renovate this facility; however, new juvenile facilities are being explored to meet the increased needs for juvenile detention space in the County. Any new facility must be ADA accessible to be considered as a possible site. All new construction will fully comply with ADA requirements.

3. COMMUNITY COMMENTS

None.

COUNTY ATTORNEY'S OFFICE

315 Government Center-West

The Ramsey County Attorney is an elected official who provides legal and law enforcement services for the citizens of Ramsey County. The County Attorney's Office provides assistance to the County Attorney. Its mission is to protect and provide for the public safety by prosecuting adult and juvenile offenders. In addition, it provides support and assistance to victims of crimes and protects children from neglect and abuse. Furthermore, the office supports children and families by seeking enforcement of child support obligations.

1. PROGRAM EVALUATION

A program evaluation of the County Attorney's Office was completed on 12/3/96. This evaluation revealed that the office uses interpreter services and verbal explanations to assist individuals with disabilities. The department uses TDD services through Ramsey County Telecommunication or the state TDD service. The department does not recruit participants. People in its program are referred by Law Enforcement or other county departments. Meetings are held at places accessible to people with physical disabilities. Upon request, it will make every effort to provide auxiliary aids. Information on Child Support programs is available in written form or on audio tapes. If transportation services are necessary for clients or victims, services are arranged by cab or Metro Mobility.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

The County Attorney's Office is located in the Ramsey County Government Center-West Building. Physical barriers in the building are addressed under the Property Management report.

Deficiencies: Accessibility of Ramsey County Government Center-West.

Transition Plan: See Property Management report.

3. COMMUNITY COMMENTS

None.

COURTS

Room 1700, Courthouse

The Courts Division of Ramsey County offers various programs and services for District Court. For a description of these programs and services, please see PROGRAM EVALUATION.

1. PROGRAM EVALUATION

A program evaluation for Courts was completed in 1993 and updated in December, 1996. The results of the evaluation, summarized along with a brief description of each program and service, follows. Deficiencies in the programs and services were identified in the initial evaluation and the necessary changes have been made to eliminate them or handle them administratively.

Domestic Abuse/Harassment Office: This office assists victims of domestic abuse in obtaining and filing orders for protection and harassment restraining orders. Interpreters are provided for the hearing impaired at all stages of the process. Relay Service is available as well. The office supplies written information about the office and process and gives information on the telephone. Occasionally the supervisor gives informational presentations (when requested) regarding the issues. The clerks assist everyone in filling out the forms and read all documents to the parties if they are not able to do so. All clerks explain/review the contents of documents and handouts. The petitioner must meet the statutory requirements to obtain the restraining order. The program does no recruiting. People in wheelchairs can easily access the office without the hindrance of steps.

A video tape showing the process has been produced and will be close captioned. The Domestic Abuse/Harassment forms are being revised in January 1997 and when that occurs the petition and orders will be available in large print format. The program is located in the West Building.

Jury Office: Ramsey County residents are summoned for jury service. Interpreters are provided for the hearing impaired and readers are provided for the visually impaired. The orientation handbook is on tape. The Courthouse is newly renovated and physical access issues aren't a problem. Jurors are summoned randomly according to State law. Relay Service is available. Jurors must fulfill statutory requirements to serve (such as Ramsey County resident).

Criminal Division: This office processes all criminal records. They provide terminals for people to access scheduling and record information in Ramsey County. Fines and bail money are paid and kept by this office. They provide the forms used in the courtroom such as pay or appear forms, warrants of commitment, probation referrals and no-contact orders. They notify the interpreter program if an interpreter is needed for the hearing impaired. People inquire over the phone for scheduling

information and case outcome information. This office also provides touch-tone telephone inquiries on an interactive voice response system for citation information. They do not recruit participants nor advertise. Clerks fill out the paper work. Relay Service is available. A TDD is in place in both rooms 700 and 130 (Violations Bureau) of the Court House.

Civil Division - Vital Services: This office does not recruit or advertise. They do assist people seeking passports, driver's license, state identification cards and marriage applications. They also record birth and death certificates for suburban locations in Ramsey County. There is a general information line with taped information on applying for a marriage license, a drivers license, passports and birth and death records. There is a TDD and employees have been trained on it. Statutory requirements must be met to get a license such as a driver's license. Counters are low for the wheelchair bound. Interpreters are provided and Relay Service is available as well. Readers are available.

Divorce Mediation Project - Special Courts: Litigants are given an alternative to litigation. Participants are targeted, that is, parties that are going through contested divorces (property, financial, visitation) are referred to the Program. Parties can ask to be admitted as well. A mediator brings the parties together and they try to reach a settlement. Interpreters for the hearing impaired are utilized as is the Relay Service. One of the parties must be a resident of Ramsey County. If a disability is known, the Program will accommodate. Eligibility is determined by the court documents filed. Financial disclosure information must be filled out once a party is in the Program. Mediators meet with the parties and if someone has a special need, the mediator notifies the Program Director. Written information is provided describing the Program.

Civil and Vital Statistics (Accounting): The accounting division receipts general filing fees and other fees rendered for service. They escrow court deposits and maintain those records. Most financial forms utilized are filled out by the accounting staff. Relay Service is available and interpreters can be provided as well. Participants are not recruited but the case must be venued in Ramsey County. Staff will read information to the parties and walk them through the form (minor settlements) if needed. Receipts are provided for payments made and forms are filed for minor settlements. Generally if someone were disabled it would be made known to the staff. Post inquiries are not applicable. Forms generally require a signature only. Staff assists anyone who needs help in filling out the financial worksheet. TDD is available in the conciliation office area several feet away.

Juvenile Court - Special Courts: Courts handles case scheduling, record keeping for juvenile court, calendaring, checking the parties in for court, conducts hearings, maintain court files and sends out court orders. Interpreters are provided for all court appearances. Relay Service is also available. Participants are not recruited and there are no eligibility requirements as it is commonly thought of. Usually the crime took place in Ramsey County. Taped information is not appropriate in this case.

Conciliation , Evictions and Housing Court - Civil Division: This office handles the filings for small claims court, filing eviction notices, filing actions against landlords, and filing code violations for housing court. All of the above are described on tape. Interpreters are made available for the hearing impaired and relay service is available as well. Participants are not recruited but the property must be in Ramsey County for evictions and generally the parties filing for conciliation are residents of Ramsey County. There is a tape that describes the housing court eviction and conciliation court processes. Participants fill out a form to file for conciliation, evictions, rent escrow, counter claims and appeals. Staff will assist people in filling out the forms. TDD equipment is installed and operational. Staff will read documents to participants.

Civil Division Room 600 Court House: This office opens all new cases and handles all subsequent filings including calendaring and processing Torrens and Trust matters; filing tax petitions; follow up paperwork from harassment proceedings; process appeals to Appellate CT, preparation of Writs of Execution and orders to Show Cause regarding collections on judgments. Default and transcript judgments as well as Pursuant judgments are processed in this office as well. Stipulations of dismissal, foreign judgments, writs of attachment, unsatisfied civil judgments and transcripts to and from other counties are processed. Sign interpreters are made available and Relay Service is available as well. There is a taped message that explains the process for a name change and the filing fees. Participants are not recruited but litigants are likely Ramsey County residents. There are forms that need to be filled out depending upon the matter brought to the court. Staff will read information to individuals if necessary. Many parties are represented by counsel. TDD is available in the conciliation office several feet away.

Family Court Assignment Filings - Special Courts: This office assigns court dates; schedules all calendaring for judges/referees; does file preparation; schedules petit court trials; responds to questions from the public; updates TCIS; provides copies of litigation papers, file orders and affidavits; and provides forms to those parties who are handling their own divorce. Interpreters are provided for the hearing impaired. Relay Service is available as well. Participants are not recruited, however one of the parties must be a Ramsey County resident. Filings are for family related matters such as divorce, change of custody, contempt motions and modification of visitation schedule, etc. Staff will explain which form to fill out and how to do so. If someone is unable to read the form the ombudsman will read the form to that person and help him/her complete it. Several forms are in the process of being revised, and when they are complete (estimated April 1997) large print versions will be prepared.

Assignment Division - Criminal and Civil Cases: This office schedules court dates for various criminal and civil court proceedings. This office is responsible for the assignment and allocation of judicial, parajudicial and administrative resources. Sign interpreters are made available for court appearances and Relay Service is available as well. Information is provided over the telephone to callers and written notices are sent

to the parties. Staff will read information to a litigant if they are visually impaired. Most people are represented by counsel.

Settlement conferences are conducted in the civil arena. Parties file a lawsuit and rule 16 conferences are then set up (settlement conferences) to avoid an actual trial. A notice is sent to the parties by mail as to the settlement conference date and telephone conferences are conducted as well. The parties do exchange forms through the discovery process. Sign interpreters are available as is the Relay Service. Staff will read documents to parties when necessary.

Maplewood Branch - Criminal Division: This Court serves the suburban municipalities of Ramsey County by handling many of the same matters held in as the main branch in St. Paul. They have a Violations Bureau which deals with parking and petty moving violations. There is a hearing officer available to hear and issue rulings on these matters. Arraignment court is conducted at this location with more serious traffic and criminal matters. This office is also responsible for maintaining accurate dispositional, financial and case history records. Interpreters for the hearing impaired are provided for court appearances. Participants are not recruited nor are their eligibility requirements per se. The accused is purported to have committed the crime in Ramsey County. Information regarding court dates, fines dispositions etc. is given out to the public via the telephone if an inquiry is made. Information is also given out at the front desk. The office collects fine payments and grants fine payment extensions. The hearing officer meets with defendants to discuss possible resolutions to lesser traffic offenses. Written notices concerning court appearances is provided to the litigant. The information is communicated verbally upon request, or if someone has a visual impairment. Defendants may fill out a financial eligibility form to determine if they qualify for a public defender to represent them. Pay or Appear type forms are filled out by court staff. Relay Service is available as well.

Violations Bureau - Criminal Division: The Violations Bureau is the initial point of contact for all City of St. Paul and ordinance offenders. It provides citation information to the public for all traffic and ordinance citations. The Violations Bureau collects fines, sets up court dates for offenders and provides an appeal option for non-moving petty misdemeanors. Permanent records for traffic and ordinance violations are kept in the Violation Bureau. The Bureau refers cases for collection and requests suspension of drivers licenses when an offender fails to meet the obligation of the citation. Sign interpreters are available when meeting with a hearing officer and for court appearances. There is an operational TDD. Relay Service is available as well. Employees will read information to litigants. Participants are not recruited but the offense would have to have occurred in Ramsey County.

Guardian ad Litem Program - Special Courts: Volunteers are recruited and trained to act as Guardian ad Litem for abused and neglected children. The volunteers gather information concerning the child and provide an independent report to the Court that focuses on the best interests of the child. Participants are not recruited. Once a family has been brought into the system as a result of an allegation of abuse or neglect, a

Guardian ad Litem is assigned . The volunteer interviews relevant parties and makes a recommendation to the court. Participants are not recruited and the cases assigned to the program are families already in the juvenile court system. Interpreters for the hearing impaired are provided. Relay Service is available as well. Taped information is not applicable. There is printed material that describes the Program and it is used in an effort to recruit volunteers. The volunteers must meet certain requirements - 21 years of age, have 3 references, etc. Volunteers are interviewed and their criminal history is checked. Volunteers receive an orientation regarding the Program and the training consists of 40 hours of pre-service training, a 250 p. manual, viewing 6 video tapes and more. Volunteers conduct interviews, provide written reports to the Court, appear in court and make recommendations verbally.

Interpreter Office - Admin. Services: This office arranges interpreters for persons with communication issues. This includes the hearing impaired as well as the non-English speaking population. Interpreters are provided for court appearances, appearances with a hearing officer, interviews for restraining orders and interviews conducted by the court visitor. Relay Service is available and there is a TDD in the office.

New Brighton Court - Criminal Division: This office serves specifically as a mail payment center for payable fines that have occurred in Ramsey County. No court cases are heard in New Brighton. Targeted participants are those persons accused of offenses within the Court's jurisdictional limit and geographic boundaries. Litigants are not recruited but the crime would have occurred in Ramsey County. Relay Service is available. Staff will read information to individuals and answer questions over the telephone. The hearing officer meets with defendants to discuss possible resolution to lesser traffic offenses. Arrangements are made for sign language interpreters when requested. Permanent records for traffic and ordinance violations are kept in New Brighton. Information regarding fine disposition is given out to the public via the telephone or in person upon request.

Civil Commitment - Special Courts: The Civil Commitment Office handles commitment petitions filed with the Court by the County Attorney's office for persons who are alleged to be mentally ill, chemically dependent, mentally retarded, mentally ill and dangerous, or have psychopathic personalities. Interpreters are provided at all stages of the court process and Relay Service is also available. The proceedings are conducted primarily at Ramsey Hospital, but the Court will relocate to other hospitals if the patient cannot be transported to court. Parties are not recruited but those committed must meet the statutory requirements as determined by the judiciary. Documents are read and explained by the person's attorney and a Guardian ad Litem who is appointed. The hospital staff or the Human Services Department notifies the Court if there is a need for an interpreter at any point.

Personnel Office - District Court: The Personnel Office sends out job postings and accepts applications for various positions. Training for employees is coordinated through this office. All personnel records are located in this office for both State and

County employees of District Court as are medical records and First Reports of Injury etc. All personnel type related matters are handled through this office. Interviews are conducted for various positions. There is a TDD and Relay Service available. The application form is available in Braille. Employees will read information to people upon request.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Courts has four facilities that are used for its operations. These facilities include Ramsey County's Courthouse, the Juvenile Service Center located at 480 St. Peter Street, New Brighton Court at 803-5th Avenue, and Maplewood Court at 2785 White Bear Ave. Building surveys were conducted at each facility in 1993 and reviewed in 1996. All deficiencies initially identified have been removed.

Courthouse: The major renovation of the Courthouse from 1991 - 1996 addressed issues of accessibility and made the necessary modifications. Nine of the twenty-five courtrooms were redesigned to fully accommodate persons with disabilities. Department staff work with the various parties to ensure that accessible courtrooms are available when necessary.

Juvenile Center: The Center is used to conduct juvenile court proceedings. There are some barriers in the building that still need to be addressed for full compliance. The removal of these barriers are the responsibility of Corrections and are addressed in that portion of the report.

New Brighton Court: Clerk of Court service counter is 42" high. A small table 29" high has been provided for customer use to accommodate persons with disabilities.

Maplewood Court: The service counter height in the Court Offices is at 41-1/2". A low table has been provided for customer use to overcome this barrier. The private restrooms in the jury deliberation room are noncompliant. Accessible restrooms are available in the building that can be used by jury members if necessary.

3. COMMUNITY COMMENTS

In the public meeting on June 10, 1997, a comment was made that both individuals present had wanted all of the courtrooms fully accessible to meet possible future needs. When the Courthouse was renovated in 1992 - 1996, ADA requirements were used to

design the courtrooms. Nine of the twenty-six courtrooms are fully accessible. This meets the requirements of the ADA in effect at the time of renovation. No further action is necessary.

EMERGENCY SERVICES

3383 N. Rice St.

Emergency Services is a department which deals with state and federal emergency management office and local units of government in Ramsey County. Emergency Services has minimal contact with the public. They are set up to help local government units when a disaster occurs. Services may include assistance with completing small business administration forms and reports to state and federal offices in order to obtain funds for affected communities.

1. PROGRAM EVALUATION

Emergency Services was evaluated for program accessibility on 1/6/92 and updated on 12/2/96. According to the evaluation, Emergency Services does not have access to a TDD but uses a Relay System to communicate with persons with hearing and speech impairments. The department rarely receives calls from the general public. It is not involved in recruitment, eligibility, admission or participation in its program, services or activities, since its main operation is dealing with other units of government.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

A building evaluation was completed as part of the Public Works building since Emergency Services is located in the lower level of the building. There is no elevator access to the lower level. Although the public may seek shelter in the building in case of an emergency, there is usually no public contact with this agency.

Deficiencies: No elevator access to lower level. See Public Works for additional detail.

Transition Plan: Since there is little, if any, contact with the public on premises, there is no recommendation to modify this barrier at the present time. Any other accommodations will be handled administratively as needs arise.

3. COMMUNITY COMMENTS

None.

EXTENSION SERVICES

2020 White Bear Avenue, Maplewood

The Extension Service is part of the University of Minnesota, Metro Area Cluster Program. The program is found in the seven county metropolitan area. Its mission is to involve people in improving the quality of life and enhancing the economy and environment through education, applied research and the resources of the University. Its programs include Expanded Food and Nutrition Education Program, Job \$ense, yard waste reduction, and Dads Make a Difference Project.

1. PROGRAM EVALUATION

An evaluation of Extension Services was conducted in 1993 and reevaluated in 1996. The results of this evaluation are found under Deficiencies.

Deficiencies: Printed materials do not contain language regarding ADA or publicize the availability of services for persons with special needs.

Action Plan: Add ADA compliance and special needs language to literature at next printing.

2. BUILDING EVALUATION

Extension Services is located in the Ramsey County Barn built in 1918. A property survey was completed in May, 1992 and updated in October, 1996. Since the original survey, public restrooms have been renovated to ADA standards but lack the proper signage.

Deficiencies:

1. Inadequate signage to identify accessible entrance at exterior doors and from parking area.
2. Teller/Service counters do not have optional lower height for wheel chair accessibility.
3. Self-service displays are too high.
4. Restrooms do not have signage to indicate accessibility.
5. No access to second floor.
6. Main exit door closes too fast.

Transition Plan:

1. Add signage to identify accessible entrances, directions to that entrance, restrooms, emergency and non-entrance doors and non-accessible entrances.

2. Teller/Service Counter is a permanent structure. Staff can overcome this barrier by having a service table off to the side to assist persons with disabilities.
3. Staff will be trained in assisting and responding to customers with disabilities
4. Displays will be lowered to be serviced by persons in wheelchairs.
5. Department will limit use of second floor. Programs and training will be offered on lower level to ensure accessibility.

3. COMMUNITY COMMENTS

None.

INFORMATION SERVICES

550 Government Center-West Building

Information Services is an internal operation serving all County departments and divisions. It provides computer assistance and training to County departments. It develops computer applications and helps identify future computer hardware and software needs for the County.

1. PROGRAM EVALUATION

Since Information Services is an internal department, there are no public issues. The program evaluation conducted on 2/11/92 and reviewed in December of 1996 showed that there are no programs, services or activities issues for this department.

Although not a public issue, the department does hold computer training classes for Ramsey County employees and employees of the City of St. Paul. Classes are held in accessible locations and accommodations are made as necessary. These classes are not open to the general public. The department complies with the ADA and no action plan is necessary.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Information Services is located in the Ramsey County Government Center-West Building. Physical barriers of this building and its transition plan are addressed under the Property Management Department.

Deficiencies: Accessibility of Ramsey County Government Center—West.

Transition Plan: See Property Management Report.

3. COMMUNITY COMMENTS

None.

JOB TRAINING

1945 Manton
Maplewood, MN

Ramsey County Job Training (RCJT) provides vocational assessment, case management, training, job seeking skills, supportive services, and placement to individuals who are public assistance recipients, dislocated workers, low income youth, and low income older workers. RCJT strives to provide individuals in need of employment a chance to gain and retain employment at a livable wage.

1. PROGRAM EVALUATION

An ADA program evaluation was conducted in December of 1992 and updated in December of 1996. The program provides sign interpreters and qualified readers on an as needed basis. Clients with speech and hearing impairments have access to programs through Ramsey County Human Services Department Relay System.

Recruitment and advertising materials are usually in written form. Readers are available for persons with visual impairments. Eligibility and admission requirements depend on the specific program requirements. Written math and reading tests may have a negative impact on persons with visual impairments. For some programs, readers are provided for tests and some written tests can be waived for persons with disabilities according to Federal JTPA policies.

Deficiencies:

1. Forms do not contain notice of ADA compliance.
2. Some forms refer to persons as handicapped.
3. Relay System is used to answer phone inquiries instead of TDD. Although this is acceptable, if there is a frequent use of relay system, department should consider purchase of TDD.

Action Plan:

1. ADA compliance statement or disability disclaimer should be added to all application forms and to "Participants Rights and Responsibilities".
2. Any reference to handicapped should be changed to disability on all forms and handouts.

2. BUILDING EVALUATION

A building evaluation was conducted on 10/19/92 and updated on 12/12/96. According to the evaluation, the building has several deficiencies that do not meet

ADA guidelines. RCJT has met with the owner of the building and discussed proposed changes to make the building ADA accessible. At the present time, the owner does not plan to update the building. RCJT along with several State and local programs is in the process of looking for new office space. The move is scheduled to take place in the Fall of 1997. In the interim, RCJT has temporarily located a site at the Ramsey County Workforce Center Office in St. Paul. This office is ADA compliant and can be used by the general public seeking job training services.

Deficiencies: Numerous in Gladstone Community Center.

Transition Plan: Relocate offices in Fall of 1997 to ADA compliant location.

3. COMMUNITY COMMENTS

None.

LAKE OWASSO RESIDENCE

210 N. Owasso Boulevard

Lake Owasso Residence is a residential treatment service for ambulatory people who are developmentally delayed and with related conditions. It serves a population of persons ages 16 through adult. The facility is licensed as a Class B Supervised Living Facility by the State Department of Health.

1. PROGRAM EVALUATION

An evaluation of Lake Owasso was conducted in 1992 and updated in December, 1996. The facility recruits residents through Ramsey County Social Services. Eligibility and admission requirements are limited to serve only those meeting license criteria. Any pre-admission screening conducted is to ensure Lake Owasso can fit the needs of the client, since each program is specifically designed to meet those needs. The program evaluation indicates that Lake Owasso uses a Relay System for the hearing impaired. There is little use of this service and appears to be adequate for this operation; therefore, it is not recommended that Lake Owasso purchase a TDD at this time.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

A building evaluation for Lake Owasso was completed in December of 1996. This facility did not conduct an original evaluation since it was scheduled for closure by the State. Since the initial report was completed, the facility has remained open with no definite date of closure planned; therefore, it was necessary to evaluate the public areas of this operation for accessibility.

There are four (4) buildings at Lake Owasso Residence. The three residence halls (upstairs Main Building, Taylor and Davis) along with the school house are not open to the public. The administration offices (downstairs Main Building) have limited public access. Visitors must go to the administration area to sign in and can meet with resident and staff in its conference room or cafeteria.

Deficiencies: The following deficiencies were found in the public portion of the Administration Building and surrounding area:

1. Noncompliant passenger loading zone.
2. Obstructive entrance threshold.

3. Non-compliant entry door latch hardware.
4. Undesignated accessible entrance.
5. Absence of directional signage to accessible entrance.
6. Inadequate clear usable opening for common passage doors (not in public areas; nurse's office, bathrooms).
1. Noncompliant door latch hardware for common passage doors.

Transition Plan: In 1997, Lake Owasso will:

1. Stripe parking area to show pedestrian aisle.
2. Building supervisor to adjust door threshold.
3. Change front door and common door hardware to lever handle or push/pull mechanism.
4. Add signage to mark accessible entry door and direct people from parking lot to entrance.

Deficiency #6 addresses non-public areas that may on occasion be entered by the public under certain circumstances. This item will not be addressed until closure decision of the facility has been firmly decided because of the age and general condition of the building.

3. COMMUNITY COMMENTS

None.

LAW LIBRARY

1815 Courthouse

The Law Library provides a collection of law books for the use of lawyers and the public.

1. PROGRAM EVALUATION

The Law Library was evaluated in 1992 and updated in December, 1996. There are no eligibility, recruitment or admission requirements to use the library. Parties interested in using the library have access to all the materials available. Staff are available to assist persons with physical disabilities in retrieving books and periodicals. Books in the library are in written forms. Alternative forms are not available. Because of the nature of this services, there are no auxiliary aids to accommodate persons with visual impairments. The department can use the relay service to provide information to callers . No action plan is necessary at this time.

Deficiencies: Texts are available in written form only.

Action Plan: The nature of the law library does not allow for books to be available in alternate formats without changing the intent and purpose of the service. Individuals that seek to convert information into alternative formats would do so at their own expense.

2. BUILDING EVALUATION

The Law Library is located in the Courthouse. The major renovation of the building from 1991-1996 addressed issues of accessibility and made the necessary modifications.

Deficiencies: Doors into library and restrooms are extremely heavy.

Transition Plan: Building Services will adjust door closers to reduce pull needed to open. They will also check into leaving library doors open during business hours taking into account fire codes and HVAC accommodations.

3. COMMUNITY COMMENTS

None.

LIBRARIES

4570 N. Victoria St.
Shoreview, MN

The libraries are a system of seven locations that offers library services to the residents of Ramsey County and the surrounding metropolitan area. Its mission is to assure that all persons can easily obtain, without charge, the cultural, recreational, and factual resources they need to improve or enrich their lives.

1. PROGRAM EVALUATION

A program evaluation was conducted on the various activities performed at the seven libraries. The evaluations were initially conducted in 1992 and updated in July, 1996.

Deficiencies:

1. Libraries use Relay System to communicate by telephone with the hearing impaired.
2. Most of the advertising and information about the libraries is available in print only.
3. Program registration materials do not offer place to indicate special accommodations.
4. Brochures do not properly identify which libraries are fully accessible.
5. No visual alarm in building.

Action Plan:

1. Libraries should consider purchase of TDD to provide more efficient communication with clients who are hearing or speech impaired.
2. Advertisements and information about the libraries should utilize multi-media formats.
3. Registration materials shall include place to indicate if special accommodations are needed.
4. Brochures on the libraries will indicate which libraries are fully accessible.
5. Emergency procedures will be amended to address evacuation of persons with disabilities.

2. BUILDING EVALUATION

The libraries, as a whole, meet ADA accessibility requirements although individual libraries have physical barriers that may limit accessibility at some locations. The new Roseville, Maplewood and Shoreview libraries have eliminated almost all barriers found in the surveys. Those barriers that remain will be handled administratively.

Mounds View library has some minor barriers that are scheduled to be corrected in the

near future. North St. Paul, White Bear Lake and Arden Hills libraries have many barriers that need to be corrected. These deficiencies are addressed in the Transition Plan and staff at these libraries are actively seeking funds to address these issues.

Deficiencies:

1. Need power-assisted door openers at Arden Hills, North St. Paul and Moundsview.
2. Public counters do not have accessible area (Arden Hills, North St. Paul and Moundsview).
3. Exposed pipes under sinks needs insulation - All locations.
4. Drinking fountains not accessible (Arden Hills, North St. Paul and White Bear Lake).
5. Restrooms not fully accessible (Arden Hills, North St. Paul and White Bear Lake).
6. Curb cuts do not have different texture (Arden Hills, North St. Paul).

Transition Plan:

1. Power doors added 1996/1997.
2. Counters modified 1996/1997. Specific areas near counters designated for use for persons with disabilities.
3. Pipes will be insulated 1996/1997.
4. Drinking fountains will be modified 1996/1997.
5. Funds for remodeling restrooms to be requested in 1998 Grant/Capital Improvement Applications.
6. Funds to modify curb cuts requested in 1997 Grant/Capital Improvement Applications.

3. COMMUNITY COMMENTS

At the public meeting on June 10, 1997, a person made that comment that he does not like the wording under the Building Evaluation section of this report that states: "The libraries, as a whole, meet ADA accessibility requirements...." He felt this gave the County Commissioners the impression that everything is okay and that nothing further needed to be done at the libraries.

In addition, the Roseville library was made for easy access from cars but not directly accessible from both sides of the library for someone walking or in a wheelchair.

MEDICAL EXAMINER'S OFFICE

300 East University Avenue

The Medical Examiner's Office was established for the purpose of investigating deaths occurring within Ramsey County, as mandated by Minnesota State Law. One of its objectives is to provide information and assistance to surviving family members at the time of death including identification of bodies and autopsy results.

1. PROGRAM EVALUATION

A program evaluation of the Medical Examiner's Office was completed on 8/24/92 and updated on 11/19/96. The evaluation reveals that this department's public access is limited to the identification of bodies by family members. From an ADA perspective, the department assists families as needed who may have a member with a disability and will get personal aides if necessary. The department complies with the ADA and there are no recommendations at this time.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

The Medical Examiner's Office moved to its new location at 300 University Avenue in March of 1994. The new facility was built incorporating ADA guidelines in existence at the time of the construction.

Deficiencies: None

Transition Plan: N/A

3. COMMUNITY COMMENTS

None.

PARK AND RECREATION

2015 North Van Dyke Street
Maplewood

The Park and Recreation Department offers a variety of activities for people of all ages. Biking, hiking, swimming, boating, fishing, picnicking, golfing, skating, and cross country skiing are just a few of the activities enjoyed by the public and offered by this department.

The County has five regional parks, a nature center, four golf courses, a golf dome, ten public ice arenas and numerous picnic and beach areas. The department offers classes to the public including cross country ski lessons, skating and golf instruction. The department is dedicated to providing recreational facilities and programs to all guests of its park system.

1. PROGRAM EVALUATION

An ADA program evaluation was conducted in 1992/93 and updated in December, 1997. The following is a brief overview of the programs and activities offered by this department.

Archery, bicycling, cross country skiing, golf, hiking, horseshoes, skating, swimming and interpretive programs are some of the activities open to the public. For all these activities, there are no eligibility or participation requirements. The department produces a variety of brochures, flyers and other publications to advertise and promote these activities. Persons interested in activities can call the administration office for any information. Inherent in these programs are areas that may limit accessibility to persons with disabilities. Archery, bicycling, cross country skiing and golf require persons with minimum visual ability to perform these activities safely. No individual aids are provided to individuals to overcome these barriers and none are required under the ADA guidelines. For some activities the terrain may present barriers to individuals with limited mobility. Again the nature of the activities makes some programs inaccessible; however, for the hiking and nature interpretive trails, the County provides some trails that are fully accessible.

The department offers concerts at the various parks. These events are advertised in multi-media formats including radio and television. Concerts are open to all. There is no permanent seating offered for these concerts. Most are held in grassy areas that may offer challenges to persons with mobility impairments; however, there are paved trails at most concert sites.

The department also rents out its arenas for “dry floor” events. The arenas have some physical barriers which will be discussed under the Building Evaluation section of this

report.

There is a nature center that offers programs on nature interpretation. No aids are provided for these programs although they are available upon request. The department has use of a TDD and the Relay System to answer questions by phone. Because of the nature of these programs, there are some accessibility issues. The County and the department try to offer these programs in the most accessible settings while retaining the nature and intent of the programs. Information on the programs are not available in braille or large print. Interpretive signs are not in braille. Some of the trails used in the interpretive programs are difficult for persons with mobility impairments and provide poor traction for wheel chairs. Volunteers are used in the program and are trained to assist persons with disabilities.

Picnic areas, children's play areas and beaches are not all fully accessible. Some picnic areas have accessible shelters and accessible scattered free-standing tables (see schedule). The department plans to have all play areas fully accessible by 1999 (see schedule). Persons with mobility impairments may have limited access to certain facilities.

People interested in fishing can use the fishing piers on Island, Long and Beaver Lake along with the lake at Keller Regional Park. Shoreline fishing has no paved path to the designated shoreline which may limit access to persons with physical impairments.

Watercraft launching requires participants to be capable of launching their own boat. The department offers no assistance in using this service.

On the whole, the programs, services and activities offered by the Parks & Recreation Department are moving toward maximum accessibility within the fundamental nature of the programs offered.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Deficiencies: Evaluations of the various facilities are presented in the following pages.

Transition Plan: The plan developed by the Parks and Recreation Department is outlined in the following pages.

3. COMMUNITY COMMENTS

At the public meeting on June 10, 1997, the comment was made that the department should make sure that all picnic tables are spaced so that persons in wheelchairs are able to move in close to the table.

PERSONNEL

430 Government Center-West Building

The Personnel Department is responsible for recruiting job applicants for employment positions in the County personnel system, administering employment tests, and referring candidates for consideration by employing departments. They are also responsible for dealing with the on-going personnel issues of employees.

1. PROGRAM EVALUATION

A review of the ADA Program Evaluation for the Personnel Department was completed in August, 1992 and updated in December, 1996. The County does not discriminate against persons with disabilities in the recruitment, application and eligibility requirements for employment. Applications for employment are available at Ramsey County Government Center West. An applicant has the option of completing a job application on site. If help is needed completing the application, staff are available to assist.

Deficiencies: Applications for employment do not have a statement showing compliance with ADA.

Action Plan: All applications should have a statement regarding Ramsey County compliance with ADA.

Note: Any ADA issues relating to employment are not covered in this report. Risk Management and Personnel have addressed employment issues separately.

2. BUILDING EVALUATION

The Personnel Department is located in the Ramsey County Government Center-West Building. The physical barriers within the department and in the building are addressed under the Property Management report. To overcome these barriers, the department uses alternate accessible sites to ensure applicants have equal access to employment opportunities.

Deficiencies: Accessibility of Ramsey County Government Center-West.

Transition Plan: See Property Management report.

3. COMMUNITY COMMENT

At the public meeting on June 10, 1997, there were some questions raised about employment issues. It was explained that this report dealt with public accessibility of programs, services and activities offered by the County. Employment issues were handled separately by the Personnel Department.

PROPERTY RECORDS AND REVENUE

845 Government Center-West Building

The Property Records and Revenue Department of Ramsey County deals with recording and taxation of real property located in Ramsey County and elections/voter registration. With respect to the property, the department is responsible to properly value and classify all property in the County for the purpose of assessing property taxes. It collects property taxes and processes tax payments, deed taxes and mortgage registration taxes. The department also notifies property owners of any tax delinquencies. It provides information by phone or in person regarding taxes, values, classification and ownership of property. The department is also involved in public auctions of those properties that have been forfeited to the State for non-payment of real estate taxes.

In addition, the department is responsible for elections and voter registration. It conducts elections either at specified polling places or by providing an opportunity for all eligible voters to vote by mail or at the County Auditor's Office. It also offers the opportunity for citizens who are eligible to vote to register to do so.

1. PROGRAM EVALUATION

A program evaluation for this department was conducted in 1992 and completely redone in 1997 to provide a more comprehensive evaluation of the programs, services and activities it offers. Comprised of three major divisions, Valuation, Revenue Records and Property Records, the department is set up with various functions related to property taxation in Ramsey County. It values properties for taxation purposes, sends out tax notifications, holds public Truth In Taxation hearings, records property information in County records, and conducts public auctions for tax forfeited lands. The division has daily contact with the public either by phone or in person. There is a person on staff who can sign and is available to assist persons with hearing impairments. Staff are trained to meet customers' needs and will assist customers with disabilities. The division has access to a TDD and also uses Relay and fax systems to communicate. Information is advertised in the newspaper and through the County Board cable program. Meetings for the public are held at accessible sites. The department has no eligibility or admission requirements to its programs and services and there are no barriers to participation in these programs.

Revenue: Information on property taxes and valuations are mailed to each property owner. A Board of Equalization has been established to afford property owners the chance to appeal values. There is a special classification for properties owned and occupied by persons who are physically impaired. To be eligible for the special tax classification, the owner must obtain certification from his/her doctor and submit a request to the state. The state determines eligibility for this program. All property

owners who seek this special classification must be re-certified every year.

Deficiencies: None

Action Plan: N/A

Elections/Voter Registration: This division is responsible for elections and offers voter registration to all eligible citizens. Requirements for voter eligibility are determined by the state. The County does not discriminate against persons with disabilities.

Elections are held at various polling places throughout the County. These sites are chosen by the various cities. Ramsey County is responsible for verifying site accessibility and providing the necessary equipment and judges at the sites. Accessible voter stations are available at each precinct polling location. No voter materials are available in braille or taped formats, although some large type material is available. The election judges and election staff are trained to assist voters with disabilities that are unable to vote unassisted. Ballots are marked and an affidavit of assistance is signed when assistance is given to voters.

Deficiencies:

1. Some individuals need assistance of election judges to vote. Ballots are marked accordingly and an affidavit is signed by the assisting judge as required by statute.
2. Large print material is available for elections only.

Action Plan:

1. The process to assist voters with disabilities has been established by Minnesota Statute and includes wheel chair height voting booths and election judge assistance. Any changes in this process need to come from the State level.
2. Review operations to see where additional large print or braille materials should be used.

2. BUILDING EVALUATION

Property Records and Revenue is located in the Ramsey County Government Center-West Building. Physical barriers in the building are addressed under the Property Management report.

Deficiencies: Accessibility of Ramsey County Government Center-West.

Transition Plan: See Property Management report.

3. COMMUNITY COMMENTS

An individual responded to the County's request for public comment by interoffice memo. He stated that the Department of Property, Records and Revenue should have an action plan since they administer programs such as This Old House Law along with appeals of property values. The department also sends out tax notices, valuation forms and notifications of public meetings. A visually impaired person could not possibly take advantage of these programs or know of the information provided by the department unless they make things available in some manner other than print. He also felt that voting should be totally independent of assistance and the election section of the department should research and implement law changes to accomplish this.

As an employee of this department, he was not aware who the ADA representative for the department is or that the employees have had any training on assistance to a person covered under the ADA.

PROPERTY MANAGEMENT

660 Government Center-West Building

The Property Management Department is an internal operation serving the various departments and tenants of Ramsey County-owned buildings. It is responsible for maintaining the various properties and ensuring the buildings are safe and usable for all people entering the buildings.

1. PROGRAM EVALUATION

No program evaluation was conducted for the department. All issues related to program, services, and activities fall under the physical barriers of the various buildings. These issues are addressed under BUILDING EVALUATION.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Property Management is responsible for the operation and maintenance of three County-owned facilities; Courthouse, Government Center-West, and Government Center-East. In addition, the department consults with various departments in acquiring, constructing, renovating and leasing properties. Building issues related to the various departments are found under the appropriate departments. The three main building are discussed below.

For the Courthouse and Government Center-East, major renovations occurred from 1991 - 1996. Issues of accessibility and the necessary modifications were addressed at that time based upon the ADA guidelines in effect during that period.

The Government Center-West was not part of a major building renovation, however, an evaluation of the building was performed by Wold Architects where accessibility issues were identified. Since that time, the following ADA upgrades have been completed at this facility:

- Lobby was remodeled, new accessible power doors were added to the main entrance.
- New fire alarm system with audio and visual assists is currently being installed. Estimated completion date is July 1997.
- Twenty-two handicap parking spaces were added near the rear entrance of the building.

- Signage in some areas of the building were upgraded and include braille identifications.
- One hand/one motion or lever handle door hardware was installed in remodeled areas.
- Wheel chair accessible ramp/tunnel was installed connecting ADC and West.
- Wheel chair accessible ramp was installed connecting E and F buildings of West.
- Wheel chair accessible ramp was installed connecting cafeteria and roof deck.
- Kellogg Plaza Deck was remodeled removing gates and barriers and installing curb cuts for wheel chair access.

Deficiencies:

1. Signage in portions of the building does not meet ADA guidelines.
2. Each floor should have accessible restrooms with accessible routes within building to those restrooms.
3. Drinking fountains are not all accessible. At a minimum, one on each floor should meet ADA Guidelines.
4. No accessible entry from Shepard Road into building.
5. Provide signage at Shepard Road entry showing location of accessible entry.
6. Provide directional signage in building F identifying accessible routes to other buildings within West.
7. Upgrade remaining bathrooms, drinking fountains, door hardware, signage and directories to remove all barriers within the building.

Transition Plan : **West Building**

1997 - \$125,000 budgeted for ADA modifications to restrooms.

2001 - \$254,544 budgeted for design and construction of accessible entrance on Shepard Road, drinking fountain upgrades and signage.

2002 - \$254,544 budgeted for additional restrooms, drinking fountains and signage modifications.

3. COMMUNITY COMMENTS

At the public meeting on June 10, 1997, a comment was made that there is no direct access from the two sets of doors in the lobby of the West Building at the Kellogg Main Entrance. Why were the two power doors placed at different ends of the entrance.

In addition, the two people attending the meeting did not like the direct path accessibility of the West Building. They both felt more money needs to be spent to ensure that the building is as accessible as possible.

It was also noted that the drinking fountains that are scheduled for replacement should be looked at carefully to ensure that the replacements are the most accessible ones available. Some of the “accessible” fountains offer only limited accessibility.

The final comment that deals with all property owned by the County is that this self-evaluation was conducted by employees. One of the respondents felt that an outside consultant should be hired to do all the building evaluations again to make sure that the employees did it correctly. This comment was noted but no action will be taken on it.

One individual who responded in writing commented that the he has worked in the West Building for many years and sees little if any improvement to the things in the building that would assist blind persons such as braille labels on elevators, braille designations on bathroom doors and making the cafeteria machines etc. accessible to a blind person.

PUBLIC DEFENDERS OFFICE

1808 Firstar Bank Building

The Public Defenders Office is a criminal defense office representing indigent persons charged with crimes in Ramsey County. It provides the necessary legal services for those individuals that qualify for assistance under the program.

1. PROGRAM EVALUATION

A program evaluation for the Public Defender's Office was conducted in September, 1992 and updated in December, 1996. The report revealed that the department does not recruit participants or set eligibility requirements that would discriminate based on a person's disabilities. The Department accommodates clients with limitations and provides the necessary aids and accommodations to ensure that individuals are given adequate legal service under this program.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

An individual building evaluation was completed at this location in September, 1992 and updated in December, 1996. The Department reported that the building and office are accessible. Although there are not fully accessible bathrooms on the 18th floor, access is available on the 19th floor through elevator service.

Deficiencies: None

Transition Plan: N/A

3. COMMUNITY COMMENTS

None.

PUBLIC HEALTH

Suite 930, RCGC-West

Ramsey County Public Health Department is responsible for Public Health Nursing, Nutrition, Environmental Health and Solid Waste. The Program Evaluation section offers a brief description of the various programs offered along with identifying any deficiencies found within the programs.

1. PROGRAM EVALUATION

Program Evaluation of the various divisions of Public Health were conducted in 1992 and re-evaluated in February 1997 to reflect the current organizational structure of the department. The department is entering into a Joint Powers Agreement with St. Paul Public Health Department effective July 1, 1997 and its impact is not reflected in this report.

Public Health Administration: Administrative offices of Public health are located in the West Building. Department staff may use (a) the telecommunication device (TDD) located at the West Building reception, (b) Administration funds for American Sign Language interpreters, or (c) the Minnesota Relay System to serve hearing impaired clients.

Deficiencies: Some information is only available in written form.

Action Plan: Have alternate formats (written and verbal) available for clients.

Community Health Development Division: In 1993 and 1994 the Health Education Division became the Community Health Development Division (CHD) with two major programs - Community Services and Correctional Health Services. CHD creates and participates in partnerships which address specific community or institutional health needs by using a community health promotion model and approach and by recognizing and reflecting cultural competence in health promotion.

Community Services staff are housed at RCGC West. Services include adolescent health education, family violence initiatives, HIV/AIDS prevention activities, and other community health education activities. Services are delivered at RCGC West and at other community sites by invitation. Ramsey County Corrections Department contracts with CHD for health services for the Adult Detention Center, Workhouse, Boys Totem Town and Juvenile Detention Center. The Corrections Department is responsible for Correctional Health program and site surveys.

Deficiencies: None

Action Plan: N/A

Environmental Health Division: The Environmental Health Division is located in the basement of the Ramsey County Maplewood Branch Library. The Division enforces Ramsey County ordinances pertaining to hazardous waste, food establishments, lodging facilities, public swimming pools, manufactured home parks, childrens camps, and abatement of public health nuisances.

Training sites include conference rooms at the Maplewood Library and the New Brighton Community Center. The Maplewood Library is used for hazardous waste seminars, the Hazardous Waste Advisory Council, and the Food Protection Advisory Council. The New Brighton Community Center site is used for the pool operators and artification course.

Deficiencies:

1. Forms including results of reports, license applications, and licenses and seminar notices are not available in alternative formats, but the nature of the program is unlikely to require alternatives.
2. Food license forms and seminar schedules do not include a statement regarding ADA II compliance.

Action Plan:

1. When the public calls in for program reservations, staff will ask if special arrangements are needed.
2. Add ADA compliance statement to forms and brochures.

Solid Waste Division: The Solid Waste Division is co-located with Environmental Health in the basement of the Ramsey County Maplewood Branch Library. Solid waste management includes:

- yard waste collection and composting
- household hazardous waste collection
- processing of recyclables
- regulation of licensed haulers and facilities and non-licensed solid waste activities
- public information in all the above areas

Solid waste programs include:

1. Public information through meetings and written materials.
2. Yard waste collection and composting at 8 drive-in sites. Site monitors can assist the disabled with dumping and have cellular phones for emergencies.
3. Drive-in hazardous waste collection at one year-round and four seasonal sites.
4. Collection and processing of recyclables at Ramsey County Recycling Center

which is leased to Supercycle and Greenwing. Only Greenwing is open to the public.

5. Information on solid waste management through telephone, TDD, and written media.
6. Regulation.

Public meetings are held in accessible public buildings such as Maplewood Library, park buildings, and city halls. Information regarding solid waste programs is mailed to Ramsey County residents or distributed as city news inserts or at meetings.

Information is also available by phone. Minnesota Relay Service can be utilized for the hearing impaired. Recruitment for boards is through standard county recruitment efforts.

Deficiencies: None

Action Plan: N/A

Nursing Division: Programs and service delivery sites of the Division of Nursing change regularly. Currently the three major programs of the Division are Family Health, Adult Health Management, and Disease Prevention and Control (DP&C). Increasingly, the focus of services is on assessment and referral of individuals and health education to groups. Family Health, Adult Health, and DP&C services are provided in homes or at shelters, clinics, schools, family centers, and other community sites. When Nursing is invited to do a presentation, the host group is responsible for assuring accessibility. If Nursing sponsors activities, meetings are held in accessible spaces and materials are available in different formats upon request. For in-home services, Nursing assesses the physical limitations by phone at intake and on the first visit. In-home services include assessment, nursing care, and health teaching. Immunization clinic services include injections and health teaching. For these services, clients would need to call in to request special services such as interpreters.

Written communication, TDD, sign language interpreters, and MN Relay Services are used for the hearing impaired. Verbal communication is the primary method for the visually impaired. Staff training includes orientation to Department services for hearing impaired.

Deficiencies: The client's Bill of Rights uses the term handicapped.

Action Plan: Change use of the term handicapped to disabled in next printing.

Nutrition Division: The Division provides nutrition services and professional training at community locations. Their mission is to alleviate hunger and improve the health of county residents through nutrition services at public clinics; professional training on

request; and provision of nutrition information via media and community programs and home visits. Services are targeted to low income, minority groups. Services include counseling on doctors orders; small group presentations; and advice to parents and interpretation of children's growth data. Currently St. Paul/Ramsey County WIC Program services and sites are managed by City of St. Paul Nutrition staff, and other Ramsey County nutrition services and sites are managed by Ramsey County Nutrition Division staff.

Programs provide sign language interpreters as needed. Assessment tools for the elderly are tape recorded and mention the nutrition program. The tape is marketed and housed for loan by St. Paul Society for the Blind. They also have large print materials for visually impaired. The Division has the use of the Department's TDD. When groups invite Nutrition Division to speak, the group is responsible for their own recruitment and arrangements for interpreters, etc.

If disabled persons seek services at Main Street Health and have other assigned clinics for health care, Nutrition cannot counsel them but will assist with hunger issues or answer questions about nutrition.

The Division sponsors joint public health service announcements with Metro and Minnesota Department of Health WIC Programs, Children's Defense Fund, First Call For Help, and Senior News Letters.

There is one application form for this program. If applicant needs assistance to complete application, assistance will be provided by staff. Application form does not contain ADA compliance statement but does carry discrimination disclaimer. Orientation for participants is done verbally and supplemented with written information.

Deficiencies: Forms should publicize availability of auxiliary aids if needed.

Action Plan: Include place on form to indicate if applicant has special needs so that appropriate accommodations can be made.

2. BUILDING EVALUATION

Public Health has various sites throughout Ramsey County both as permanent sites and temporary locations that offer services to the general public. Evaluation of the various sites were conducted in 1992/93 and updated in early 1997. New sites were surveyed and the results are found below.

Administration: Offices are located in the West Building. Evaluation of this

building was conducted under the Property Management portion of this report.

Community Health Development Division: Services for this division are located in the West Building and at other public sites. There are no accessibility issues for this division.

Environmental Health Division: This division is located in the Maplewood Library. Physical barriers for this location was addressed under the report for the libraries. The division holds some meetings and seminars at the New Brighton Family Service Center. An evaluation of this location is found under the Nursing Division portion of the Building Evaluations.

Solid Waste Division, Ramsey County Recycling Center
Greenwing Office, 475 Rice Street, St. Paul, MN

The Recycling Center is a drop-off for various recycleables. People drive in, drop off materials and drive off. Traffic flows in a one way direction to avoid congestion. This site is an alternative to curbside recycling offered in the various communities of Ramsey County. At one time, the building on site was used as a redemption center. Now the public has no access to building, therefore, no further evaluation of this facility is necessary.

Deficiencies: None

Transition Plan: N/A

Nursing Division: This division utilizes many sites in providing services to the community. Adult Health services are currently delivered at Psychiatric Medication Clinics at Ramsey County Mental Health Center and will expand to public high rises in 1997.

Family Health services are delivered at:

- 1245 St. Anthony (clinic for residents)
- RCGC East Lobby
- Other Community sites upon invitation

Site locations were not conducted at these sites but these sites are set up to accommodate population service.

Disease Prevention and Control services are delivered at regular immunization clinics, seasonal flu clinics, and client homes, shelters, and other sites as necessary and/or upon invitation. There are 4 locations that are used as regular immunization sites. The sites are used three to six hours monthly. Sites are selected to offer convenient

locations to suburban communities. None of these sites are owned by the County. Evaluations were conducted at these sites and the results shown below:

- 1. Mounds View City Hall**, 2401 Highway 10, Mounds View, MN
- 2. New Brighton Family Service Center**, 400 10th St. NW, New Brighton, MN 55112

Deficiencies: None

Transition Plan: N/A

- 3. Fairview Community Education Center**, 1910 West County Rd. B, Roseville, MN

Deficiencies:

1. Non-compliant door latch hardware for common passage doors.
2. Absence of compliant toilet room signage.
3. Absence of audio signals indicating elevator arrival, direction and landing.
4. No visual or no audible signal for emergency warning system.

Transition Plan: Department will request building owner to comply with ADA and remove above deficiencies. If owner is unable to comply, department should look into alternate sites for clinic, taking into account the limited use of facility and other accessible sites under program. These deficiencies do not affect the accessibility of the program, services and activities offered on site. Note: It would be helpful if this facility provided signage in County Rd. B parking lot to direct persons with disabilities to go along the (L) road to the southeast lot for accessible parking, doors and elevator.

- 4. St. Stephens Lutheran Church**, 1925 E. County Rd. E, White Bear Lake, MN

Deficiencies:

1. No audible or visual signal alarm.
2. Undesignated accessible entrance(s).

Transition Plan:

1. Staff will be trained on how to respond to emergencies in building without alarm system. Staff should be knowledgeable of emergency exits and shelters within the building and be sure clients are out of the area in the event of an evacuation/emergency.
2. Owner will be asked to install signage that designates accessible entrances.

Nutrition Division: This division has 11 non-owned sites serving the County. The

site usage is limited to 3 hours/week. Evaluations were conducted and transition plans developed for each site.

- 1. Face-To-Face Clinic**, 1165 Arcade St., St. Paul, MN 55106
- 2. Model Cities Abrams Clinic**, 491 University Ave. W, St. Paul, MN 55103
- 3. Normandy Education Center**, 2482 E. County Rd. F, White Bear Lake, MN 55110

Deficiencies: None

Transition Plan: N/A

- 4. Model Cities Clinic**, 430 N. Dale St., St. Paul, MN
- 5. Dorothy Day Center**, 183 Old 6th Street, St. Paul, MN 55102

Deficiencies: Nonvisual or nonaudible signal for emergency warning system.

Transition Plan: Facility is used on a very limited basis. To overcome this deficiency, staff will be trained on how to respond to emergencies in building without alarm system. Staff should be knowledgeable of emergency exits and shelters within the building and be sure clients are out of the area in the event of an evacuation/emergency.

- 6. North End Medical Center**, 153 Manitoba, St. Paul, MN

Deficiencies:

1. Absence of accessible entrance to building (accessible outer door requires a helper to open door from inside as it is kept permanently locked and cannot be opened by a disabled person alone).
2. Undesignated accessible entrance(s).
3. Noncompliant entry door latch hardware.
4. Nonvisual or nonaudible signal for emergency warning system.

Transition Plan: Access to site is limited because of entry to this building. Any information in brochures or information materials should show this site as not accessible and indicate which sites are accessible. Since there are alternate sites available under this program, it is not necessary to relocate this site but the department should evaluate this area to see if there is an alternate accessible site available.

Staff will be trained on how to respond to emergencies in building without alarm system. Staff should be knowledgeable of emergency exits and shelters within the building and be sure clients are out of the area in the event of an evacuation/emergency.

7. Women's Advocates, 584 Grand Ave., St. Paul, MN

Deficiencies:

1. No accessible parking.
2. No accessible entry.
3. No accessible sanitation facilities.

Transition Plan: This location is not accessible to persons with physical impairments; however, other sites are available that are accessible. The department should evaluate this area to see if there is an alternate site available that would be more accessible. Be sure all materials and information indicate that this site is inaccessible.

8. Faith Lutheran Church, Charles Avenue & Mackubin, St. Paul, MN

Deficiencies:

1. No audible signal for elevators. (Has little impact on services at this site.)
2. People must ring bell for entry. (This deficiency is handled administratively by attendant who opens door as necessary.)
3. No audible or visual signal for fire alarms.

Transition Plan: Staff will be trained on how to respond to emergencies in building without alarm system. Staff should be knowledgeable of emergency exits and shelters within the building and be sure clients are out of the area in the event of an evacuation/emergency.

9. Naomi Family Center, 77 E. Ninth St., St. Paul, MN

10. Lowry Family Shelter, 347 N. Wabasha St., St. Paul, MN

There are many deficiencies in these buildings and these sites serve a targeted population that cannot be effectively served elsewhere. Other locations are available that are accessible and therefore no recommendations are made for these sites.

11. St. Mark's Lutheran Church, 2499 N. Helen St., No. St. Paul, MN

Deficiencies:

1. No accessible bathrooms.
2. No visual fire alarm.

Transition Plan:

1. Although the site has limited usage, the division should look for an alternative location in the area that would provide accessible bathrooms to participants in the program.

2. Staff will be trained on how to respond to emergencies in building without alarm system. Staff should be knowledgeable of emergency exits and shelters within the building and be sure clients are out of the area in the event of an evacuation/emergency.

3. COMMUNITY COMMENTS

None.

PUBLIC WORKS

910 Government Center-West Building

The Public Works Department is responsible for providing and maintaining safe and efficient road systems in Ramsey County that coordinate with the needs of other governmental agencies. The department facilitates the preservation of lakes and other water resources through effective resource management. It also provides a system of uniform land records to ensure proper recording of properties. It coordinates the public works programs with federal, state and local agencies.

The Public Works Department is responsible for developing highway systems within Ramsey County. It is involved in reviewing highway needs and planning and constructing the roads including bridges, traffic control lights and warning systems. The Department also maintains the highways including snow removal. In addition, it provides information on roads and properties within the County to the public by phone, in person or by mail.

1. PROGRAM EVALUATION

An evaluation of Public Works was conducted in 1993 and updated in November, 1996. According to the evaluation, the department uses various mediums to communicate information to the public. It has a newsletter, Second Season, that is sent to interested individuals. Calls into the department by persons with hearing and speech impairments are received through the Relay System. At the present time, there is limited use of the Relay System. Most contact with the public is very limited in nature. The public may visit one of the facilities to pick up information. If a signer is needed, the department can request the services of one through the county. At the present time, the department has not needed these services.

The Public Works Department currently is involved in constructing pedestrian curb ramps or cutting curbing to comply with ADA requirements. In the 1997 construction season, the Public Works Department will construct 122 pedestrian curb ramps. In the past five years, the Public Works Department has completed 652 curb depressions.

Deficiencies: None

Action Plan: The department has access to the Relay System for calls from persons with hearing and speech impairments. It should monitor the use of this system to see if the department should install a TDD phone.

2. BUILDING EVALUATION

The administrative offices of Public Works are located in the Government Center-West. Barriers within this building are handled by Property Management.

Public Works has limited public contact at its two locations on Rice Street. Although the current buildings have accessibility problems, the department is searching for a possible new location to house its operations. At both #3377 and #3401, there are accessibility issues in entering the building. These issues must be dealt with if the department plans to stay at these locations and public areas should be limited to portions of the buildings that are accessible.

Deficiencies: **Building 3377 Rice St. and 3401 Rice St.**

1. Path to entrance of building inadequately maintained.
2. Entrance to basement area inaccessible (16 steps and no ramp or lift).
 3. Entry area inaccessible—threshold too high, landing too narrow, and hardware too high.
4. Interior signage on public doors does not comply with ADA guidelines.
5. Interior passageway obstructed.
6. Toilets and signage not in compliance.
7. No visual emergency warning system.

Transition Plan: The Public Works Rice Street facility does not meet ADA standards for accessibility. The facility, built in 1947, is in need of a major rehabilitation. Funds for the building rehabilitation have been requested for 1998. Funds for a new facility have also been requested. ADA standards will be taken into consideration if either the present building is rehabilitated or a new facility is constructed.

3. COMMUNITY COMMENTS

None.

RAMSEY NURSING HOME

2000 White Bear Avenue, Maplewood

Ramsey Nursing Home is a long term care facility providing residence and health care for adults over eighteen years of age. It is dedicated to provide quality care with compassion and respect for human dignity for those residents of Ramsey County who need long-term or rehabilitative care and cannot be cared for in their own home including those who are difficult to place in private sector nursing homes.

1. PROGRAM EVALUATION

The Nursing Home conducted a program evaluation in January, 1997. The evaluation revealed that the Nursing Home does not recruit or advertise for participants in its programs. Eligibility criteria is set by the Nursing Home's license as a long term skilled health care facility. In addition to this criteria, residents must be eighteen years old and residents of Ramsey County. The eligibility requirements do not discriminate against persons with disabilities. Residents in the program are interviewed by nursing, social services, dietary and activities to determine the needs of residents and how to best meet those needs. These interviews are not discriminating and are intended to provide residents with a custom program that meets their needs.

Large print materials are available to residents such as calendars, menus and activity announcements. Staff and volunteers are trained to assist persons with disabilities and do so as needed.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

All program, services and activities are offered at 2000 White Bear Avenue. A property survey of this location was conducted in May, 1992 and updated in January, 1997. There is one public entrance to this facility which is accessible. The loading area at this entrance is extremely wide for easy assistance to residents. There are several deficiencies noted in the report. The transition plan deals with correcting them in a timely manner.

Deficiencies:

1. Signage in parking area is obscured. Need to raise the signs higher.
2. Need one additional accessible parking space.
3. Interior signage is posted at incorrect height and does not include braille text.
4. No audio signals when elevator arrives or when floors are passed.

5. Public restrooms are not fully accessible, signage at public restrooms inaccurately states accessibility.
6. There are four public phones in the building, none are TDD equipped and the handset cord length is too short.

Transition Plan:

1. Use an extender to increase height of accessible parking signs in parking lot. Target Date: Immediately. Costs: Minimal.
2. Add one additional accessible parking spot to lot. Target Date: Spring. Costs: Minimal.
3. Change signage in the building to meet ADA guidelines. Target Date: Request 1999 CIP funds. Costs: Estimated \$75/sign
4. Upgrade elevators to provide audio signals. Target Date: The Nursing Home has only two floors so that passengers are not passing floors. This issue is not critical to ensure accessibility of the Nursing Home's program, services and activities. There are no immediate plans to remedy this deficiency.
5. Remove accessible signage from public restrooms that are not fully accessible. Target Date: Immediately. Costs: None.
6. Remove one public phone or add TDD public phone. Change handset cord lengths on all public phones. Target Date: Immediately. Cost: Minimal.

3. COMMUNITY COMMENTS

None.

REGIONAL RAIL AUTHORITY

665 Government Center-West Building

The Ramsey County Regional Rail Authority (RRA) is dedicated to a long-range vision of transit services to meet changing need for today and for succeeding generations. RRA is committed to planning of integrated transportation services in cooperation with other agencies. The RRA Board consists of the seven County Commissioners. In addition to planning the rail transit system, RRA is involved in the acquisition of land for light rail corridors.

1. PROGRAM EVALUATION

A program evaluation of this operation was conducted in 1996. At the present time, the Regional Rail Authority does not offer any programs, services or activities to the public. ADA issues will be incorporated into transit systems which are operated by other agencies.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Regional Rail Authority is located in the Ramsey County Government Center-West Building. Physical barriers in the building are addressed under the Property Management report.

Regional Rail Authority Board meetings are conducted at the Ramsey County Courthouse. The major renovation of the building from 1991-1996 addressed issues of accessibility and made the necessary modifications.

Deficiencies: Accessibility of Ramsey County Government Center-West.

Transition Plan: See Property Management report.

3. COMMUNITY COMMENTS

None.

RESOURCE RECOVERY

6989 N. 55th Street, Suite C
Oakdale, MN

The Resource Recovery Project is a multi-government agency established by Ramsey and Washington Counties to reduce the amount of municipal solid waste sent to landfills by providing a processing facility to turn waste into fuel. It works with solid waste haulers, NRG Resource Recovery and governmental agencies to ensure effective operations of the Newport facility in order to reduce dependence on landfills for waste disposal.

1. PROGRAM EVALUATION

An ADA program evaluation was conducted for Resource Recovery on 3/9/92 and updated on 11/22/96. The evaluation found that the agency has limited public contact, generating approximately 20 phone calls per month and few, if any, public visits to its location. The evaluation found that its programs, services and activities are not discriminatory to persons with disabilities. The Department complies with the ADA and no action plan is necessary.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

A building survey was conducted on this leased facility on 3/20/92 that identified several barriers under the ADA. As of 12/20/96, these barriers are still in place.

Deficiencies: The following is a list of barriers prioritized in order of importance.

1. Entrance to the building:
 - A water trough limits access to the building entrance for wheelchairs
 - Excessive force is necessary to open exterior door
2. Signage does not designate accessible entrance.
3. Substandard public service counter dimensions.

Transition Plan: The current lease at this location expires in 1997. Resource Recovery plans to move to the Maplewood Library which is fully accessible.

3. COMMUNITY COMMENTS

None.

RISK MANAGEMENT

1020 Government Center-West Building

The mission of the Risk Management Department is to preserve the financial integrity and assets of the County from the risk of fortuitous loss. It deals with issues related to liability, employee benefits, workers' compensation, safety and wellness.

1. PROGRAM EVALUATION

A program evaluation of the Risk Management Department was completed on 12/14/92 and updated 12/20/96. The evaluation indicates that the department has limited public contact. Public contact consists of interaction on claims made against the County by third parties. The department will accept claims made in writing, over the phone or in person. The department is flexible in meeting the needs of persons with disabilities.

The department deals with employee issues related to health, safety and workers compensation. The ADA issues relating to employment are not covered in this report. Personnel and Risk Management have addressed the employment issues separately.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

The Risk Management Department is located in the Ramsey County Government Center-West Building. Physical barriers in the building are addressed under the Property Management report.

Deficiencies: Accessibility of Ramsey County Government Center-West.

Transition Plan: See Property Management report.

3. COMMUNITY COMMENTS

None.

SHERIFF'S DEPARTMENT

Adult Detention Center
14 W. Kellogg Boulevard

The Ramsey County Sheriff's Department is responsible for law enforcement in the County under the direction of the Ramsey County Sheriff, an elected official. The Department is responsible for apprehending and booking suspects, and investigating crimes. It also offers programs to the public in water safety, snowmobile safety and DARE. The following is a brief description of the department by program areas:

- **911 Dispatching:** Receives emergency calls for assistance from the public and dispatches appropriate responses via radio. It is also responsible for answering queries from police officers for information on computerized criminal data bases.
- **Patrol Investigation:** Is responsible for investigating crimes within the County. They meet with victims, interrogate suspects and gather evidence at crime scenes.
- **Police Records Section:** Receives non-emergency calls from the public. They gather information, enter it into the computer and access it as necessary. They also are responsible for completing forms and issuing correspondence on this information.
- **Snowmobile Safety:** Provides snowmobile safety instruction to youth to achieve a State required certificate. Program recruitment, content and materials are provided by the Minnesota Department of Natural Resources.
- **Boat and Water Safety:** Is operated by the Ramsey County Lake and Trail Volunteers. It provides information to the public on the safe operation of boats.
- **DARE (Drug Abuse Resistance Education):** Is a drug prevention program taught by uniformed officers in elementary schools. The program targets 5th and 6th graders teaching them skills to resist peer pressure to experiment with drugs, alcohol and tobacco.
- **School Safety Program:** Involves teaching elementary school children proper behavior for riding the school bus, crossing streets and biking. Training is provided for school crossing guards and bus safety officers.

1. PROGRAM EVALUATION

Program evaluations were completed in April/May, 1992 and updated in December, 1996.

911 Dispatching, Patrol Investigation and Police Records Section all involve contact with the public to perform duties of the Sheriff's Department. The services offered have no eligibility, admission or participation restrictions. TDD and sign language interpreters are available.

Deficiencies: None

Action Plan: N/A

Snowmobile and Boat Safety classes are geared for its operators, those persons with adequate vision and the ability to properly handle the machinery. No alternate formats are available for the visually impaired. To alter the safety classes for persons with visual impairments would require a fundamental alteration in the nature of the program. The programs provide no auxiliary aids for persons with speech or hearing impairments.

Deficiencies: No auxiliary aids for speech or hearing impairments.

Action Plan: During registration for classes, give interested parties the opportunity to indicate if they have special needs and then accommodate those needs within the framework of the program.

Dare and School Safety Patrol are programs offered in conjunction with school districts. The school districts provide all classroom sites and any classroom aids. Businesses, rotary clubs, and service organizations provide financial support for these programs. The selection of participants for the School Safety Patrol is done by the schools and is not the responsibility of the Sheriff's Department.

Deficiencies: None

Action Plan: N/A

2. BUILDING EVALUATION

Property surveys were conducted for the department's two facilities in 1993 and were updated in December, 1996. According to the surveys, several deficiencies were found. Since public access to these facilities is limited, certain issues should be addressed that allow public access into the buildings. These issues are outlined below:

Adult Detention Center (ADC)

The ADC houses the administration offices of the Ramsey County Sheriff. Public access to the building is through tunnels from Ramsey County Government Center-

West and the Courthouse or from the Kellogg Street entrance. All entrances are accessible although the tunnel from the Courthouse may be difficult because of its length and slope.

Deficiencies:

1. Tunnel from Courthouse to ADC does not meet current ADA guidelines for rise and landings.
2. Elevators lack audio signaling and call buttons are too high.
3. Highest operable part of public telephone is too high.
4. Water fountain is too high.
5. Service counter has no accessible surface.
6. Public doors marked with permanent signage are not upper case nor engraved in braille.
7. Internal fire alarms are audio only, not visual.

Transition Plan:

1997:

1. Persons staffing service counter will accommodate persons that need lower service counter administratively by offering alternate table to accommodate individual needs.
2. Lower telephone to appropriate height.

1998:

1. Signage in building will be reviewed and plans implemented to change signage on public doors to meet ADA guidelines (cost \$75.00 per sign).

In 5 Years:

1. Add audio signal and change height of elevator call button to coincide with update of elevator.
2. Modify internal fire alarm for both audio and visual signage. Current evacuation plans require staff in ADC to evacuate civilians in building as part of its security program.

Note: With regard to the tunnel, since access into the building is possible through the West Building tunnel or the Kellogg Street entrance, it is recommended that no action is taken on this issue.

Patrol Station, 655 W. County Road E

The Patrol Station has one public entrance. Other entrances are for employee use only. Public access to the building is restricted to certain areas of the building.

Deficiencies:

1. Water fountain too high.
2. Unisex bathroom has following issues of non-compliance:

- a) Door hardware is round knob type.
- b) Hot water and waste water piping not insulated or shield placed under sink.
- c) Mirrors, towel dispenser and soap dispenser too high.
- d) Grab bars do not meet standards for length and offset from rear wall.

Transition Plan:

1997 - Current Operating Budget

- a) Change door hardware.
- b) Insulate hot water and waste water piping.
- c) Install new grab bars.

1998 - Future Operating Budget

- a) Adjust mirror, towel and soap dispensers.
- b) CIP - request funds to replace water fountain (est. cost \$2,000)

3. COMMUNITY COMMENTS

None.

VETERANS SERVICES

88 Courthouse

Veterans Services assists veterans and their dependents in obtaining and clarifying the various state and federal benefits associated with the multitude of Veteran's entitlement programs.

1. PROGRAM EVALUATION

A program evaluation of Veteran Services was completed on 8/11/92 and updated on 11/22/96. The evaluation indicates that Veterans Service has frequent public contact by telephone with limited in-person contact. The department has a TDD available to handle calls for the hearing and speech impaired. There are no program barriers in recruitment, eligibility admission or participation.

Deficiencies: The Department has one brochure that they mail out upon request. It does not carry an ADA statement or discrimination disclaimer.

Action Plan: Add ADA statement to next brochure printing.

2. BUILDING EVALUATION

Veterans Service is located in the Courthouse. The major renovation of the building from 1991-1996 addressed issues of accessibility and made the necessary modifications.

Deficiencies: None

Transition Plan: N/A

3. COMMUNITY COMMENTS

None.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ 1

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

KOEHLER RD and EDGEPTON

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+ +

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)

| | | | | |
|--|---|--|--|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... <i>daycare</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... <i>there aren't any on Koehler</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Vadnais Heights

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Clark and Walker

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

| | | | | |
|--|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Adults to walk or bike with..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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.

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Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐

Male

☒

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MAYFAIR ROAD and SKYLINE DRIVE

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☒

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☒

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☒

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

RICE and GRASS LAKE

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☒ 1 mile up to 2 miles
1.6 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

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

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ K

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

BEAR AVE NORTH and CLOVER AVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

| | | | | |
|--|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADAKS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ 5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGERTON and OAK CREEK DR S

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

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

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

Vadnais

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Bellevue and Meadowbrook CH

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+

+

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...) 05 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)

| | |
|--|---|
| <div style="margin-bottom: 5px;"><input type="checkbox"/> Distance.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Convenience of driving.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Time.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Child's before or after-school activities.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Speed of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Amount of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Adults to walk or bike with.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Sidewalks or pathways.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Safety of intersections and crossings.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Crossing guards.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Violence or crime.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Weather or climate.....</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> |
|--|---|

+ 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?

| | |
|---|--|
| <div style="margin-bottom: 5px;"><input type="checkbox"/> Grades 1 through 8 (Elementary)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Grades 9 through 11 (Some high school)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Grade 12 or GED (High school graduate)</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> College 1 to 3 years (Some college or technical school)</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> College 4 years or more (College graduate)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Prefer not to answer</div> |
|---|--|

16. Please provide any additional comments below.

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Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

WITT and EDGERTON

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| + | 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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| |

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

01

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

ELWOOD ST and CLOVER

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☒

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|--|
| + | 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?

| | |
|---|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADONAS ELEMENTARY

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGERTON ST and STOCKDALE

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+ +

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PRIMROSE PATH and COUNTY RD F

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☒ Bike
- ☒ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☒ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☒ Bike
- ☒ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☒ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
- ☐ 5 – 10 minutes
- ☐ 11 – 20 minutes
- ☐ More than 20 minutes
- ☒ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
- ☐ 5 – 10 minutes
- ☐ 11 – 20 minutes
- ☐ More than 20 minutes
- ☒ Don't know / Not sure

+ +

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...) ☒ 7th 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)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

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...)
 ☐ 5 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)

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

We need sidewalks!

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Madnais Heights Elementary

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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
unsure at this point

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

WADSWORTH ELEMENTARY

1. What is the grade of the child who brought home this survey?

KS

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PEAR AVE S and EDOERTON

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☒ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☒ Walk

☒ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☒ Transit (city bus, subway, etc.)

☒ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

- | | | | |
|---|---|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MAYFAIR ROAD and SKYLINE DRIVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

CENTERVILLE RD and ARCADE ST

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

5. How far does your child live from school?

☒ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☒ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☒ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ 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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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.

Cars speed as soon as + the exit school zone. My child + several others cross Centerville Rd @ Arcade St and it is dangerous as cars speed around that corner.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADDAIS HEIGHTS ELEMENTRY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐

Male

☒

Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

ARKAID and BENMAR

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|--|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ 1 ☒ 2 ☐ 3

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1 ☒ 2 ☐ 3

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PARKWOOD LANE and STOCKDALE ROAD

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ 6 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)

| | | | | | | |
|--|---|---|--|--|---|--|
| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No No No No No No No No No No No No No | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure Not Sure 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?

| | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

X

Male

Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

JESSAMINE AVE and FRANK STREET

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

5. How far does your child live from school?

Less than ¼ mile

½ mile up to 1 mile

X

More than 2 miles

¼ mile up to ½ mile

1 mile up to 2 miles

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

Walk

Bike

X

School Bus

Family vehicle (only children in your family)

Carpool (Children from other families)

Transit (city bus, subway, etc.)

Other (skateboard, scooter, inline skates, etc.)

Leave from school

Walk

Bike

School Bus

X

Family vehicle (only children in your family)

Carpool (Children from other families)

Transit (city bus, subway, etc.)

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

Less than 5 minutes

5 – 10 minutes

X

11 – 20 minutes

More than 20 minutes

Don't know / Not sure

Travel time from school

Less than 5 minutes

5 – 10 minutes

X

11 – 20 minutes

More than 20 minutes

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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| |
| |
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Parent Survey About Walking and Biking to School

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Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MARLIN AVE and BELLELAND AVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ ☒ 9 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 | + |
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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)

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| <input checked="" type="checkbox"/> Distance..... <input checked="" type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY **+**

School Name:

VANDERBILT HEIGHTS ELEM

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

STAR and PARKERS DR

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☒

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

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+

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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

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEM

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

BEAR AVE S and EDGERTON ST

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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...) 05 grade (or) ☐ I would not feel comfortable at any grade

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

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY **+**

School Name:

VADNAIS HEIGHTS

1. What is the grade of the child who brought home this survey?

☐ 5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Mayfair Rd and Twin Lake Blvd

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☒ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

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☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ **+**

| | | |
|---|--|---|
| + | | + |
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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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|--|-----------------------------------|------------------------------|--|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|--|-----------------------------------|------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| + | 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☒ 5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☒ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PARKWOOD LANE and STOLKDALE DR

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☒ 5 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)

| | |
|---|---|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?

| | |
|---|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADONAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

02

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

CENTERVILLE RD and GREENHAVEN RD

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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.....

☐ Convenience of driving.....

☐ Time.....

☐ Child's before or after-school activities.....

☒ Speed of traffic along route.....

☐ Amount of traffic along route.....

☐ Adults to walk or bike with.....

☒ Sidewalks or pathways.....

☐ Safety of intersections and crossings.....

☐ Crossing guards.....

☐ Violence or crime.....

☐ Weather or climate.....

☐ My child already walks or bikes to/from school

☐ Yes ☐ No ☒ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☒ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☒ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ 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.

we need sidewalks. Two of the main roads to VHES were recently reconstructed in the past 3 years & sidewalks were not installed... total fail. My child would love to bike to school.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

WADSWORTH HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

COUNTRY RD E E and CENTERVILLE

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

5. How far does your child live from school?

☒ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☒ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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...)
☒ 1st 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)

| | | | |
|--|---|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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)
 ☒ College 4 years or more (College graduate)
 ☐ Prefer not to answer

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Clover and CITY RD E

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☒ More than 20 minutes

☐ Don't know / Not sure

+ +

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...) 05 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)

- | | |
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| <div style="margin-bottom: 5px;"><input type="checkbox"/> Distance.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Convenience of driving.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Time.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Child's before or after-school activities.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Speed of traffic along route.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Amount of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Adults to walk or bike with.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Sidewalks or pathways.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Safety of intersections and crossings.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Crossing guards.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Violence or crime.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Weather or climate.....</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure </div> |
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+
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.

Parent Survey About Walking and Biking to School

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Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☒ K

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

OAK CREEK TER and OAK CREEK DASH

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

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☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

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

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)

| | | | | |
|--|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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)
 ☒ College 4 years or more (College graduate)
 ☐ Prefer not to answer

16. Please provide any additional comments below.

Debra Spencer

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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...) ☐ ☒ 5 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)

- | | | | |
|---|---|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| | | |
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| + | | + |
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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...) ☒ 05 grade (or) ☐ I would not feel comfortable at any grade

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

I would love for my children to be able to walk to and from school (2nd grade and 5th grade). Even with me walking with them, I don't feel safe along Koehler. We

walked several times last year, and on many occasions we almost were hit by a distracted driver, so we decided it wasn't

worth it to walk. We would feel much safer if there were sidewalks with traffic, curbs, and then we would have to avoid walking because it is too dangerous with traffic.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

V A D N A I S H E I G H T S E L E M E N T A R Y

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

C E N T E R V I L L E R D and E D G E R T O N S T

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+ +

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...)
☒ 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)

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

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

 1

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

OAK CREEK COURT and OAK CREEK DR W

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☒

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

- | | | | | |
|--|---|------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input checked="" type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

I would love sidewalks along the route to school, especially on knoller & edgerton

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MARBLE and MARLIN

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☒

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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...) ☐ 5 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)

- | | |
|--|--|
| <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Distance.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Convenience of driving.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Time.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Child's before or after-school activities.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Speed of traffic along route.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Amount of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Adults to walk or bike with.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Sidewalks or pathways.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Safety of intersections and crossings.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Crossing guards.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Violence or crime.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Weather or climate.....</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> |
|--|--|

+ 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.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

Vladnais Heights Elementary

1. What is the grade of the child who brought home this survey?

☒ 2

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☒ 3

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Edgerton and

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

5. How far does your child live from school?



Less than 1/4 mile



1/2 mile up to 1 mile



More than 2 miles



1/4 mile up to 1/2 mile



1 mile up to 2 miles



Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school



Walk



Bike



School Bus



Family vehicle (only children in your family)



Carpool (Children from other families)



Transit (city bus, subway, etc.)



Other (skateboard, scooter, inline skates, etc.)

Leave from school



Walk



Bike



School Bus



Family vehicle (only children in your family)



Carpool (Children from other families)



Transit (city bus, subway, etc.)



Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school



Less than 5 minutes



5 - 10 minutes



11 - 20 minutes



More than 20 minutes



Don't know / Not sure

Travel time from school



Less than 5 minutes



5 - 10 minutes



11 - 20 minutes



More than 20 minutes



Don't know / Not sure

+

+

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...) ☐ ☒ 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)

- | | | | | |
|--|---|---|--|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| | | |
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| + | | + |
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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...) ☐ 05 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)

- | | | | |
|--|---|-----------------------------|--|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Vadnais Heights

1. What is the grade of the child who brought home this survey?

01

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Rice and 3rd

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

10 min f/mom 30 min f/dad

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...) ☒ 015 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)

| | | | | |
|---|---|------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGEWORTH and KOEHLER

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 - 10 minutes

☐

11 - 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 - 10 minutes

☐

11 - 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

- | | | | |
|--|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ 3 grade (or) ☒ I would not feel comfortable at any grade

| | | |
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| + | 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)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-----------------------------------|------------------------------|--|-----------------------------------|------------------------------|--|--|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|--|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | |
|--|--|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
|--|--|

| | | |
|---|--|---|
| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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 | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

| | | |
|---|---|---|
| + | CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY | + |
|---|---|---|

School Name:

[illegible]

- | | |
|---|-----------------------|
| 1. What is the grade of the child who brought home this survey? | Grade (PK,K,1,2,3...) |
|---|-----------------------|

2. Is the child who brought home this survey male or female? ☐ Male ☒ Female

☐ **Ma**

 Female

- 3. How many children do you have in Kindergarten through 8th grade?**



- 4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)**

Vadnais River and Mayfair Rd

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

- 5. How far does your child live from school?**

- ☐ Less than ¼ mile ☐ ½ mile up to 1 mile ☐ More than 2 miles
☐ ¼ mile up to ½ mile ☐ 1 mile up to 2 miles ☒ Don't know

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

- 6. On most days, how does your child arrive and leave for school?** (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☐ Bike
- ☐ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

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

- 7. How long does it normally take your child to get to/from school?** (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

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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

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| 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)

| | |
|---|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

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

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

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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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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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? Not sure

(Select a grade between PK,K,1,2,3...) ☐ ☐ grade (or) ☐ I would not feel comfortable at any grade

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| + | 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?

- | | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

I couldn't answer questions 12, 13, and 14 as school has not yet started and we haven't ever walked to school.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS

1. What is the grade of the child who brought home this survey?

☐ 3

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGE MONT and WALKER

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
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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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

Y A P W A I S H E I G H T S E L E M E N T A R Y

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

04

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

T W I N L A K E T R A I L and T W I N L A K E R O A D

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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| + | | + |
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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

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

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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

Madnais Heights E

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

11

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Edgerton St and Belland Ave

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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

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

- | | |
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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

| | | |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

People are crazy !!! I dont trust Drivers on the road. /

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Madonais Heights Elementary

1. What is the grade of the child who brought home this survey?

5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

| | | | |
|--|------------------------------|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

unmask our kids !!!

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

5th

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MC MENEMY and JAY WAY

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles 2.3 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☒ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☒ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

None

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Joseph W. Lunzer

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

03

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Lilly Pond and McMenamy

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | | |
|---|---|--|-----------------------------------|---|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

OAKCREST DRIVE and WALKER DRIVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

- | | | | |
|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | | |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

| | | |
|---|---|---|
| + | CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY | + |
|---|---|---|

School Name:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V | A | D | N | A | S | H | E | I | G | H | T | S | E | L | A | M | E | N | T | E | R | Y | S | C | H | O | O | L |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

1. What is the grade of the child who brought home this survey? **03** Grade (PK,K,1,2,3...)

03

2. Is the child who brought home this survey male or female? ☐ Male ☒ Female

☒

- 3. How many children do you have in Kindergarten through 8th grade?**

02

- 4. What is the street intersection nearest your home?** (Provide the names of two intersecting streets)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| G | r | e | e | n | b | r | i | e | r | | | | | a | n | d | | B | e | i | i | A | N | S | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|--|--|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|

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

- 5. How far does your child live from school?**

- ☐ Less than ¼ mile ☐ ½ mile up to 1 mile ☒ More than 2 miles

- ☐ ¼ mile up to ½ mile ☐ 1 mile up to 2 miles ☐ Don't know

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

- 6. On most days, how does your child arrive and leave for school?** (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

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

- 7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)**

Travel time to school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

V A D M A I S H E I G H T S E L E M

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

M C M E N E M Y and L A D Y S L I P P E R

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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...) ☐ 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)

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Wish we could safely let our kids bike to school, but County F is too busy and Mendenemy/E Kohler/Edgerton are too Fast and Narrow
 Need bike paths!

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

GREENBRIAR ST and BELLEND AVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☒ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-----------------------------|--|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| + | 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

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...)
☒ 4 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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY

+

School Name:

Vadnais Heights

1. What is the grade of the child who brought home this survey?

☐ 1 ☒ 2

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 0 ☒ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Hiawatha and Greenbrier

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☒ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

+

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

+

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | |
|---|---|--|
| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input checked="" type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

4

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

GREENBRIER ST and BELLAND AVE

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

| | | | | |
|--|---|--|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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.

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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

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

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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

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Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

V A N A I S H E I G H T S E L E M E T A R Y

1. What is the grade of the child who brought home this survey?

K

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

Male

X Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

M C M E N E M Y C I R and M C M E N E M Y S T

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

5. How far does your child live from school?

Less than 1/4 mile

1/2 mile up to 1 mile

More than 2 miles

1/4 mile up to 1/2 mile

1 mile up to 2 miles

X Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

Walk

Bike

X School Bus

Family vehicle (only children in your family)

Carpool (Children from other families)

Transit (city bus, subway, etc.)

Other (skateboard, scooter, inline skates, etc.)

Leave from school

Walk

Bike

X School Bus

Family vehicle (only children in your family)

Carpool (Children from other families)

Transit (city bus, subway, etc.)

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

Less than 5 minutes

5 - 10 minutes

11 - 20 minutes

More than 20 minutes

X Don't know / Not sure

Travel time from school

Less than 5 minutes

5 - 10 minutes

11 - 20 minutes

More than 20 minutes

X Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
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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...) ☐ 8 grade (or) ☐ I would not feel comfortable at any grade

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

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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

V H E S

1. What is the grade of the child who brought home this survey?

09

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

S O U T H O A K C O U N T Y and S O U T H O A K D R I V E

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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+

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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

8th grade
free

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
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16. Please provide any additional comments below.

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Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADNAIS HEIGHTS ELEM

1. What is the grade of the child who brought home this survey?

65

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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...) 15 grade (or) ☐ I would not feel comfortable at any grade

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

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
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16. Please provide any additional comments below.

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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)

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|--|---|------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
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| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |

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

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☐ 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)
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☐ Prefer not to answer

16. Please provide any additional comments below.

| | | |
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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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|--|-----------------------------------|---|-----------------------------|--|---|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input checked="" type="checkbox"/> Yes</td> <td style="width:33%;"><input type="checkbox"/> No</td> <td style="width:33%;"><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | |
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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | |
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15. What is the highest grade or year of school you completed?

| | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VIAONAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

WHITE BEAR AVE and JUV AVE

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

- | | | | | |
|--|---|--|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey? 03 Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female? ☐ Male ☒ Female

3. How many children do you have in Kindergarten through 8th grade? 02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

STOCKDALE ROAD and PARKWOOD LANE

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

5. How far does your child live from school?

- ☐ Less than ¼ mile
 ☐ ½ mile up to 1 mile
 ☐ More than 2 miles
☐ ¼ mile up to ½ mile
 ☒ 1 mile up to 2 miles
 ☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
☐ Bike
☒ School Bus
☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
☐ Bike
☒ School Bus
☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

+ +

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)

☒ Distance.....
 ☐ Convenience of driving.....
 ☐ Time.....
 ☐ Child's before or after-school activities.....
 ☒ Speed of traffic along route.....
 ☒ Amount of traffic along route.....
 ☐ Adults to walk or bike with.....
 ☐ Sidewalks or pathways.....
 ☒ Safety of intersections and crossings.....
 ☐ Crossing guards.....
 ☒ Violence or crime.....
 ☐ Weather or climate.....

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)

☐ My child already walks or bikes to/from school
 ☒ Yes ☒ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☐ 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.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY **+**

School Name:

VADRAIS WILSON ELEMENTARY

1. What is the grade of the child who brought home this survey?

KG

Grade (PK, K, 1, 2, 3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

VADRAIS WILSON and WHITE BEAR LAKE

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

5. How far does your child live from school?

☒ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | |
|---|--|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

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Thank you for participating in this survey!

| | | |
|---|---|---|
| + | CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY | + |
|---|---|---|

School Name:

[illegible]

- | | | |
|---|---|-----------------------|
| 1. What is the grade of the child who brought home this survey? | K | Grade (PK,K,1,2,3...) |
|---|---|-----------------------|

2. Is the child who brought home this survey male or female? ☐ Male ☒ Female

3. How many children do you have in Kindergarten through 8th grade? 2

- 4. What is the street intersection nearest your home?** (Provide the names of two intersecting streets)

PRIMROSE PATH and PRIMROSE COURT

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

- 5. How far does your child live from school?**

- ☐ Less than ¼ mile ☐ ½ mile up to 1 mile ☒ More than 2 miles
☐ ¼ mile up to ½ mile ☐ 1 mile up to 2 miles ☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☐ Bike
- ☐ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☐ Bike
- ☐ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)






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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☒ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

-  Less than 5 minutes
 5 – 10 minutes
 11 – 20 minutes
 More than 20 minutes
 Don't know / Not sure

[illegible]

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)

| | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

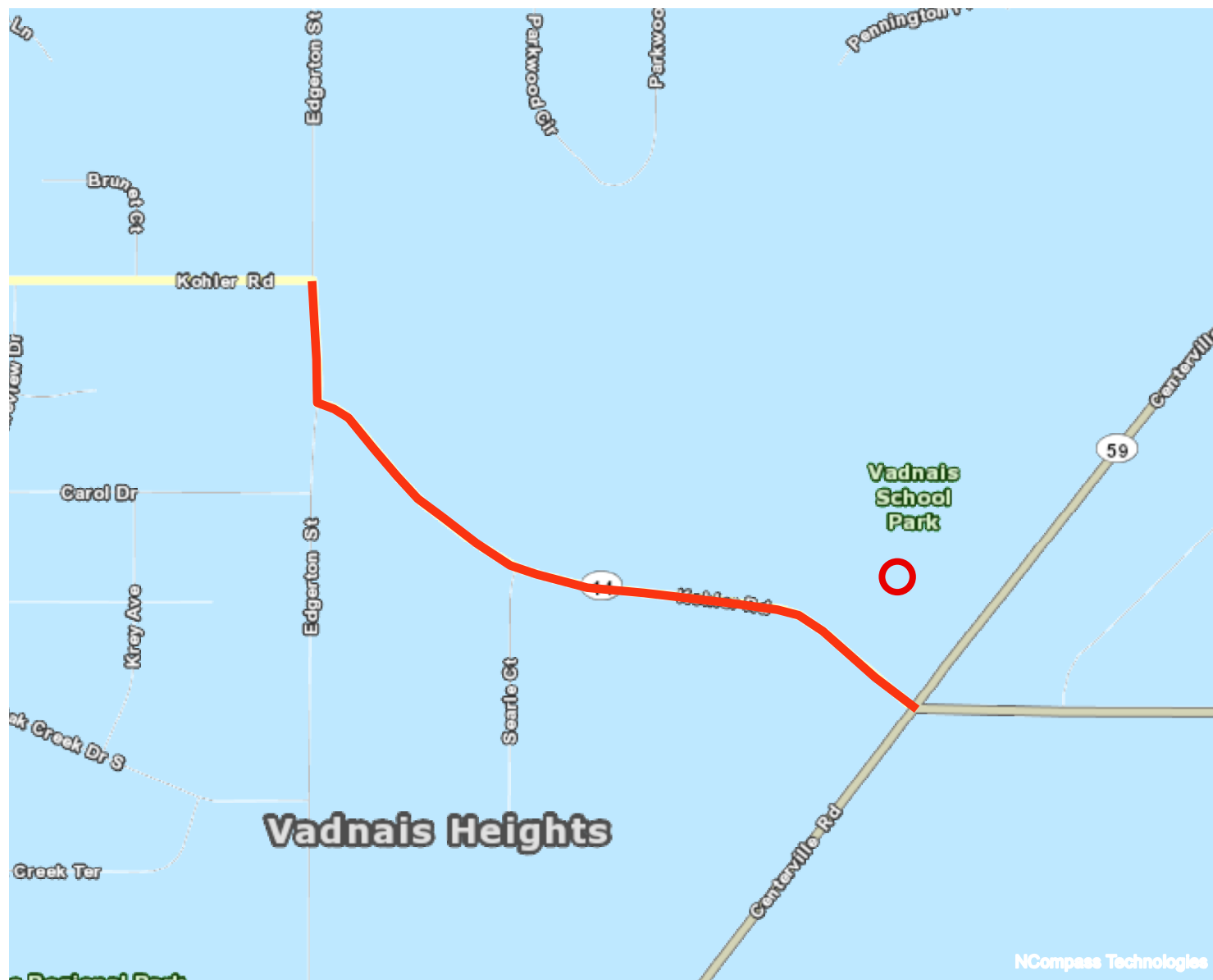
Socio-Economic Conditions

Safe Routes to Schools Project: Edgerton Street/Koehler Road Trail | Map ID: 1647262005978

Results

Total of publicly subsidized rental housing units in census tracts within 1/2 mile: 182

Project located in census tract(s) that are ABOVE the regional average for population in poverty or population of color.



Points



Area of Concentrated Poverty



Lines



Regional Environmental Justice Area

0 0.05 0.1 0.2 0.3 0.4 Miles

Created: 3/14/2022
LandscapeRSA2



For complete disclaimer of accuracy, please visit
<http://giswebsite.metc.state.mn.us/gissite/notice.aspx>



Project to RBTN Orientation

Safe Routes to Schools Project: Edgerton Street/Koehler Road Trail | Map ID: 1647262005978

Results

Project **NOT IN** Regional
Bicycle Transportation
Corridor.



- Project Points
- Project
- RBTN Tier 1 Alignment
- Principal Arterials
- Minor Arterials
- Railroads
- RBTN Tier 1
- RBTN Tier 2

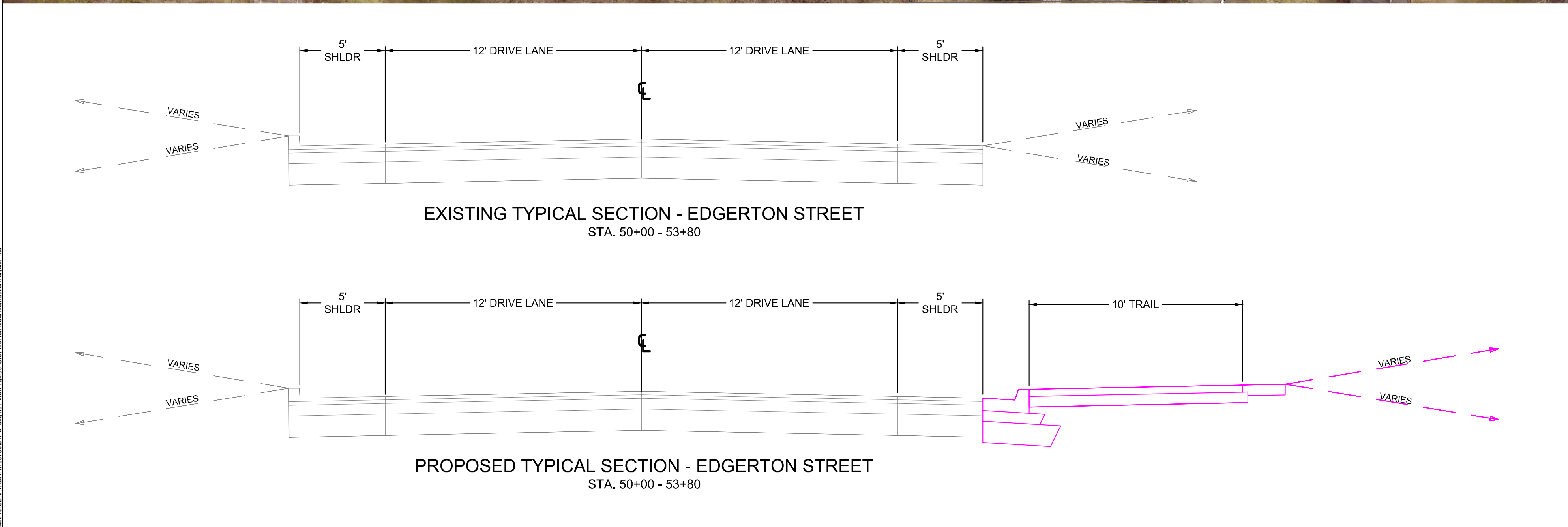
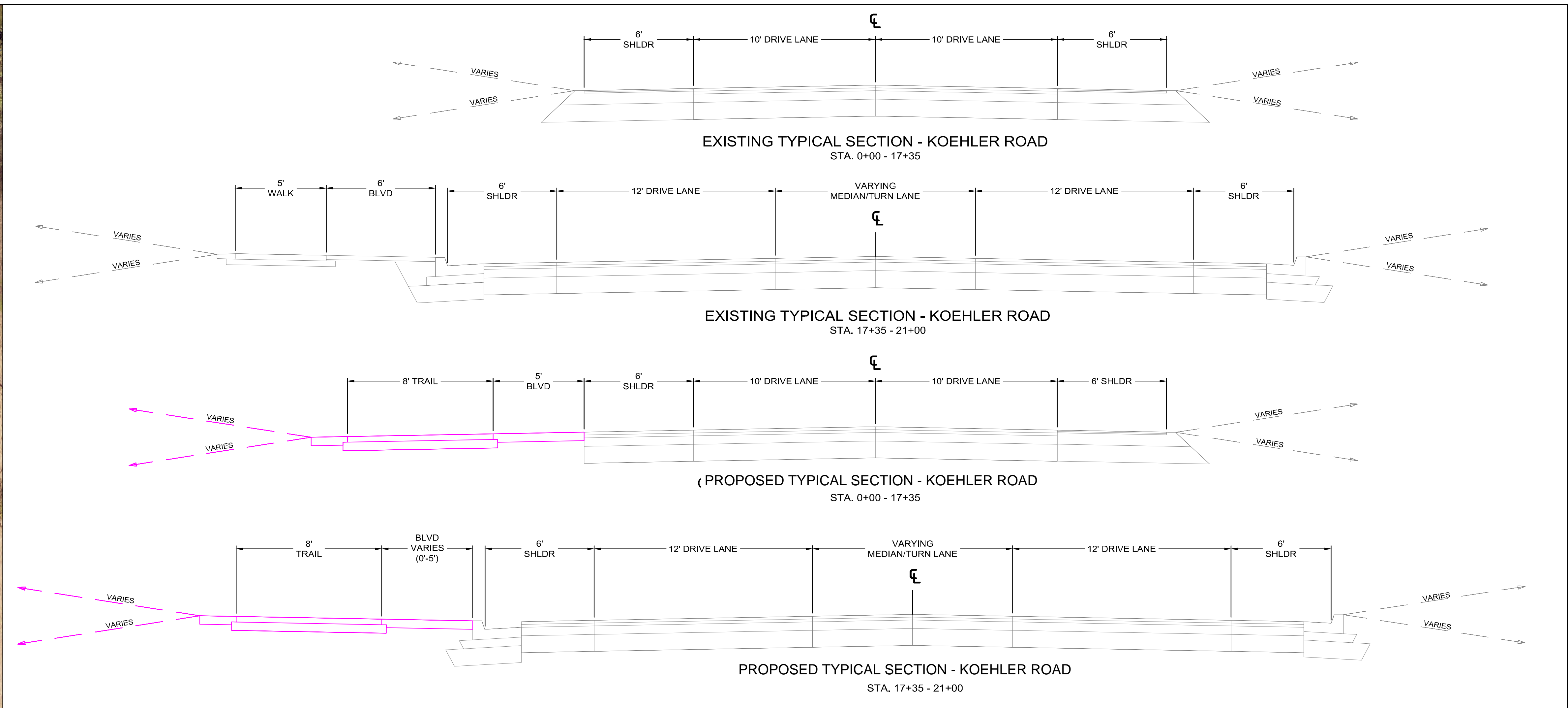
0 0.05 0.1 0.2 0.3 0.4 Miles

Created: 3/14/2022
LandscapeRSA6



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ACTIVE LIVING RAMSEY COMMUNITIES



Purpose

Active Living is a way of life incorporating physical activity in daily routines. Active Living initiatives improve health through community engagement by implementing policy, system, and environmental changes. These initiatives transform the built environment to make physical activity safer, easier, and more enjoyable, as well as to inspire behavioral change. These strategies help to make the healthy choice become an easier choice, encouraging day-to-day activities such as walking, biking, taking the stairs, and using recreational facilities - like playgrounds, beaches, and tennis courts.

ACTIVE LIVING RAMSEY COMMUNITIES

Active Living Ramsey Communities is a broad-based coalition of community leaders, practitioners, and residents working together to improve health through community engagement by promoting and creating environments that make it safe and easy for everyone to integrate physical activity into their daily routine.

Ramsey County Vision, Mission, and Goals

Active Living Ramsey Communities' work aligns with and helps carry out Ramsey County's vision, mission, and goals.

Vision: *A vibrant community where all are valued and thrive.*

Mission: *A county of excellence working with you to enhance our quality of life.*



Goal One: *Strengthen individual, family and community health, safety and well-being through effective safety-net services, innovative programming, prevention and early intervention and environmental stewardship.*

Physical activity contributes to the health and well-being of Ramsey County residents. Active Living Ramsey Communities engages the community to improve health and increase physical activity. It works with leaders, practitioners, and residents to promote and create environments that make it safe and easy for everyone to integrate physical activity into their daily routine. Active Living Ramsey Communities has been on the forefront of helping to create a countywide connected multimodal transportation system that is safe, accessible, and efficient for all pedestrians and bicyclists in Ramsey County.



Goal Two: *Cultivate economic prosperity and invest in neighborhoods with concentrated financial poverty through proactive leadership and inclusive initiatives that engage all communities in decisions about our future.*

Active Living Ramsey Communities used an equity lens in developing the Ramsey County-wide Pedestrian and Bicycle Plan, and continues to update and encourage implementation of the plan. The plan provides a framework for developing a connected Ramsey County where communities and residents are engaged in the process of building a great place for people of all ages and abilities to walk and bike safely and comfortably. The included engagement and equity tools help identify areas where bicycle and pedestrian infrastructure investment would have the most impact on people with the least transportation options, such as areas of concentrated financial poverty and historically underrepresented communities.



Goal Three: *Enhance access to opportunity and mobility for all residents and businesses through connections to education, employment and economic development throughout our region.*

Active Living Ramsey Communities seeks to empower local communities with the framework and tools to enhance their local network with countywide benefits. The Ramsey County-wide Pedestrian and Bicycle Plan identifies a Connected Ramsey Communities Bicycle Network. When fully realized, the bicycle network will connect residents and businesses to education, employment, and other key destinations throughout Ramsey County and the metropolitan region. The Ramsey County-wide Pedestrian and Bicycle Plan led to the creation of the All Abilities Transportation Network, an organization-wide approach to ensure that transportation projects prioritize the most vulnerable users first. The Ramsey County-wide Pedestrian and Bicycle Plan includes performance measures to evaluate progress toward implementing an all abilities transportation network as it relates to pedestrian and bicycle facilities. These measures help Ramsey County to evaluate the safety, comfort, and quality of the pedestrian and bicyclist experience.

**Goal Four:** *Model fiscal accountability, transparency and strategic investments through professional operations and financial management.*

Active Living Ramsey Communities engages the community to improve health by promoting and creating environments that make it safe and easy for everyone to integrate physical activity into their daily routine. This is an evidence-based prevention strategy that improves health and reduces the costs of chronic disease related to physical inactivity, such as heart disease, obesity, and diabetes. Active Living Ramsey Communities encourages conversations between transportation agencies and community members to identify community needs as early as possible in the transportation planning process (especially in environmental justice communities). This leads to better outcomes, such as cost-efficient implementation, meeting schedules, and eliminating barriers that lead to racial and other disparities.

BACKGROUND

Active Living Ramsey Communities is a countywide collaborative effort to bring community members together to pursue their collective vision for active living. This effort is coordinated by a dedicated Active Living Ramsey Communities staff member in the Ramsey County Parks and Recreation Department. Active Living Ramsey Communities collaborates closely with Ramsey County municipalities and county departments, particularly:

- Ramsey County Parks and Recreation
- Ramsey County Public Works
- Saint Paul - Ramsey County Public Health
- Ramsey County Regional Rail Authority
- Ramsey County Information Services

An ad-hoc Active Living Leadership Team is comprised of Ramsey County Department Directors from the departments listed above.

HISTORY

In December 2004, a small group of leaders came together to form an active living initiative, originally known as Active Living Ramsey County. They were especially concerned about the rising trend in childhood obesity and the many other health issues related to physical inactivity. The group quickly learned that active living affects people's lives in many ways, and that it intersects with many parts of Ramsey County's mission and goals, including transportation, parks and recreation, public health and regional rail. In the spring of 2005, residents, community and business leaders, elected officials, and representatives from organizations including cities, the county, schools, and nonprofits launched Active Living Ramsey County. Since its inception, the coalition has been meeting every quarter to advance its mission. Later, Active Living Ramsey County changed its name to Active Living Ramsey Communities to clarify that the coalition works with all local communities throughout Ramsey County, not just Ramsey County as a governmental entity.

Ramsey County Board Actions adopted related to Active Living Ramsey Communities

- **Active Living Ramsey County Planning Grant Resolution**
 - Adopted by the Ramsey County Board on August 22, 2006 (Resolution # 2006-292)
- **Active Living Ramsey County Coordinator Position Resolution**
 - Adopted by the Ramsey County Board on February 12, 2008 (Resolution # 2008-073)
- **Active Living Ramsey County Strategic Plan 2008—2012; and to integrate Active Living principles into the work of County departments:**
 - Adopted on August 8, 2008 (Resolution # 2008-251)

ACTIVE LIVING RAMSEY COMMUNITIES

- **Ramsey County-wide Pedestrian and Bicycle Plan**
 - Adopted by the Ramsey County Board on February 2, 2016 (Resolution # [B2016-54](http://agenda-suite.com:8080/agenda/ramsey/ProposalHistory.html?select=1301))
<http://agenda-suite.com:8080/agenda/ramsey/ProposalHistory.html?select=1301>
- **All Abilities Transportation Network**
 - Adopted by the Ramsey County Board on December 13, 2016 (Resolution #[B2016-434](http://agenda-suite.com:8080/agenda/ramsey/ProposalHistory.html?select=1756))
<http://agenda-suite.com:8080/agenda/ramsey/ProposalHistory.html?select=1756>

ACCOMPLISHMENTS

Over Active Living Ramsey Communities' ten-year-plus history, many active living strategies have been implemented throughout the community. One example of each strategy in action is described below:

Policy Change

Ramsey County All Abilities Transportation Network Policy

The All Abilities Transportation Network Policy provides a framework for developing a connected Ramsey County where community decision makers, practitioners, and residents are engaged in the process of building a great place for walking and bicycling for all ages and abilities. The Ramsey County Board of Commissioners adopted the policy on December 13, 2016. To support the implementation of the All Abilities Transportation Network, the county board approved a measure to merge Active Living Ramsey Communities and the Transit Planning and Development Division into the Department of Public Works on June 5, 2018.

All Ages Vision

Planning and designing for all ages means children as young as eight can walk and bike independently from their parents, and older people can get around comfortably without a car.

All Abilities Vision

Planning and designing for all abilities means people using assistive mobility devices and those with vision, hearing, or other impairments can safely and conveniently travel throughout the transportation network. Crossings, intersections, and facilities are designed with users of all abilities in mind, prioritizing the most vulnerable users first.

System Change

Ramsey County-wide Pedestrian and Bicycle Plan

The Ramsey County-wide Pedestrian and Bicycle Plan provides a guiding framework and supportive resources for building a connected and accessible county where people of all ages and abilities can bike, walk, and roll - safely, easily, and comfortably throughout the county. The plan addresses bicycle and pedestrian facilities across multiple jurisdictions, and provides tools, analyses, and actions to help community members implement and realize the plan's vision.

The Ramsey County Board voted to officially approve the plan on February 2, 2016. Nearly all the municipalities in Ramsey County plan to include the Ramsey County-wide Pedestrian and Bicycle Plan and the Connected Ramsey Communities Network in their 2020-2040 comprehensive plans.

Plan Vision

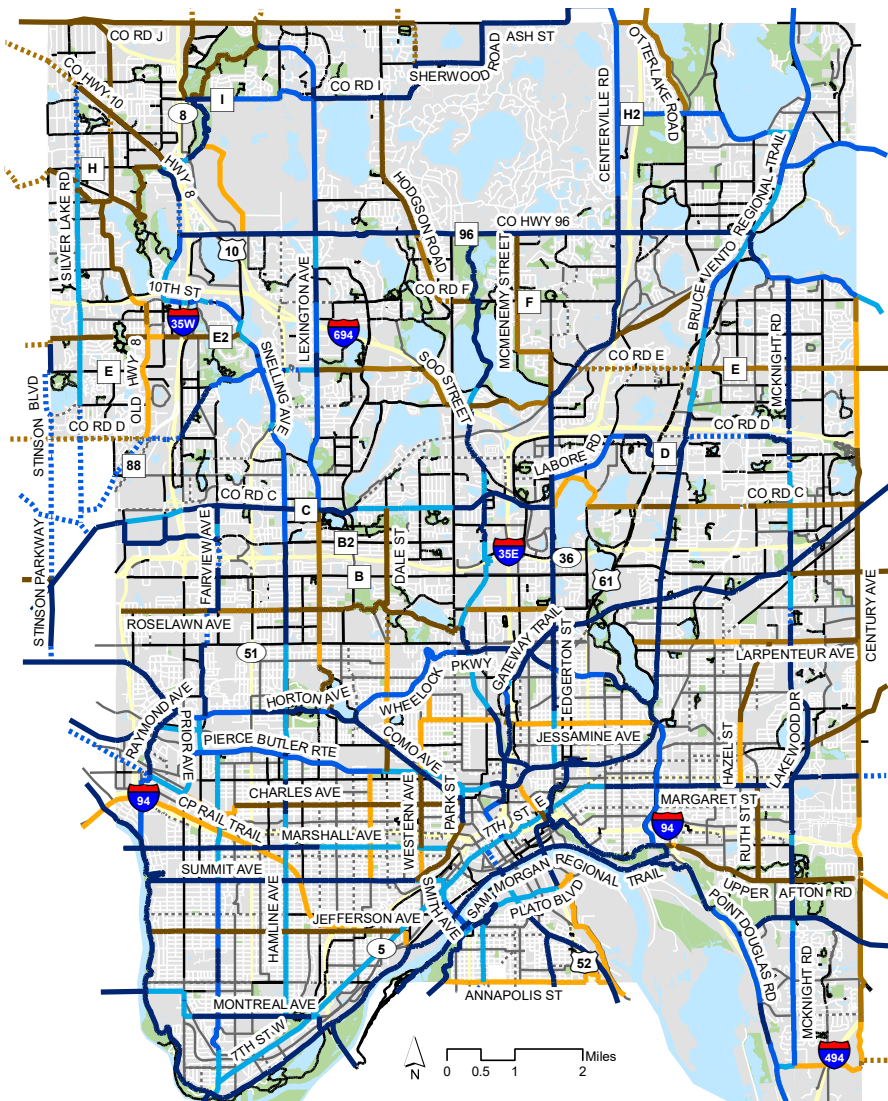
Pedestrians and bicyclists move freely on a safe and well integrated system that connects people and places in Ramsey County. Walking and bicycling is a comfortable and integral part of daily life in Ramsey County for people of all ages and abilities.

ACTIVE LIVING RAMSEY COMMUNITIES

Plan Goals

1. Improved Health through Active Mobility for All
2. A Complete and Connected Multi-Modal Network
3. A Safe Transportation System for Pedestrians and Bicyclists of All Ages and Abilities
4. Equity and Social Justice in the Transportation System
5. A Coordinated Approach to Filling Gaps in the Pedestrian and Bicycle System
6. A Transportation System that Contributes to Sustainable and Prosperous Communities

Connected Ramsey Communities Network



Connected Ramsey Communities Network

Major Countywide Corridors

- Existing
- Planned Upgrade
- Planned
- Identified Need

Countywide Connectors

- Existing
- Planned Upgrade
- Planned
- Identified Need

Local Bikeways

- Existing
- Planned
- Identified Need

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Connected Ramsey Communities Network - Type and Status 8.5x11
Prepared by Active Living Ramsey Communities 10/8/2018
ALRC@Co.Ramsey.MN.US

The Connected Ramsey Communities Network provides a collaborative vision for a countywide bicycle network. This network, crafted from existing bikeways, municipal bicycle plans, and input from community engagement, guides governmental agencies in Ramsey County to build a comprehensive and well coordinated bicycle system.

When fully developed, the Connected Ramsey Communities Network will connect people in Ramsey County with desirable destinations throughout the county and the metropolitan region. Successful implementation of this plan will be a process of improving pedestrian and bicycle facilities throughout the county and monitoring progress toward a connected, safe, and accessible pedestrian and bicycle system for all. The corridors shown below represent a future vision that is subject to change throughout the implementation process and is not an exhaustive assessment of all the bicycle facility needs in Ramsey County.

ACTIVE LIVING RAMSEY COMMUNITIES

Regional Planning Context

The Metropolitan Council plans two regional networks for trails and bikeways throughout the Twin Cities: Regional Trails and the Regional Bicycle Transportation Network (RBTN).

Regional Trails provide access to natural features and connect regional parks. These trails are managed by park agencies and oriented toward recreation, but also serve utilitarian trips well due to their separation from traffic.

The Metropolitan Council's Regional Bicycle Transportation Network (RBTN) is a comprehensive regional network of bikeways oriented toward transportation. This network includes selected regional trails, streets managed by public works or transportation agencies, and trails managed by park agencies. The RBTN identifies specific alignments in cases where a facility already exists or has been planned by a local partner. The RBTN also specifies broader corridors where a specific alignment has not yet been planned.

The Regional Bicycle Transportation Network has important implications for comprehensive planning requirements and the allocation of grant funding. It is imperative that Ramsey County, the Metropolitan Council, federal, state, regional and local transportation and parks agencies collaborate to ensure coordinated planning and implementation of each agency's plans.

Community Engagement

Ramsey County-wide Pedestrian and Bicycle Planning Process

Many Active Living Ramsey Communities partners contributed to the planning process. In 2015, Active Living Ramsey Communities worked to expand the number and diversity of voices providing guidance for the planning, design, and implementation of pedestrian and bicycle infrastructure in Ramsey County through the development of the Ramsey County-wide Pedestrian and Bicycle Plan. Engagement efforts focused on equity by purposefully connecting with people who have been historically underrepresented in planning efforts, and who experience health and other disparities because of race, socioeconomic status, age, disability, and/or gender. By doing this, Active Living Ramsey Communities learned about residents' needs and aspirations for active living, and incorporated them into the planning process to inform all aspects of the plan.

To accomplish the goal of equitable engagement, the Ramsey County-wide Pedestrian and Bicycle System Plan Project Team collaborated closely with partners and community groups to:

1. Work with specific populations and communities
2. Participate at neighborhood and community events
3. Offer multiple opportunities in a variety of formats for residents and other stakeholders

They took the the engagement events to the people and created easily accessible materials.

These collaborative efforts included a variety of opportunities for stakeholder involvement and distributing engagement materials in a targeted and strategic manner, with the goal of making it easier for people to share their ideas, insights, and experiences.

Community group partners who contributed to this planning and engagement process included:

- Comunidades Latinas Unidas en Servicio (CLUES)
- Cycles for Change
- Metropolitan Area Agency on Aging
- Olmstead Implementation Office
- Ramsey-Washington Metro Watershed District
- Rondo Avenue, Inc.
- Roseville Area Senior Program
- Saint Paul Public Housing Authority

ACTIVE LIVING RAMSEY COMMUNITIES

Engagement Opportunities

Working alongside community partners on developing the Ramsey County-wide Pedestrian and Bicycle Plan, Active Living Ramsey Communities brought engagement to places where people gather - setting up booths at neighborhood and community events to make participation easy and fun, and organizing and facilitating meaningful and fun small-group activities. Robust online engagement, including a project website, online survey, and an interactive map expanded the project's reach.

To effectively communicate with members of the public, Active Living Ramsey Communities developed welcoming, accessible project materials. These materials used clear visual designs and plain language to help residents who aren't familiar with planning processes. All figures in electronic documents have an embedded caption with a brief explanation of the image. The project website was ADA accessible and could be translated in multiple languages.

In-person Engagement Opportunities

- Pop-up workshops
- Booths at neighborhood and community events
- Listening sessions
- Open houses
- Community meetings
- Internal advisory group meetings
 - Project Advisory Team
 - System Advisory Team

Online Engagement Opportunities

- Project website
- Public survey
- Interactive online map

Community Engagement Findings

- Pedestrians and cyclists want more separation from motor vehicle traffic.
 - At most events, participants said they feel unsafe walking and bicycling next to cars, trucks, and buses.
 - "More separation from motor vehicles" was a top priority for participants who answered the online survey.
 - Walkers preferred sidewalks over shoulders.
 - People who ride bikes preferred off-street trails and protected bike lanes over conventional bike lanes and shared travel lanes. (Protected bike lanes are separated from traffic by a curb, planters, or plastic bollards.)

ACTIVE LIVING RAMSEY COMMUNITIES

- People walk and bike for both transportation and recreation.
 - About 50% of survey participants either walk to go shopping, bike to school, or bike to work at least once a week.
 - In addition, parks and recreational opportunities were popular destinations for walking and biking trips.
- Participants want a connected network across barriers.
 - Highways, railroad tracks, and bodies of water can act as barriers and prevent people from walking or biking where they want. Participants expressed a desire for a countywide connected network with seamless facilities across barriers.
- People who have not been involved in planning processes in the past want more opportunities for meaningful engagement.
 - Many participants at engagement events - especially people with disabilities and young people of color - expressed strong interest in becoming meaningfully involved in planning and implementation decisions.
 - Youth apprentices from Cycles for Change expressed interest in opportunities for engagement and career opportunities in urban planning.
 - At the listening session coordinated with the Olmstead Implementation Office for people with disabilities, participants expressed frustration that decision-makers design streets without learning from the experiences of people who use a wheelchair.
- Maintenance, especially in winter, is important to allow people to walk and bike safely.
 - Uneven sidewalks, snow banks, and icy surfaces can make everyday activities inconvenient and dangerous for seniors and people with mobility or sight limitations. Survey respondents prioritized removing snow and ice from sidewalks and trails for walking, and creating level and smooth road and trail surfaces for biking.

Community Participation

The Active Living Ramsey Communities coalition collaborates with a wide range of communities and stakeholders throughout Ramsey County. The coalition continues to meet quarterly. Communities, stakeholder groups, and professionals who participated in 2017 coalition activities include:

Community residents and groups

- African Heritage Community
- Asian Pacific Communities
- Disability Community
- Latino Community
- Senior Community

Federal, state, regional, and local government practitioners from:

- 15 Ramsey County Municipalities
- Community Planning, Development, and Asset Management
- Design, Traffic, and Operations Engineering
- Construction and Maintenance Management
- Geographic Information Systems Management
- Landscape Architecture
- Law Enforcement
- Libraries
- Parks and Recreation
- Planning

ACTIVE LIVING RAMSEY COMMUNITIES

- Public Health
- Public Works

Private sector, nonprofits, and schools

- Business
- Geriatric Social Work
- Health Care
- Universities
- Bike and Pedestrian Advocates

Local Elected Officials

Government Agency Planners, Engineers, and Park Professionals

Teams

Active Living Ramsey Communities establishes teams and action groups to pursue its mission, including:

1. Active Living Ramsey Communities Coalition
2. Biking and Walking Team
3. Go Ramsey Team
4. Ramsey County Leadership Team
5. Project Advisory Team
6. System Advisory Team

Sample of Current Work:

Pedestrian and Bicycle Performance Measures Report

Ramsey County's All Abilities Transportation Network Policy requires all county transportation projects to consider the most vulnerable users of the transportation system first. Active Living Ramsey Communities will help the county to better serve all users by annually evaluating the completeness, safety, and comfort of the bicycle and pedestrian network in Ramsey County. Measuring and evaluating the performance of the pedestrian and bicycle system enables Ramsey County to identify deficiencies and areas of need, and to direct infrastructure improvements and policy changes accordingly.

The results of this evaluation are presented in the Ramsey County-wide Pedestrian and Bicycle Performance Measures Report. Specifically, the report analyzes the annual construction of new facilities, user experience, crashes, and demographic disparities for pedestrians and bicyclists.

The report evaluates user experience according to two measurements: Pedestrian Level of Service and Bicycle Level of Traffic Stress. Pedestrian Level of Service measures how comfortable a facility is for pedestrians according to the presence/absence of sidewalks, the posted speed limit of the adjacent roadway, and the type of nearby land use. Based on these factors, facilities receive a rating of "good", "fair", "poor", or "hostile".

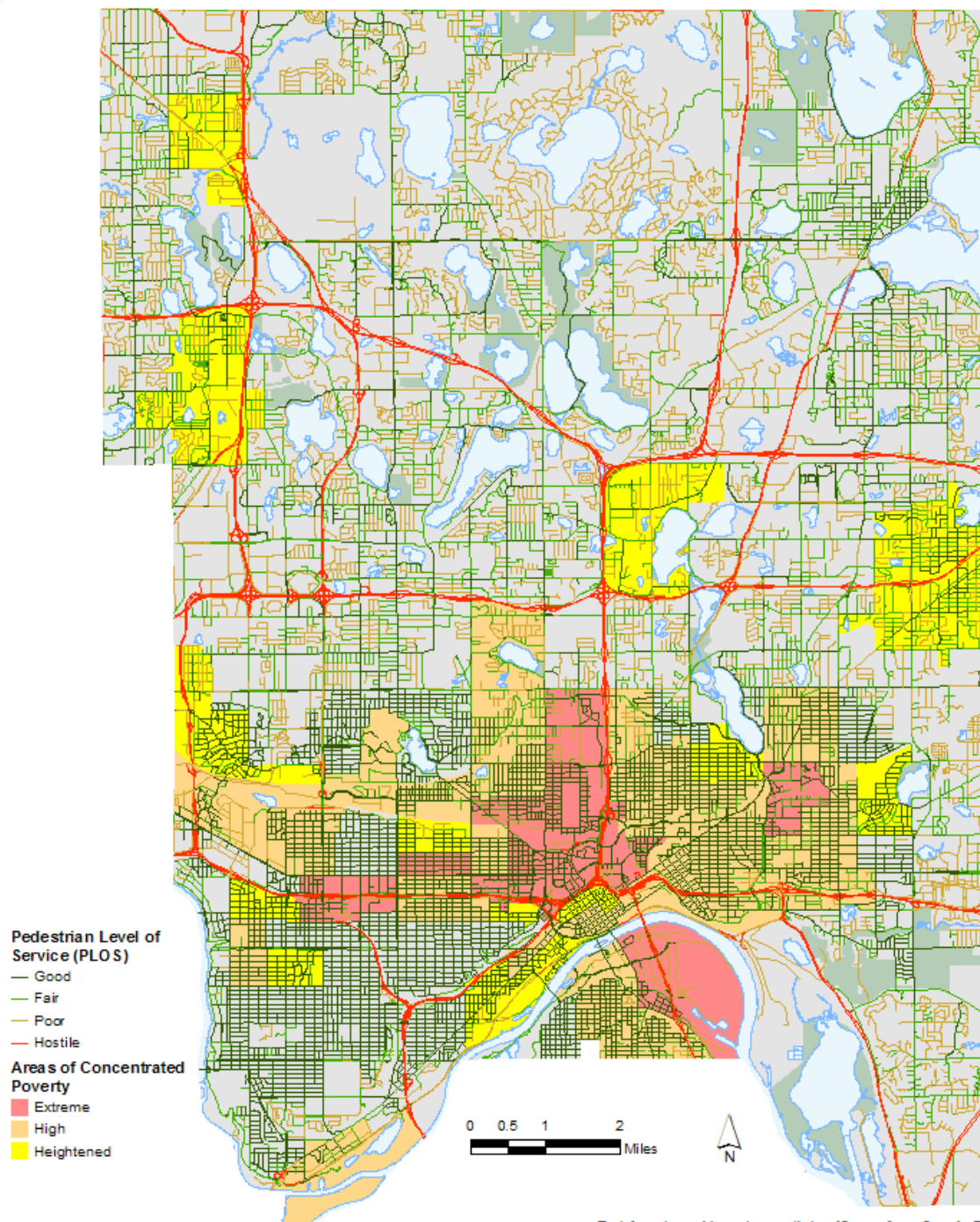
The table below describes some typical characteristics of streets in each category. Because the Pedestrian Level of Service rating represents a combination of multiple factors, these descriptions may not match every street segment in a given category.

| A street with this Pedestrian Level of Service rating: | Typically has one or both of these characteristics: |
|--|--|
| Good | Sidewalks Low speed limit |
| Fair | Residential street Wide shoulders |
| Poor | High speed limit Narrow shoulders or no shoulders |
| Hostile | High speed limit No shoulders |

Disparities in Pedestrian Level of Service

Viewing Pedestrian Level of Service through the lens of concentrated poverty reveals notable barriers to active living for some areas of Ramsey County. Areas of Concentrated Poverty (ACP) are census tracts where at least 15% (Heightened), 20% (High), or 40% (Extreme) of households earn incomes below the federal poverty level. Most of Ramsey County's Areas of Concentrated Poverty are located in Saint Paul, but others are located in Lauderdale, Roseville, Little Canada, North Saint Paul, New Brighton, and Mounds View. Throughout the county, Areas of Concentrated Poverty tend to have a higher percentage of roadways with a 'good' Pedestrian Level of Service (PLOS). This is mostly due to the higher number of sidewalks in these predominantly urban areas. However, Areas of Extreme Concentrated Poverty have a higher share of roadways with a 'hostile' PLOS due to the higher number of high-speed, heavy-traffic arterial roads and freeways located in these communities.

MAP: PEDESTRIAN LEVEL OF SERVICE (PLOS) IN AREAS OF CONCENTRATED POVERTY



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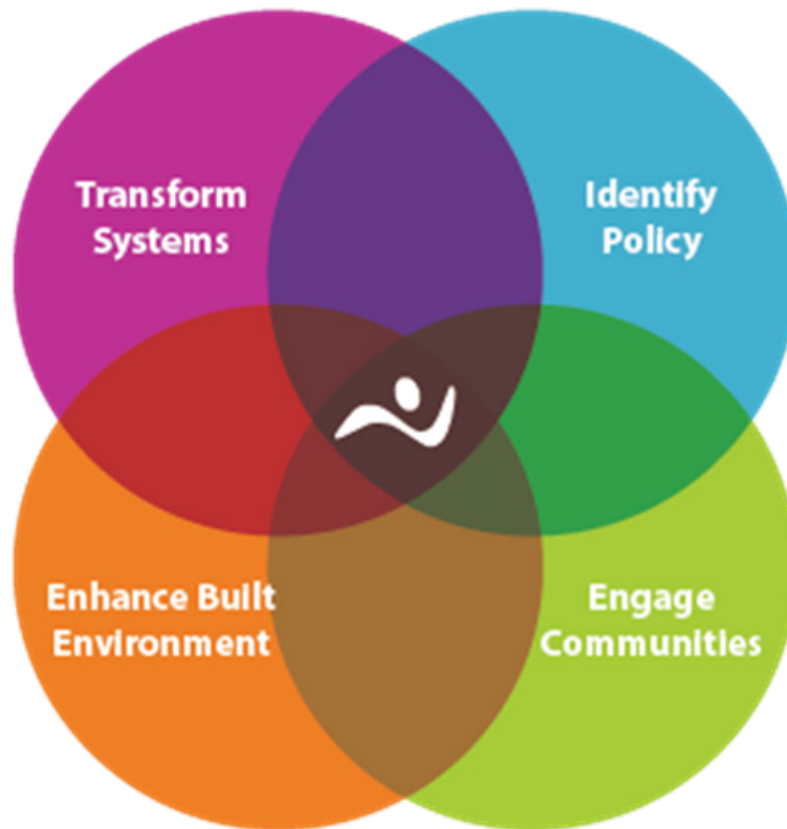
Prepared by Active Living Ramsey Communities | RCGISMetaData@Co.Ramsey.MN.1
PLOS_ACP_COMP 3/1/2018

STRATEGIC PLAN FRAMEWORK

The Active Living Ramsey Communities strategic framework utilizes overlapping strategies to advance the mission of improving health:

1. Identify policy
2. Transform systems
3. Enhance built environment
4. Engage communities

Implementation actions that incorporate multiple strategies are the most impactful in achieving Active Living Ramsey Communities' vision and mission.



Policy identification, system transformation, environmental enhancement, and community engagement are evidence-based strategies that produce sustainable, long term impacts in reducing chronic disease, preventing health problems, and improving health in communities. Active Living Ramsey Communities works with communities all across Ramsey County to make healthy choices the easy choice, seeking locally driven solutions that advance active living. Making Active Living options safe, convenient, and easy helps to increase the opportunity for physical activity. Active Living Ramsey Communities convenes, collaborates with, and strengthens the capacity of communities to create their own healthy futures.

The voices of Ramsey County community members have informed and shaped the Active Living Ramsey Communities Strategic Plan and the implementation actions described below. These community members participated in engagement activities such as open houses, project advisory meetings, pop-up events, community celebrations, focus groups, listening sessions, interactive maps, and surveys including the Ramsey County Parks System Survey detailed in the Ramsey County Parks and Recreation System Survey Findings section below.

ACTIVE LIVING RAMSEY COMMUNITIES STRATEGIC PLAN

The Active Living Ramsey Communities Strategic Plan incorporates the strategic framework described above to develop strategies and actions for policy, system, and environmental change.

Identify Policy

Active Living Ramsey Communities identifies community-based policies at the local and county levels to support active living, active transportation, and mobility for all.

1. Community coordinated winter maintenance policies and practices for bicycle and pedestrian facilities.
2. Identify disparities and needed community-based policies to support active living for all.
3. Identify community-based policies to make it safe, accessible, and comfortable for people to use trails, sidewalks, bikeways, and roadways.
4. Identify community-based policies to prepare for and address emerging and new transportation technologies that may impact pedestrians and people who bike (e.g. shared mobility services, electrification, dockless bike shares, and connected and automated vehicle technologies).
5. Promote health in all policies, practices, and projects.
6. Provide technical assistance to Ramsey County and its municipalities to incorporate active living principles and goals, bicycle and pedestrian system plans, and implementation strategies into their comprehensive plans.

Transform Systems

Active Living Ramsey Communities works to transform systems by collaborating across agencies and departments to prioritize active living, active transportation, and social and health equity in plans, designs, studies, and processes.

1. Collaborate and provide technical assistance to responsible governmental units on developing policies, practices, priorities, and strategies to fully implement the:
 - a. Ramsey County-wide Pedestrian and Bicycle Plan
 - b. Connected Ramsey Communities Network
 - c. All Abilities Transportation Network
 - d. Ramsey County-wide Pedestrian and Bicycle Performance Measures
2. Maintain a GIS database of Pedestrian and Bicycle System (PBS) data including existing facilities, plans, and identified needs throughout Ramsey County.
 - a. Manage and document pedestrian and bicycle data for:
 - i. Ramsey County-wide Pedestrian and Bicycle Plan
 - ii. Connected Ramsey Communities Network
 - iii. All Abilities Transportation Network
 - b. Share maps with Ramsey County, general public, and community partners in various formats.
 - c. Collaborate with Ramsey County municipalities and other metropolitan governmental units to coordinate and update shared data and schema for parks, trails, and bikeways.
3. Identify, measure, and track pedestrian and bicycle performance measures, such as pedestrian and bicycle facility improvements, crash data, and all-abilities functionality.
4. Produce annual performance measure reports with a particular emphasis on equity and all-abilities access.
5. Convene communities and stakeholders to evaluate progress, share best practices, and collaborate.

ACTIVE LIVING RAMSEY COMMUNITIES

6. Track the number of crashes involving pedestrians and bicycles, along with the number of resulting fatalities and injuries. Identify methods to reduce the frequency and severity of these crashes.
7. Support initiatives to reduce pedestrian and bicycle fatalities and injuries, such as implementing Toward Zero Deaths initiatives and exploring Vision Zero implementation in Ramsey County.
8. Promote health and active living in all Ramsey County departments, municipalities, and active living partnerships.
9. Build capacity and educate decision-makers, practitioners, community partners, and residents to advance active living through:
 - a. Technical assistance
 - b. Training and workshops
 - c. Planning and implementation tools
 - d. Convening gatherings
 - e. Communication and information sharing
10. Collaborate with government agencies, community partners, and residents to implement the Connected Ramsey Communities Bicycle Network and realize the All Abilities Transportation Network.
11. Incorporate equity principles, practices, and tools into community engagement, policy, system, and environmental changes.
12. Ensure equitable access to the transportation network for people of all communities, ages, and abilities.
13. Address inequities and barriers to the full enjoyment of Ramsey County's active transportation system.

Enhance Built Environment

Active Living Ramsey Communities collaborates with government agencies, community partners, and residents to promote safe, efficient, accessible pedestrian and bicycle networks. Enhancements to the built environment include transportation infrastructure improvements, land use planning, and community design.

1. Update, expand, and implement the Ramsey County-wide Pedestrian and Bicycle Plan.
2. Provide the Ramsey County-wide Pedestrian and Bicycle Plan and related resources on Ramsey County's website for decision-makers, practitioners, community partners, and residents.
3. Assist Ramsey County and municipal partners to incorporate the All Abilities Transportation Network core principles into projects such as capital improvements, master plans, and the annual mill & overlay program. These core principles include:
 - a. Ensuring equitable access to people of all abilities to use the county's transportation network.
 - b. Ensuring safety for all when using the county's transportation network.
 - c. Implementing an integrated and fully interconnected transportation system utilizing a variety of modes.
 - d. Aligning all transportation principles and policies with comprehensive planning.
 - e. Incorporating sensitivity to environment and context in all transportation planning.
 - f. Incorporating meaningful engagement with communities.

4. Apply the All Abilities Transportation Network core principles to a hierarchy of prioritized transportation system users that ensures that the most vulnerable users of the transportation network are always considered first during transportation planning and implementation:
 - a. Pedestrians
 - b. People Who Bike
 - c. People Who Use Transit
 - d. Drivers/Parkers
 - e. Freight Operators
5. Share best practices for pedestrian and bicycle facilities and update Ramsey County-wide Pedestrian and Bicycle Infrastructure Primer as a guide for best practices throughout Ramsey County communities.
6. Provide community partners with information on funding opportunities and letters of support for active transportation projects.
7. Ensure transportation projects account for community needs, active living opportunities, environmental context, environmental justice, and civil rights. Incorporate best practices such as context-sensitive solutions and all abilities transportation network principles by working with the following partners:
 - a. MnDOT
 - b. Ramsey County departments
 - c. Municipalities
 - d. Other agencies
8. Encourage the inclusion of end-of-trip and corridor facilities for pedestrians and bicyclists, such as restrooms, benches, lighting, bike racks, bike pumps, repair stations, and showers for bike commuters.
9. Encourage Ramsey County municipalities to:
 - a. Incorporate pedestrian and bicycle facilities and connectivity into community plans and projects.
 - b. Engage with community members and address their active transportation needs.
10. Facilitate and provide technical assistance for the implementation of:
 - a. Ramsey County-wide Pedestrian and Bicycle Plan
 - b. Connected Ramsey Communities Network
 - c. All Abilities Transportation Network
11. Facilitate communication and collaboration among practitioners, residents, and other stakeholders to create a safe and comfortable pedestrian and bicycle network throughout Ramsey County.
12. Facilitate the implementation, updates, and completion of the Connected Ramsey Communities Bicycle Network. Facilitate filling in pedestrian and bicycle network gaps to create continuous connectivity through major and connecting corridors in Ramsey County.
13. Analyze pedestrian and bicycle connectivity to Ramsey County parks, trails, facilities, and neighboring jurisdictions. Share analysis results with county staff and community partners to inform planning and implementation.

Engage Communities

Active Living Ramsey Communities engages with local communities in all of its planning projects, and actively seeks to expand the diversity of voices in this process. Community engagement strengthens community capacity to improve health and provide input on their unique needs and vision.

1. Facilitate, maintain, and attract new participation in the Active Living Ramsey Communities coalition and special teams with a special emphasis on representation from communities who experience disparities.
2. Utilize equity strategies, concepts, and tools in the work of Active Living Ramsey Communities.
3. Increase the diversity of active living participants to better reflect the demographics of Ramsey County.
4. Collaborate with and convene stakeholders to solve problems and eliminate barriers to Active Living.
5. Consult people living with disabilities to understand obstacles to a complete an All Abilities Transportation Network.
6. Evaluate ways to use new technology and facilitation methods to engage and communicate with coalition members, community residents, and other stakeholders (e.g. the Go Ramsey 2.0 web mapping application).
7. Share information related to active living and active transportation with coalition members regarding:
 - a. Trainings, conferences, workshops
 - b. Webinars
 - c. Funding Opportunities
 - d. Community meetings and open houses
 - e. Resources
 - f. Current news stories

RESILIENCE

Potential Shocks and Stressors

Climate change will seriously impact active living in the communities of Ramsey County. In the summer, higher average temperatures will make outdoor activity more strenuous and increase the risk of dehydration or heat stroke. Higher temperatures in the winter could potentially encourage more year-round activity, but would also bring more frequent freeze-thaw cycles. These cycles cause ice to build up on trails, sidewalks, and bikeways, making them dangerous for pedestrians and bicyclists. The increased frequency of severe storms and surface flooding throughout the year from a changing climate will also impede active living.

As climate change causes more severe weather, which causes people to drive more frequently rather than walk or bike, the greenhouse gas emissions from these car trips can accelerate climate change even further. However, with continued efforts to mitigate climate change and improve the quality and accessibility of active living infrastructure, this cycle can be interrupted and even reversed.

While many residents of Ramsey County have the option to travel by car and exercise indoors, others will have to cope with the adverse effects of a changing climate. Many of Ramsey County's people with disabilities, older people, young people, and others who cannot drive may be isolated in their homes during periods of severe weather, extreme heat, or surface flooding. Households without access to a car, or those with limited access, may also struggle to meet their transportation needs.

ACTIVE LIVING RAMSEY COMMUNITIES

Residents with decreased mobility may have more difficulty accessing jobs, schools, groceries, libraries, parks, and other routine needs. Residents' total physical activity may decrease, leading to future health problems. Small businesses that rely on pedestrian traffic for customers will likely see their revenue decrease.

Some people may feel unwelcome or unable to voice the needs of their community, and to have those needs adequately addressed by government agencies. Historical patterns of disservice or discrimination by government, persistent legal or practical barriers, and various personal and community experiences have exacerbated this issue among some communities of color, low incomes, limited English proficiency, LGBTQ, immigrants, and undocumented residents. To promote climate resilience in all of Ramsey County's communities, the county and its municipalities can proactively work together to ensure that high-quality, well maintained pedestrian and bicycle facilities are equitably distributed and easily accessible by all residents.

Current Capacity to Respond

Maintenance programs for existing trails, sidewalks, and bikeways will play a major role in keeping facilities accessible in response to climate challenges. The Active Living Ramsey Communities Coalition provides an opportunity for residents, organizations, community leaders, and government staff to connect and collaborate on strategies to mitigate climate impacts on active living. The Ramsey County-wide Pedestrian and Bicycle Plan and the All Abilities Transportation Network Policy establish a vision and commitment for Ramsey County to maintain a resilient pedestrian and bicycle system.

Future Preparation

Active Living Coalition

Active Living Ramsey Communities will continue to convene the Active Living Coalition to encourage collaboration and communication. Active Living Ramsey Communities will provide letters of support to community partners to install trails and other facilities such as benches, water fountains, wayfinding signage, bicycle repair stands, and bicycle parking to make active living easier in the face of climate change. These and other strategies for active living will also be important to ensure that Ramsey County continues to reduce its greenhouse gas emissions.

Ramsey County-wide Pedestrian and Bicycle Plan Implementation

Improving the quality and coverage of pedestrian and bicycle infrastructure in Ramsey County supports climate change resilience. The Ramsey County-wide Pedestrian and Bicycle Plan provides resources to help transportation, public works, and parks departments in Ramsey County implement these improvements and maintain a climate-resilient pedestrian and bicycle system. The Connected Ramsey Communities Network presents a vision for a countywide bicycle network. The sidewalk coverage map and underlying GIS data identifies where pedestrian facilities in the county are lacking.

The Infrastructure Design Primer included in the Ramsey County-wide Pedestrian and Bicycle Plan provides best practices for trail, sidewalk, and bikeway engineering, including recommendations for tree placement, snow storage, and drainage to keep facilities accessible and comfortable year-round.

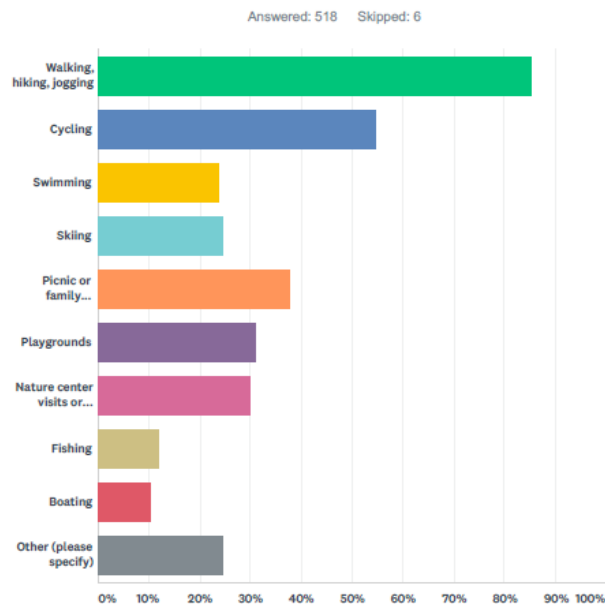
RAMSEY COUNTY PARKS AND RECREATION SYSTEM SURVEY FINDINGS

In Ramsey County Parks and Recreation Department's 2018 Parks System Survey, respondents identified pedestrian and bicycle connections to parks and filling gaps in pedestrian and bicycle corridors as important to them. This survey was available both online and at community events. Key themes and findings from the survey related to walking and biking are provided below, followed by graphics and charts detailing survey question responses.

How do you use Ramsey County parks?

- Walking, hiking and jogging are the most popular uses for county parks by a wide margin. 85% of respondents use county parks for these activities.
- About 55% of respondents use county parks for bicycling.

Q2 How do you use Ramsey County parks?



What recreation activities or facilities do you feel are missing from Ramsey County parks?

- Trails that connect to parks
- Interconnected network of walking and biking path system
- Rustic, forested, and nature areas and unpaved trails for hiking and walking
- Dedicated bicycle paths and trails
- Mountain bike trails
- Trailheads
- Long hiking trails
- Dedicated running parks
- Family-friendly connected bike routes
- Loop walking paths

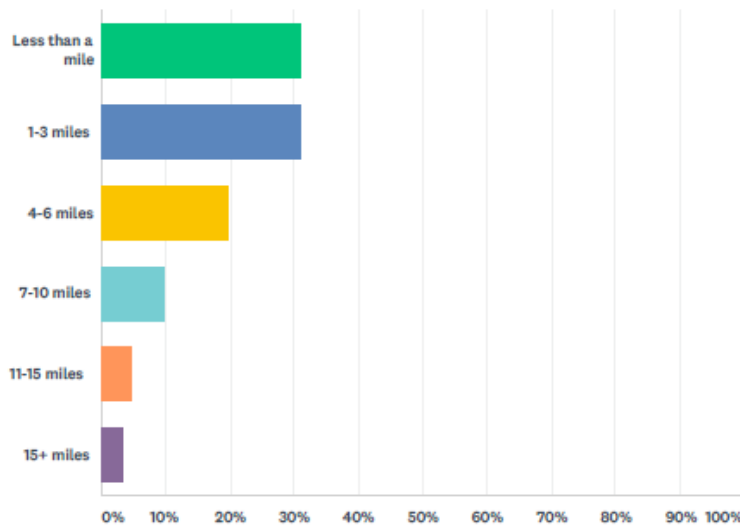
ACTIVE LIVING RAMSEY COMMUNITIES

How far do you travel to reach a Ramsey County park?

- Many park users travel less than a mile, or less than a 20 minute walk, to reach a county park. Nearly one third of respondents travel this distance.
- Many park users travel one to three miles, a leisurely 10 to 20 minute bike ride, to reach a county park. Over 30% of respondents travel this distance.

Q7 How far do you travel to reach a Ramsey County park?

Answered: 511 Skipped: 13

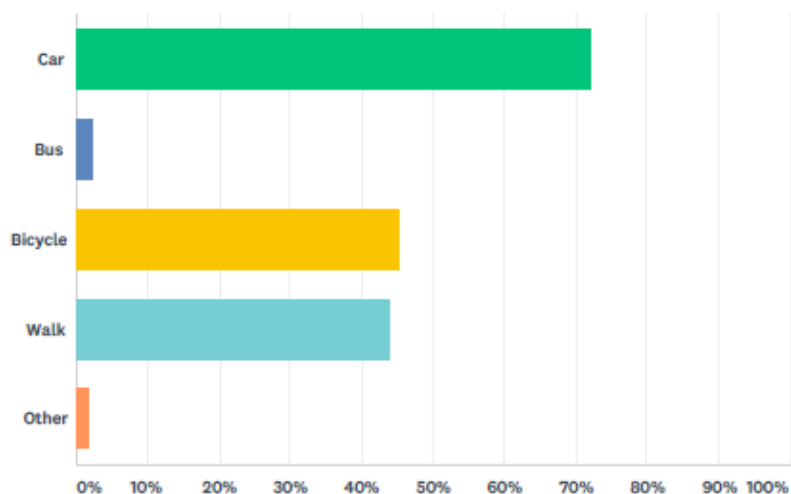


What mode of transportation do you use?

- Nearly half of park users surveyed walk and/or bike to county parks.
- Currently, almost three quarters of park users drive to county parks. Since many of these trips are under three miles, there is a huge potential for people to turn these trips into active transportation opportunities by walking or biking.

Q8 What mode of transportation do you use?

Answered: 517 Skipped: 7



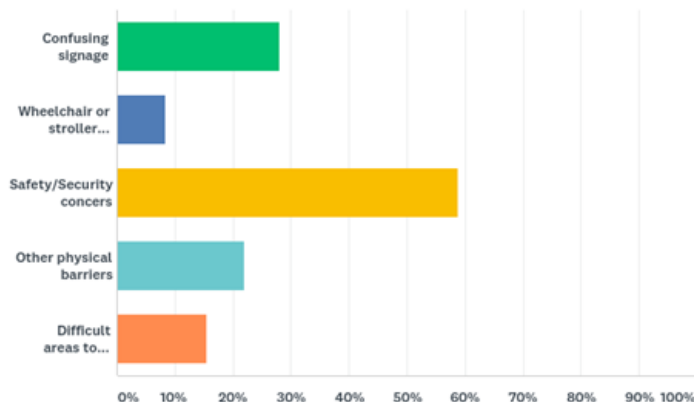
Are Ramsey County parks and facilities easy to access?

- Some visitors have trouble accessing parks by bicycling or walking. Respondents cited barriers such as:
 - Winter maintenance and accessibility
 - Frequent flooding of trails
 - Accessibility for people with disabilities
 - Incomplete trail connections
 - Dangerous road crossings
- Many respondents also noted barriers to accessing parks by transit, such as:
 - Distance from light rail
 - Lack of transit service to parks
 - Time-consuming and confusing bus route connections
 - Poor bus stop facilities

When asked about barriers to enjoying Ramsey County parks, respondents cited the following issues specifically in relation to trails:

- Personal safety concerns
- Lack of lighting
- Condition of pavement
- Branches, leaves, and flooding on trails
- Missing or confusing wayfinding signage
- Dangerous road crossings
- Incomplete trail network and lack of connectivity

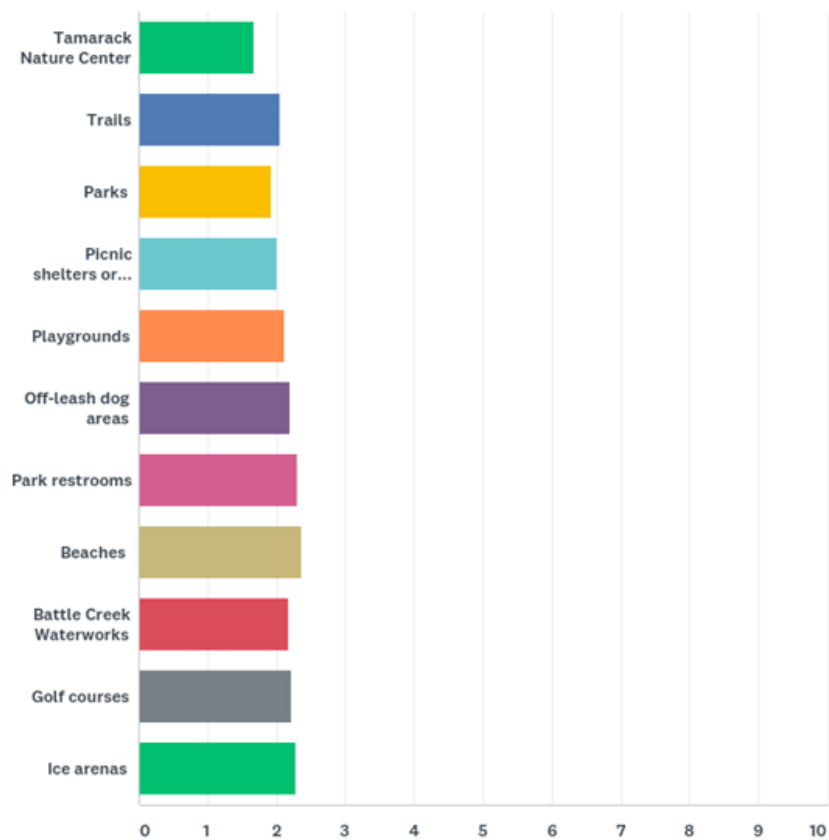
Q10 Have you encountered any of the following barriers to enjoying a Ramsey County park?



Additional comments from respondents about county park trail conditions included:

- Wheelchair accessibility
- Need for additional garbage cans
- Need for separated bicycle and pedestrian trails

Q14 How would you rate the condition of Ramsey County parks?



What recreation programs or facilities should be added?

- Mountain biking trails
- Trails within parks, hiking trails, wood chip or gravel trails, and wilderness access
- Walking trail network connecting to parks
- Workout equipment along trails

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Advancing Racial and Health Equity and Shared Community Power

Ramsey County will strengthen our countywide approach to leverage programs, processes and policies and prioritize innovations in governance and operations to advance racial and health equity, including addressing historical and long-standing race-based disproportional outcomes. Ramsey County will also deconstruct systemic and organizational barriers to be more fair, inclusive and transparent in how we share power with residents and communities in order to build a more equitable, responsive and effective organization.

Why this is a priority

Ramsey County's vision for a vibrant community where all are valued and thrive is dependent on being a community where all residents can experience fair outcomes including the highest level of health and wellbeing and opportunities for advancement and growth. Many of the communities and residents impacted by county programs and services have not historically had a voice in planning and implementation. Ramsey County must assess and modernize long-standing structures and legacy systems to better meet the emerging needs of all residents. Ramsey County must develop, identify and use a broad range of strategies grounded in sharing power to ensure all residents and communities, especially racial and ethnic groups who are experiencing inequities, have a voice in realizing beneficial outcomes across the county.

Building on previous work and lessons learned

In 2018, this priority has evolved to place racial equity alongside health equity at the center of decision-making. In 2020, Racial and Health Equity was combined with the Community Engagement strategic priority and changed to shared community power. By "power", we mean by sharing power with community to make decisions that are crucial for a specific outcome. This approach lifts up race

and health equity and shared power as countywide principles and drives a framework for how the county operates.

Ensure racial equity and shared power with community is applied

Ramsey County has initiated community-wide conversations on equity to increase awareness and accountability. A broad range of resources and tools, including participatory methods and Results Based Accountability in organizational planning have been applied to structurally advance equity and measure outcomes. Additional learning and development trainings on the Role of Government for Advancing Racial Equity, has also been offered for formal leaders and new employees. Specific relationships with racially and ethnically diverse communities are vital to helping ensure that equity remains a central focus. Honoring community knowledge and wisdom early on and before budgetary investments, program decisions or new projects are launched helps build trust and is critical to helping actively involve our most impacted communities in creating a better future, where all are valued and thrive.

RESOLUTION

Board of Ramsey County Commissioners

Presented By: Commissioner McDonough Date: December 13, 2016 No. B2016-314

Attention: Economic Growth & Community Investment

Page 1 of 2

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WHEREAS, A quality comprehensive transportation system is fundamental to advancing the county's vision of "*A Vibrant Community in Which All are Valued and Thrive*", with a commitment to creating and maintaining a transportation system that provides equitable access for all people regardless of race, ethnicity, age, gender, sexual preference, health, education, abilities, and economics; and

WHEREAS, Ramsey County is fully developed and the most urbanized county in Minnesota, with an extraordinarily diverse population and evolving demographics; and

WHEREAS, The County Board conducted two workshops in July 2016 to discuss the County's existing approach to developing an All Abilities Transportation Network and to identify strategic steps to improve planning, design and implementation of such a network; and

WHEREAS, The policy set forth herein has been created to unify County transportation efforts under a shared vision and implementation strategy that allow pedestrians and bicyclists to move freely and safely throughout the County, and to demonstrate the County's commitment to all people who use the transportation system; Now, Therefore, Be It

RESOLVED, The Ramsey County Board of Commissioners adopts the Ramsey County All Abilities Transportation Network Policy as follows:

"Ramsey County All Abilities Transportation Network Policy"

The Ramsey County Board of Commissioners is committed to creating and maintaining a transportation system that provides equitable access for all people regardless of race, ethnicity, age, gender, sexual preference, health, education, abilities, and economics. This is broadly defined as an "All Abilities" Transportation Network. Transforming this commitment into reality requires consistent leadership and collaboration over time, and must incorporate the best ideas from across the region, state and country. The policy set forth herein has been created to unify County transportation efforts under a shared vision and implementation strategy, and to clarify its commitment to: people of all abilities; an integrated and fully interconnected transportation system that utilizes a variety of modes; and safety, health, mobility and connectivity for all residents and businesses.

Ramsey County Board of Commissioners

| | YEA | NAY | OTHER |
|--------------------|-----|-----|-------|
| Toni Carter | X | | |
| Blake Huffman | X | | |
| Jim McDonough | X | | |
| Mary Jo McGuire | X | | |
| Rafael Ortega | X | | |
| Janice Rettman | | X | |
| Victoria Reinhardt | X | | |

Victoria Reinhardt, Chair

By: 

Janet M. Guthrie
Chief Clerk – County Board

RESOLUTION

Board of Ramsey County Commissioners

Presented By: Commissioner McDonough Date: December 13, 2016 No. B2016-314

Attention: Economic Growth & Community Investment

Page 2 of 2

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This policy shall apply to all transportation corridors and projects under County jurisdiction and guide the County in partnering with local, regional and state agencies and the community at large.

Ramsey County's core transportation principles are:

- Ensuring equitable access to people of all abilities to use the county's transportation network
- Ensuring safety for all when using the county's transportation network
- Implementing an integrated and fully interconnected transportation system utilizing a variety of modes
- Aligning all transportation principles and policies with comprehensive planning
- Incorporating sensitivity to environment and context in all transportation planning
- Incorporating meaningful engagement with communities.

These principles are to be applied to a hierarchy of prioritized transportation system users that ensures that the most vulnerable users of the transportation network are always considered first during transportation planning and implementation:

- Pedestrians
- People Who Bike
- People Who Use Transit
- Drivers/Parkers
- Freight Operators.

Planning, design, and implementation will follow applicable standards and best practices. Inclusive dialogue and evaluation, with decisions being transparent and based on authentic engagement with our communities, will guide the implementation of projects."

And, Be It Further

RESOLVED, The Ramsey County Board of Commissioners directs the County Manager to develop administrative policies and procedures to implement the Ramsey County All Abilities Transportation Network Policy.

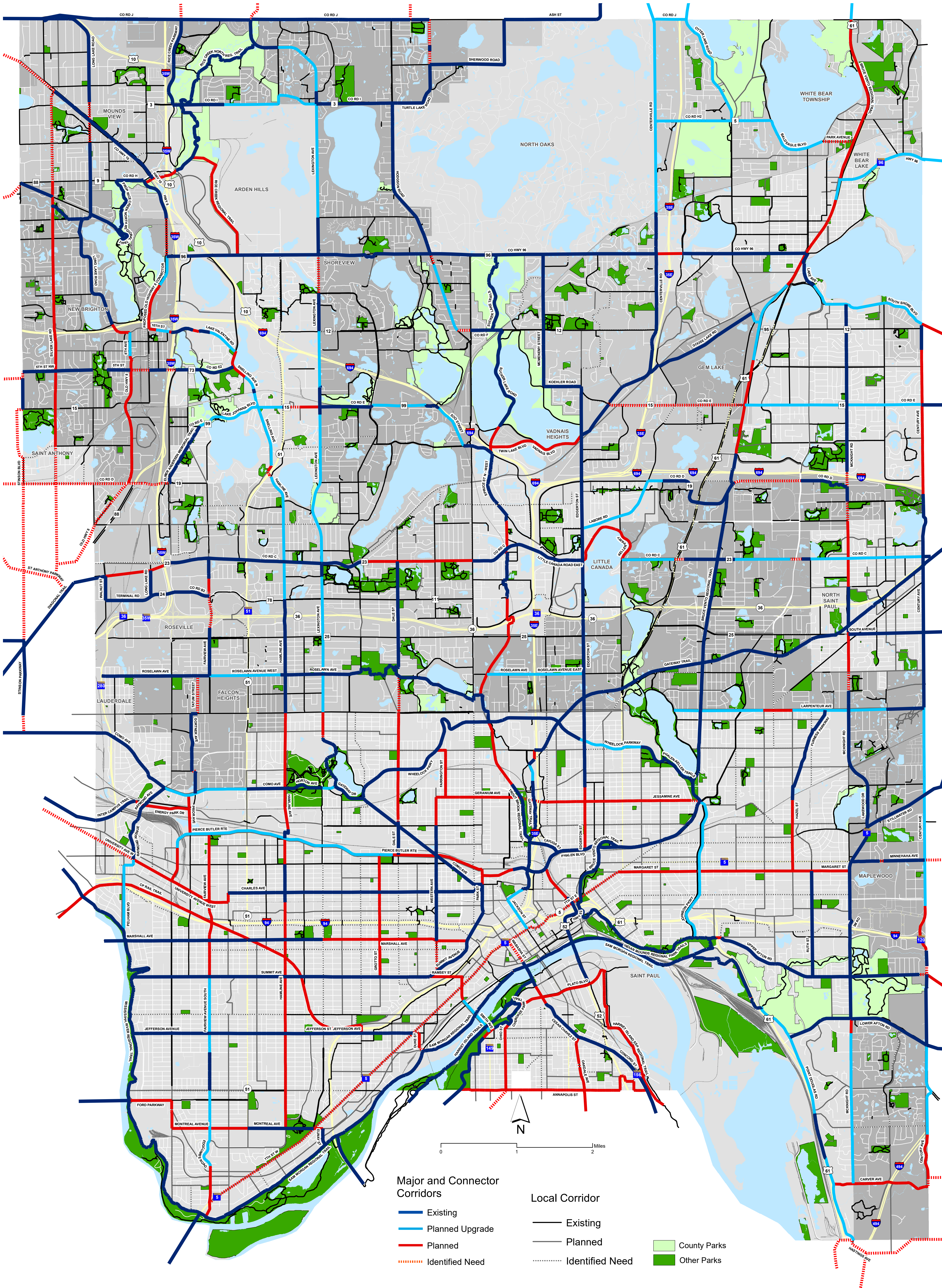
Ramsey County Board of Commissioners

| | YEA | NAY | OTHER |
|--------------------|-----|-----|-------|
| Toni Carter | X | | |
| Blake Huffman | X | | |
| Jim McDonough | X | | |
| Mary Jo McGuire | X | | |
| Rafael Ortega | X | | |
| Janice Rettman | | X | |
| Victoria Reinhardt | X | | |

Victoria Reinhardt, Chair

By: 
Janet M. Guthrie
Chief Clerk – County Board

Connected Ramsey Communities Bicycle Network



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Economic Competitiveness and Inclusion

Ramsey County will build and implement strategies that advance economic competitiveness and inclusiveness creating greater prosperity and opportunity for all.

Why this is a priority

Ramsey County Community & Economic Development and partners are currently leading the [Economic Competitiveness & Inclusion Plan](#), which will identify a vision and implementation for strategic investments to create opportunities for all residents to prosper. The focus on competitiveness is that our region can prosper from increased investment if we invest strategically and equitably in our residents and businesses.

Racial disparities in employment, educational attainment, income and housing currently hold Ramsey County residents back in the regional economy. Full participation by all residents will create wealth, expand the talent pool and increase wellbeing. Residents' incomes must grow through living wage jobs and stable employment. Ramsey County will focus on four cross-sector workgroups: 1) Housing Development and Affordability, 2) Community Investment and Wealth Building, 3) Jobs and Industry Growth, and 4) Strengthening Place-Based Assets, including transit and commercial corridors.

Building on previous work and lessons learned

Economic prosperity is best achieved through a strong, collaborative approach. Continued engagement with cities, partner agencies, community organizations, businesses and residents will be essential in developing and implementing this work. Beyond the vision plan, the Community & Economic Development department also expanded its programming in 2019 to include the economic development platform, [RamseyCountyMeansBusiness.com](#), the Corridor Revitalization Program and

Open to Business. These programs are budgeted to continue through 2021 in serving residents countywide.

Ensure racial equity and shared power with community is applied

Significant and persistent racial disparities exist between income levels of Ramsey County residents; residents of color make considerably less than their white neighbors. Because of these disparities, racial equity is at the center of the Economic Competitiveness and Inclusion Plan. The Plan will map the history of redlining in Ramsey County and develop strategies to build wealth in terms of both residential and commercial real estate opportunities. All recommendations coming out of the Plan's Community Investment and Wealth Building workgroup, specifically, will keenly focus on eliminating disparities in employment, educational attainment and income through investment in low-income people and communities of color. Additionally, Workforce Solutions and the Workforce Innovation Board (WIB) are a big partner in developing and brainstorming innovative workforce and career pathways for residents. Internally, Ramsey County will be working to track minority workforce inclusion and support construction pathways for people of color in our community. Lastly, the Plan has a strong emphasis in assessing the role of the county in housing affordability and affordable housing. The goal is intended to strategically align future resources to help alleviate the crisis in accessing affordable housing that disproportionately affects communities of color.

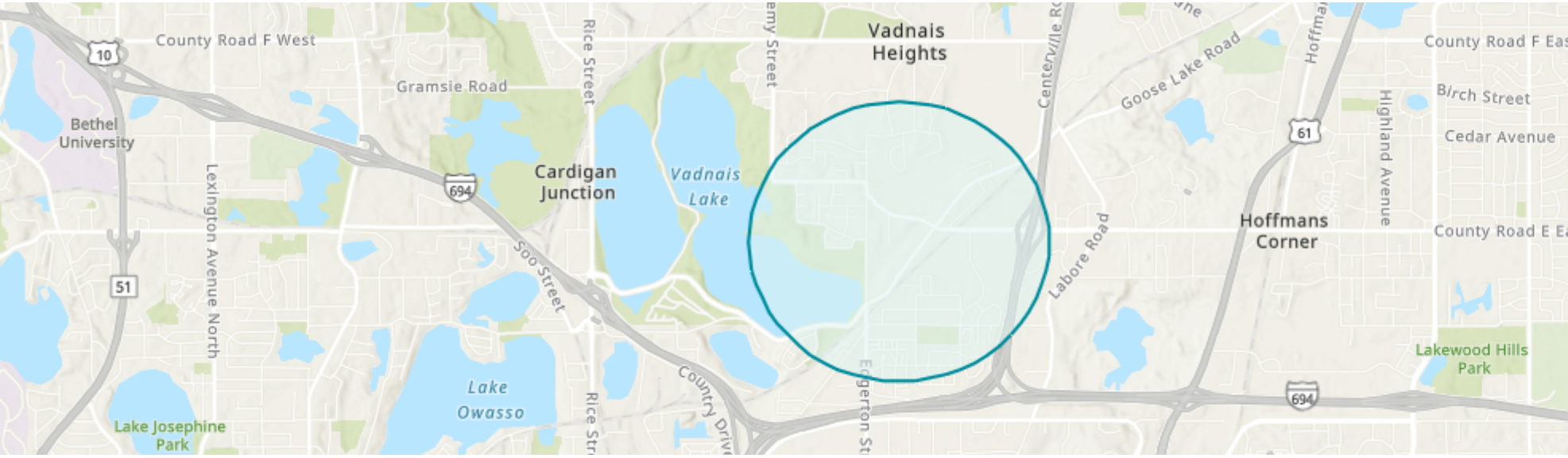
Saved Profile



Custom Geographic Profile

At-a-glance facts about residents, households, and workforce. Data are largely derived from the U.S. Census Bureau. When a data point is missing or considered unreliable, it will not display or be labeled suppressed. [See information about geographic profile sources.](#)

Selected Geography (Custom): Custom area



Esri, NASA, NGA, USGS, FEMA | Metropolitan Council, MetroGIS, Esri Canada, Esri, HERE, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA

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Age

| Age (2015-2019) | Custom area | |
|--------------------|-------------|--------|
| Total population | 3,425 | 100.0% |
| Under 5 years | 274 | 8.0% |
| 5-9 years | 339 | 9.9% |
| 10-14 years | 187 | 5.5% |
| 15-17 years | suppressed | |
| 18-24 years | 229 | 6.7% |
| 25-34 years | 508 | 14.8% |
| 35-44 years | 295 | 8.6% |
| 45-54 years | 436 | 12.7% |
| 55-64 years | 529 | 15.4% |
| 65-74 years | 316 | 9.2% |
| 75-84 years | 140 | 4.1% |
| 85 years and older | suppressed | |

Sex

Sex (2015-2019)

Custom area

| | | |
|--------|-------|-------|
| Male | 1,507 | 44.0% |
| Female | 1,919 | 56.0% |

Race & Ethnicity

Race & Ethnicity (2015-2019)

Custom area

| | | |
|--|------------|-------|
| White | 2,516 | 73.4% |
| Of Color | 814 | 23.8% |
| Black or African American alone | suppressed | |
| American Indian and Alaskan Native alone | suppressed | |
| Asian or Pacific Islander alone | 324 | 9.5% |
| Other alone | suppressed | |
| Two or more races alone | suppressed | |
| Hispanic or Latino (of any race) | suppressed | |

Language

Language spoken (2015-2019)

Custom area

| | | |
|--------------------------------------|------------|--------|
| Population (5 years and older) | 3,152 | 100.0% |
| English only | 2,815 | 89.3% |
| Language other than English | suppressed | |
| Speaks English less than "very well" | suppressed | |

Disability

Disability status (2015-2019)

Custom area

| | | |
|---|-------|--------|
| Total population for whom disability status is determined | 3,425 | 100.0% |
| Population with a disability | 337 | 9.8% |

Nativity

Nativity (2015-2019)

Custom area

| | | |
|------------------------|-----|------|
| Foreign-born residents | 311 | 9.1% |
|------------------------|-----|------|

Residency

Residence one year ago (2015-2019)

Custom area

| | | |
|--------------------------------------|------------|--------|
| Population (1 year and over in US) | 3,379 | 100.0% |
| Same residence | 2,973 | 88.0% |
| Different residence in the U.S. | 406 | 12.0% |
| Different residence outside the U.S. | suppressed | |

Income & Poverty

Household income (2019 dollars) (2015-2019)

Custom area

| | | |
|--|-----------|--------|
| Total households | 1,397 | 100.0% |
| Less than \$35,000 | 325 | 23.3% |
| \$35,000-\$49,999 | 184 | 13.1% |
| \$50,000-\$74,999 | 276 | 19.7% |
| \$75,000-\$99,999 | 180 | 12.9% |
| \$100,000 or more | 433 | 31.0% |
| Median household income (2019 dollars) | \$ 63,750 | 100.0% |

Poverty (2015-2019)

Custom area

| | | |
|---|------------|--------|
| All people for whom poverty status is determined | 3,425 | 100.0% |
| With income below poverty | suppressed | |
| With income 100-149 of poverty | 320 | 9.3% |
| With income 150-199 of poverty | suppressed | |
| With income 200 of poverty or higher | 2,723 | 79.5% |
| 17 years and younger (percent of people under age 18) | suppressed | |
| 18-24 (percent of people age 18-24) | suppressed | |
| 25-34 (percent of people age 25-34) | suppressed | |
| 35-44 (percent of people age 35-44) | suppressed | |
| 45-54 (percent of people age 45-54) | suppressed | |
| 55-64 (percent of people age 55-64) | suppressed | |
| 18-64 (percent of people 18-64) | suppressed | |
| 65 years and older (percent of people age 65+) | suppressed | |

Health Coverage

Health coverage (2015-2019)

Custom area

| | | |
|---|------------|-------|
| Total population age 65 and under for whom health insurance coverage status is determined | 2,875 | 83.9% |
| Population 65 and under without health insurance coverage | suppressed | |

Housing

Total housing units (2015-2019)

Custom area

| | | |
|---------------------|-------|--------|
| Total housing units | 1,505 | 100.0% |
|---------------------|-------|--------|

Owned and Rental Housing (2015-2019)

Custom area

| | | |
|--|------------|--------|
| Vacant housing units (seasonal units included) | suppressed | |
| Occupied housing units | 1,397 | 92.8% |
| Average household size | 2.4 | 100.0% |
| Owner-occupied | 963 | 64.0% |
| Average household size | 2.5 | 100.0% |
| Renter-occupied | 434 | 28.8% |
| Average household size | 2.2 | 100.0% |

Year built (2015-2019)

Custom area

| | | |
|-----------------|------------|-------|
| 2000 or later | 216 | 14.3% |
| 1970-1999 | 940 | 62.4% |
| 1940-1969 | 325 | 21.6% |
| 1939 or earlier | suppressed | |

Households (2015-2019)

Custom area

| | | |
|------------------|-------|--------|
| Total households | 1,397 | 100.0% |
|------------------|-------|--------|

Households by type (2015-2019)

Custom area

| | | |
|--|-----|-------|
| Family households | 874 | 62.6% |
| With children under 18 years | 415 | 29.7% |
| Married-couple family households | 648 | 46.4% |
| With children under 18 years | 278 | 19.9% |
| Single-person family households | 226 | 16.2% |
| With children under 18 years | 137 | 9.8% |
| Nonfamily households | 523 | 37.4% |
| Householder living alone | 463 | 33.2% |
| 65 years and over | 193 | 13.8% |
| Households with one or more children under 18 years | 415 | 29.7% |
| Households with one or more people 65 years and over | 415 | 29.7% |

Year householder moved into unit (2015-2019)

Custom area

| | | |
|------------------------|-----|-------|
| Moved in 2010 or later | 638 | 45.7% |
|------------------------|-----|-------|

| | | |
|---|-------|--------------------|
| Moved in 2000-2009 | 316 | 22.6% |
| Moved in 1990-1999 | 249 | 17.8% |
| Moved in 1989 or earlier | 194 | 13.9% |
| Cost-burdened households (2015-2019) | | Custom area |
| All households for which cost burden is calculated | 1,381 | 100.0% |
| Cost-burdened households | 420 | 30.4% |
| Owner households for which cost burden is calculated | 956 | 100.0% |
| Cost-burdened owner households | 204 | 21.4% |
| Renter households for which cost burden is calculated | 425 | 100.0% |
| Cost-burdened renter households | 215 | 50.7% |

| | | |
|---------------------------------|----------|--------------------|
| Rent paid (2015-2019) | | Custom area |
| Households paying rent | 425 | 100.0% |
| Median rent paid (2019 dollars) | \$ 1,097 | 100.0% |

Transportation

| | | |
|---|------------|--------------------|
| Vehicles per household (2015-2019) | | Custom area |
| No vehicles | suppressed | |
| 1 vehicle available | 470 | 33.7% |
| 2 vehicles available | 629 | 45.0% |
| 3 or more vehicles available | 274 | 19.6% |

| | | |
|---|------------|--------------------|
| Transportation to work (2015-2019) | | Custom area |
| Workers (16 years and older) | 1,616 | 100.0% |
| Car, truck, or van (including passengers) | 1,510 | 93.5% |
| Public transportation | suppressed | |
| Walked, biked, worked at home, or other | suppressed | |

| | | |
|--|-------|--------------------|
| Travel time to work (2015-2019) | | Custom area |
| Total workers age 16+ (not home based) | 1,542 | 100.0% |
| Less than 10 minutes | 150 | 9.7% |
| 10-19 minutes | 413 | 26.8% |
| 20-29 minutes | 475 | 30.8% |
| 30 minutes or longer | 505 | 32.7% |

Workforce

| Educational attainment (2015-2019) | | Custom area | |
|---|--|--------------------|--------|
| Population (25 years and older) | | 2,318 | 100.0% |
| Less than high school | | 127 | 5.5% |
| High school diploma or GED | | 569 | 24.6% |
| Some college or associate's degree | | 794 | 34.2% |
| Bachelor's Degree | | 456 | 19.7% |
| Graduate or professional degree | | 373 | 16.1% |
| High school graduate or higher | | 2,192 | 94.5% |
| Bachelor's degree or higher | | 828 | 35.7% |
| Working Adults (2015-2019) | | Custom area | |
| Total civilian non-institutionalized population, age 18-64 | | 1,997 | 100.0% |
| Working age adults who are employed | | 1,613 | 80.8% |
| Civilian labor force | | 1,678 | 100.0% |
| Unemployed | | suppressed | |
| Total employed workers (LEHD) (2018) | | Custom area | |
| Total employed workers | | 1,353 | 100.0% |
| Worker age (2018) | | Custom area | |
| Age 29 or younger | | 323 | 23.9% |
| Age 30 to 54 | | 657 | 48.5% |
| Age 55 or older | | 373 | 27.6% |
| Workers by earnings (2018) | | Custom area | |
| \$15,000 per year or less | | 230 | 17.0% |
| \$15,001 to \$39,999 per year | | 383 | 28.3% |
| \$40,000 or more per year | | 740 | 54.7% |
| Workers by industry of employment (2018) | | Custom area | |
| Accommodation and food services | | 103 | 7.6% |
| Administration & support, waste management, and remediation | | suppressed | |
| Agriculture, forestry, fishing and hunting | | 90 | 6.6% |
| Arts, entertainment, and recreation | | 21 | 1.5% |
| Construction | | 58 | 4.3% |
| Educational services | | 29 | 2.2% |
| Finance and insurance | | 86 | 6.4% |
| Health care and social assistance | | 239 | 17.7% |
| Information | | 26 | 1.9% |

| | | |
|--|------------|-------|
| Management of companies and enterprises | 83 | 6.2% |
| Manufacturing | 195 | 14.4% |
| Mining, quarrying, and oil and gas extraction | suppressed | |
| Other services (excluding public administration) | 45 | 3.3% |
| Professional, scientific, and technical services | 98 | 7.3% |
| Public administration | suppressed | |
| Real estate and rental and leasing | 20 | 1.5% |
| Retail trade | 146 | 10.8% |
| Transportation and warehousing | 35 | 2.6% |
| Utilities | suppressed | |
| Wholesale trade | 72 | 5.4% |

Workers by race (2018)

Custom area

| | | |
|---|------------|-------|
| White alone | 1,061 | 78.4% |
| Black or African American alone | 106 | 7.8% |
| American Indian or Alaska Native alone | suppressed | |
| Asian alone | 154 | 11.3% |
| Native Hawaiian or Other Pacific Islander alone | suppressed | |
| Two or more race groups | 26 | 1.9% |
| Hispanic or Latino (of any race) | 62 | 4.6% |

Workers by educational attainment (2018)

Custom area

| | | |
|---------------------------------------|-----|-------|
| Less than high school | 95 | 7.0% |
| High school or equivalent, no college | 251 | 18.6% |
| Some college or associate degree | 335 | 24.8% |
| Bachelor's degree or advanced degree | 349 | 25.8% |

Minnesota Compass is a project of Wilder Research



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City of Vadnais Heights, Minnesota
Koehler Road Trail - Metropolitan Council Regional Solicitation Grant
Preliminary Engineer's Estimate
3/16/2022



| ITEM NO. | ITEM DESCRIPTION | UNIT | UNIT PRICE | TOTAL | | KOEHLER ROAD: 8' TRAIL WITH BLVD ON NORTH SIDE | | EDGERTON STREET: 10' TRAIL ADJACENT TO B618 C&G ON EAST SIDE | |
|----------|---|--------|-------------|--------------------|----------------|--|----------------|--|----------------|
| | | | | ESTIMATED QUANTITY | ESTIMATED COST | ESTIMATED QUANTITY | ESTIMATED COST | ESTIMATED QUANTITY | ESTIMATED COST |
| 1 | MOBILIZATION | LS | \$31,000.00 | 1.00 | \$31,000.00 | 0.78 | \$24,180.00 | 0.22 | \$6,820.00 |
| 2 | CLEARING | TREE | \$450.00 | 49 | \$22,050.00 | 45 | \$20,250.00 | 4 | \$1,800.00 |
| 3 | GRUBBING | TREE | \$450.00 | 49 | \$22,050.00 | 45 | \$20,250.00 | 4 | \$1,800.00 |
| 4 | REMOVE CONCRETE SIDEWALK | SF | \$3.00 | 1,540 | \$4,620.00 | 1,540 | \$4,620.00 | 0 | \$0.00 |
| 5 | REMOVE BITUMINOUS PAVEMENT | SY | \$6.00 | 511 | \$3,066.00 | 248 | \$1,488.00 | 263 | \$1,578.00 |
| 6 | SAWCUT BITUMINOUS PAVEMENT (FULL DEPTH) | LF | \$4.00 | 1,363 | \$5,452.00 | 920 | \$3,680.00 | 443 | \$1,772.00 |
| 7 | SAWCUT CONCRETE PAVEMENT (FULL DEPTH) | LF | \$6.00 | 138 | \$828.00 | 115 | \$690.00 | 23 | \$138.00 |
| 8 | ADJUST CLEANOUT OR CURB STOP BOX | EACH | \$100.00 | 30 | \$3,000.00 | 30 | \$3,000.00 | 0 | \$0.00 |
| 9 | SALVAGE & INSTALL MODULAR BLOCK RETAINING WALL | LF | \$120.00 | 88 | \$10,560.00 | 88 | \$10,560.00 | 0 | \$0.00 |
| 10 | SALVAGE & INSTALL TIMBER RETAINING WALL | LF | \$60.00 | 33 | \$1,980.00 | 33 | \$1,980.00 | 0 | \$0.00 |
| 11 | SALVAGE & INSTALL FENCE | LF | \$60.00 | 55 | \$3,300.00 | 55 | \$3,300.00 | 0 | \$0.00 |
| 12 | SALVAGE & INSTALL SIGN (TYPE C OR STREET NAME) | EACH | \$300.00 | 4 | \$1,200.00 | 4 | \$1,200.00 | 0 | \$0.00 |
| 13 | SALVAGE & INSTALL MAILBOX SUPPORT | EACH | \$200.00 | 13 | \$2,600.00 | 10 | \$2,000.00 | 3 | \$600.00 |
| 14 | COMMON EXCAVATION (CV) | CY | \$23.00 | 2,340 | \$53,820.00 | 2,050 | \$47,150.00 | 290 | \$6,670.00 |
| 15 | AGGREGATE BASE PREPARATION | RD STA | \$300.00 | 26 | \$7,800.00 | 22 | \$6,600.00 | 4 | \$1,200.00 |
| 16 | STREET SWEEPER (WITH PICKUP BROOM) | HOURL | \$165.00 | 24 | \$3,960.00 | 20 | \$3,300.00 | 4 | \$660.00 |
| 17 | AGGREGATE BASE CLASS 5 | TON | \$25.00 | 1,371 | \$34,275.00 | 1,155 | \$28,875.00 | 216 | \$5,400.00 |
| 18 | MODULAR BLOCK RETAINING WALL | SF | \$60.00 | 750 | \$45,000.00 | 750 | \$45,000.00 | 0 | \$0.00 |
| 19 | B618 CONCRETE CURB & GUTTER | LF | \$25.00 | 616 | \$15,400.00 | 220 | \$5,500.00 | 396 | \$9,900.00 |
| 20 | B624 CONCRETE CURB & GUTTER | LF | \$25.00 | 220 | \$5,500.00 | 220 | \$5,500.00 | 0 | \$0.00 |
| 21 | CONCRETE ADA PEDESTRIAN RAMP | EACH | \$2,500.00 | 5 | \$12,500.00 | 3 | \$7,500.00 | 2 | \$5,000.00 |
| 22 | 6" CONCRETE DRIVEWAY PAVEMENT (REMOVE & REPLACE) | SY | \$75.00 | 266 | \$19,950.00 | 213 | \$15,975.00 | 53 | \$3,975.00 |
| 23 | TYPE SP 9.5 WEARING COURSE MIX (2,C) (BIT. TRAIL) | TON | \$175.00 | 510 | \$89,250.00 | 423 | \$74,025.00 | 87 | \$15,225.00 |
| 24 | TYPE SP 9.5 WEARING COURSE MIX (2,B) (DRIVEWAYS) (REMOVE & REPLACE) | TON | \$175.00 | 129 | \$22,575.00 | 118 | \$20,650.00 | 11 | \$1,925.00 |
| 25 | BITUMINOUS PATCHING | TON | \$165.00 | 91 | \$15,015.00 | 60 | \$9,900.00 | 31 | \$5,115.00 |
| 26 | BITUMINOUS MATERIAL FOR TACK COAT | GAL | \$3.25 | 163 | \$529.75 | 132 | \$429.00 | 31 | \$100.75 |
| 27 | *MISC. STORM SEWER/DRAINAGE IMPROVEMENTS | LS | \$40,000.00 | 1.00 | \$40,000.00 | 0.90 | \$36,000.00 | 0.10 | \$4,000.00 |
| 28 | TRAFFIC CONTROL | LS | \$15,000.00 | 1.00 | \$15,000.00 | 0.78 | \$11,700.00 | 0.22 | \$3,300.00 |
| 29 | ORGANIC TOPSOIL BORROW | CY | \$55.00 | 448 | \$24,640.00 | 402 | \$22,110.00 | 46 | \$2,530.00 |
| 30 | HYDROSEEDING (INCLUDES SEED, FERTILIZER & HYDRAULIC MULCH) | SY | \$5.00 | 4,026 | \$20,130.00 | 3,619 | \$18,095.00 | 407 | \$2,035.00 |
| 31 | EROSION BLANKET, CATEGORY 3 | SY | \$5.00 | 611 | \$3,055.00 | 500 | \$2,500.00 | 111 | \$555.00 |
| 32 | BIOROLL / SILT FENCE | LF | \$4.50 | 3,113 | \$14,008.50 | 2,625 | \$11,812.50 | 488 | \$2,196.00 |
| 33 | INLET PROTECTION | EACH | \$175.00 | 13 | \$2,275.00 | 10 | \$1,750.00 | 3 | \$525.00 |
| 34 | CROSSWALK MULTI-COMP GROUND IN | SF | \$10.00 | 238 | \$2,380.00 | 119 | \$1,190.00 | 119 | \$1,190.00 |
| 35 | F&I SIGN PANELS, TYPE C | SF | \$80.00 | 58 | \$4,620.00 | 41.25 | \$3,300.00 | 16.50 | \$1,320.00 |
| 36 | RRFB SIGNAL CROSSING INSTALLATION | LS | \$45,000.00 | 1 | \$45,000.00 | 0.00 | \$0.00 | 1 | \$45,000.00 |
| 37 | REPAIR IRRIGATION SYSTEMS ALLOWANCE | LS | \$5,000.00 | 1.00 | \$5,000.00 | 0.78 | \$3,900.00 | 0.22 | \$1,100.00 |
| 38 | SITE SUPERINTENDENCE ALLOWANCE | LS | \$7,500.00 | 1.00 | \$7,500.00 | 0.78 | \$5,850.00 | 0.22 | \$1,650.00 |
| 39 | *PERMANENT STORMWATER MANAGEMENT ALLOWANCE | LS | \$50,000.00 | 1.00 | \$50,000.00 | 0.78 | \$39,000.00 | 0.22 | \$11,000.00 |

* DENOTES INELIGIBLE GRANT PAY ITEMS

ELIGIBLE GRANT PAY ITEMS

| | | | |
|------------------|--------------|--------------|--------------|
| SUBTOTAL: | \$580,889.25 | \$449,809.50 | \$131,079.75 |
| 20% CONTINGENCY: | \$116,177.85 | \$89,961.90 | \$26,215.95 |
| SUBTOTAL: | \$697,067.10 | \$539,771.40 | \$157,295.70 |

INELIGIBLE GRANT PAY ITEMS

| | | | |
|--|--------------|--------------|-------------|
| MISC. STORM SEWER/DRAINAGE IMPROVEMENTS | \$40,000.00 | \$36,000.00 | \$4,000.00 |
| PERMANENT STORMWATER MANAGEMENT ALLOWANC | \$50,000.00 | \$39,000.00 | \$11,000.00 |
| 20% CONTINGENCY: | \$18,000.00 | \$15,000.00 | \$3,000.00 |
| +25% LEGAL, FISCAL, ADMINISTRATION & ENGINEERING | \$201,266.78 | \$157,442.85 | \$43,823.93 |
| SUBTOTAL: | \$309,266.78 | \$247,442.85 | \$61,823.93 |

| | | | |
|---|----------------|--------------|--------------|
| TOTAL ESTIMATED PROJECT COST (2022 DOLLARS) | \$1,006,000.00 | \$787,000.00 | \$219,000.00 |
| TOTAL ESTIMATED PROJECT COST (2023 DOLLARS) | \$1,042,000.00 | \$815,000.00 | \$227,000.00 |

ASSUMPTIONS:

- 1) QUANTITY TAKEOFFS ARE BASED ON AERIAL IMAGERY, FIELD MEASUREMENTS, AND AVAILABLE CITY RECORD DRAWINGS/GIS LINEWORK. NO TOPOGRAPHIC SURVEY OR FIELD WORK WAS PERFORMED FOR THIS ANALYSIS.
- 2) COSTS ASSOCIATED WITH RELOCATING PRIVATE UTILITIES ARE ASSUMED TO BE INCURRED BY THE UTILITY OWNER.
- 3) VLAWMO'S PERMANENT STORMWATER MANAGEMENT REQUIREMENTS WILL BE TRIGGERED FOR THE ADDITIONAL IMPERVIOUS AREAS. ADDITIONAL VLAWMO COORDINATION WILL BE REQUIRED ONCE AN ALTERNATIVE IS CHOSEN.
- 4) A WETLAND DELINEATION WILL NEED TO BE PERFORMED ONCE PRELIMINARY DESIGN BEGINS. NO WETLAND MITIGATION COSTS ARE INCLUDED IN THE PRELIMINARY ESTIMATE.
- 5) NO ACQUISITION COSTS FOR RIGHT-OF-WAY OR EASEMENTS ARE INCLUDED IN THE ESTIMATE, AS EASEMENT NEEDS WON'T BE DETERMINED UNTIL FUTURE PRELIMINARY DESIGN EFFORTS ARE COMPLETE.
- 6) ALL NEW TRAIL SECTIONS ASSUMED TO BE 3.5 INCHES OF BITUMINOUS PAVEMENT OVER 6 INCHES OF CLASS 5 AGGREGATE BASE. NO SUBGRADE CORRECTION INCLUDED IN THE ESTIMATE, BUT A GEOTECHNICAL INVESTIGATION IS RECOMMENDED TO BE PERFORMED ONCE PRELIMINARY DESIGN BEGINS.
- 7) IT IS ASSUMED NO RETAINING WALL OR RAILING WOULD BE REQUIRED TO CONSTRUCT THE PORTION OF TRAIL ALONG THE EASTERN SIDE OF EDGERTON STREET.
- 8) NO PUBLIC UTILITY REHABILITATION COSTS ARE INCLUDED IN THE ESTIMATE, OTHER THAN FACILITIES IMPACTED BY THE PROPOSED TRAIL IMPROVEMENTS.

Koehler Road

Bicycle/Pedestrian Improvements



The section of Koehler Road between Edgerton Street and County Road E/Centerville Road in Vadnais Heights has been identified as an area of concern for pedestrian and bicycle safety.

The City of Vadnais Heights has invested considerable time and resources to investigate improvement options and looks forward to working with Ramsey County and other local stakeholders to implement the project.

Project Evaluation

Koehler Road is the only route available for most students to get to school. There are no existing bike trails or sidewalks along Koehler Road, so students must travel along the shoulder adjacent to significant traffic traveling at high speeds. Existing AADT along Koehler Road is 3,000 vpd and vehicles regularly exceed the posted 30 MPH speed limit. In 2020, a student was hit by a car on Koehler Road while biking and was nearly killed. Due to these dangerous conditions and the lack of alternative routes, less than 1 percent of students currently bike or walk to school and students who do bike or walk must have parent permission. Vadnais Heights Elementary currently discourages families from allowing their students to walk or bike to school along Koehler Road due to the safety concerns.

Koehler Road Task Force

After residents brought concerns about the need for improved pedestrian and bicycle safety in this area to the City Council, the Task Force was formed in 2018. It is made up of residents in the project area, Parks Commission and City Council representatives, City staff, ISD 624/Vadnais Heights Elementary School representatives, and Ramsey County representatives. Following input from the Task Force, it was determined that a closer look at all of the potential options was needed.

Alternatives Analysis

In 2019, City staff worked with Short Elliot Hendrickson, Inc (SEH) complete an Alternatives Analysis. Options examined in this analysis included: 8' trail with a boulevard; 8' trail with no boulevard, adjacent to 6' bituminous shoulder; 8' trail with no shoulder and 2' clear zone. Each option included evaluation on the north and south side of Koehler Road.

While the Alternatives Analysis was a helpful starting point, the report was based on limited information. A more in-depth look at the options was completed through a survey of the area performed by SEH in November-December, 2020.

Public Process Timeline

| | |
|-------------------------|--|
| December 16, 2018 | Koehler Road Task Force: first meeting |
| March 19 & May 21, 2019 | City Council Workshops: Alternatives Analysis discussed and approved |
| April 22, 2019 | City Council Goals Session: 2019-2020 Workplan includes identifying high priority trail projects (including Koehler road). |
| July 8, 2019 | Park, Recreation, and Trails Commission: Alternatives Analysis discussed |
| September 9, 2019 | Koehler Road Task Force: Alternatives Analysis and potential survey discussed |
| Summer/Fall 2020 | Formal land survey completed by SEH |
| August 11, 2021 | Ramsey County - Safe Routes to School coordination meeting |
| September 2021 | Safe Routes to School parent survey conducted by Vadnais Heights Elementary School |
| September 22, 2021 | Ramsey County - Safe Routes to School coordination meeting |
| <i>Upcoming</i> | |
| April 14, 2022 | Application to Safe Routes to School grant program |
| May 2022 | City to host neighborhood meeting to discuss the project |
| Spring/Summer 2022 | Bike/Pedestrian Safety Event with Ramsey County Sheriff's Office and Vadnais Heights Fire Department |

Community Education

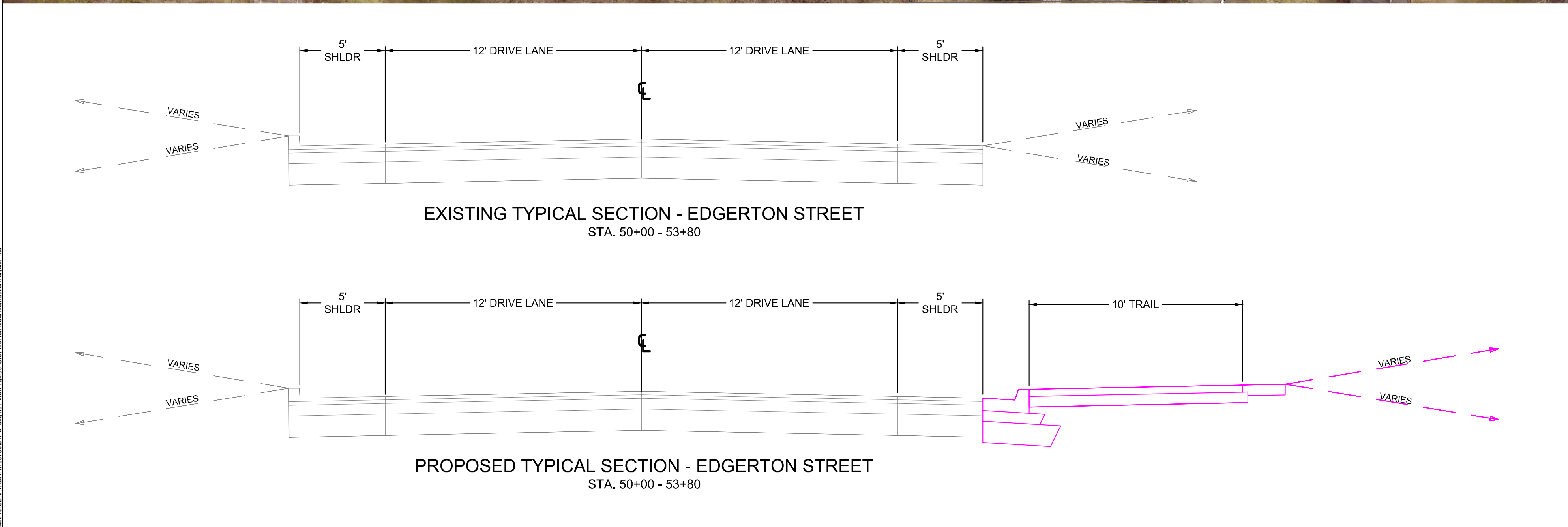
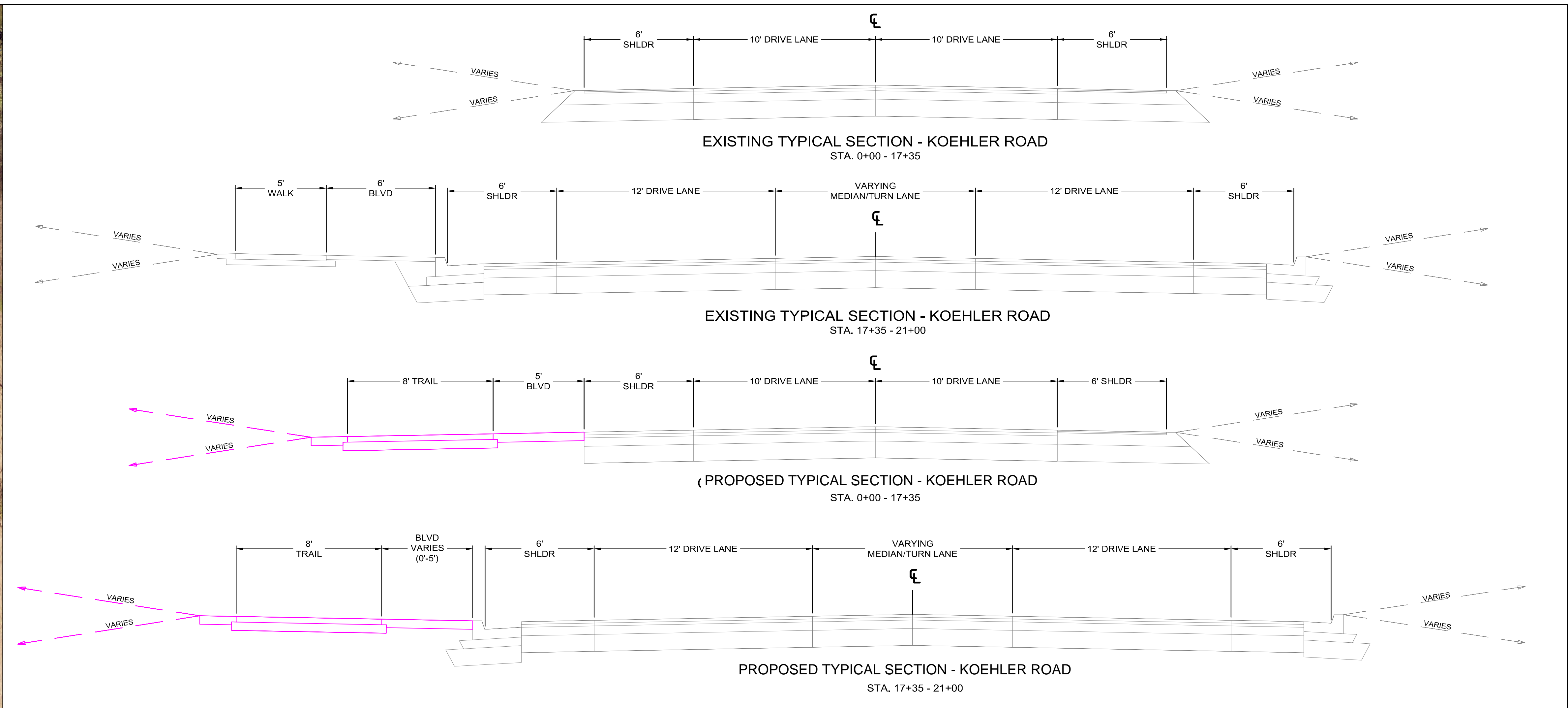
Teachers regularly communicate with students about bicycle and pedestrian safety and the health benefits of biking and walking. After the trail project is constructed, the school will communicate with parents and students through parent-teacher conferences, the school newsletter and school website to encourage use of the new trail. The City will continue to include project information in its quarterly newsletter, website, and social media outlets, and will promote bicycle and pedestrian safety at an upcoming safety event, summer recreation programs, and special events.

Encouragement

The Active Living Ramsey Communities Coalition has a long history of promoting safe routes to school and many other biking and walking initiatives. The mission of the Coalition is to inspire behavioral change and create opportunities for biking, walking and other physical activity that can be integrated into people's lives. The Coalition includes representation from Met Council and the City of Vadnais Heights. The City's Parks and Recreation department also encourages walking and biking through programming and events, including Music in the Park events with incentives for those who walk or bike to the park.

Equity

Forty-four percent of the Vadnais Heights Elementary enrollment are students of color and 33 percent qualify for free/reduced lunch. Since most students must use Koehler Road to bike or walk to school, almost all of these students currently have negative impacts due to the lack of a trail along Koehler Road. The Ramsey County All Abilities resolution (attached) formally commits Ramsey County to creating and maintaining a transportation system that provides equitable access for all people regardless of race, ethnicity, age, gender, sexual preference, health, education, abilities and economics.



Koehler Road/Edgerton Street (CSAH 14) Safe Routes to School Trail

| | |
|-----------------------------------|--|
| Applicant: | Ramsey County |
| Project Location: | Koehler Road/Edgerton Street from the Northerly Intersection of Koehler Road and Edgerton Street to Centerville Road |
| Total Project Cost: | \$697,067 |
| Requested Federal Dollars: | \$557,653 |
| Local Match Dollars: | \$139,414 |

Project Description:

The proposed project will construct a separated bicycle and pedestrian trail along Koehler Road and Edgerton Street from the northerly intersection of Koehler Road and Edgerton Street to Centerville Road in the City of Vadnais Heights, providing a Safe Route to School for Vadnais Heights Elementary School students.

Project Benefits:

Construction of a separated bicycle and pedestrian trail along Koehler Road and Edgerton Street will negate the need for elementary school age children to bike or walk along the paved shoulder to travel to Vadnais Heights Elementary School. Traffic volumes along Koehler Road are currently 3,000 AADT and vehicles regularly travel in excess of the posted 30 MPH speed limit. Due to these extremely unsafe conditions, less than one percent of students currently bike or walk to school and students that do bike or walk must have a parent permission letter on file with the school.



Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ 1

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

KOEHLER RD and EDGEPTON

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Vadnais Heights

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Clark and Walker

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

☒ Distance.....
 ☐ Convenience of driving.....
 ☐ Time.....
 ☐ Child's before or after-school activities.....
 ☒ Speed of traffic along route.....
 ☒ Amount of traffic along route.....
 ☒ Adults to walk or bike with.....
 ☒ Sidewalks or pathways.....
 ☒ Safety of intersections and crossings.....
 ☒ Crossing guards.....
 ☐ Violence or crime.....
 ☒ Weather or climate.....

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)

☐ My child already walks or bikes to/from school
 ☒ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☒ 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.

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐

Male

☒

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MAYFAIR ROAD and SKYLINE DRIVE

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☒

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☒

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☒

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

RICE and GRASS LAKE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles
1.6 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

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

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ K

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

BEAR AVE NORTH and CLOVER AVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

| | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

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Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADAKS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ 5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGERTON and OAK CREEK DR S

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

5. How far does your child live from school?

☐ Less than ¼ mile☐ ½ mile up to 1 mile☐ More than 2 miles☐ ¼ mile up to ½ mile☐ 1 mile up to 2 miles☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk☐ Bike☒ School Bus☒ Family vehicle (only children in your family)☐ Carpool (Children from other families)☐ Transit (city bus, subway, etc.)☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk☐ Bike☐ School Bus☒ Family vehicle (only children in your family)☐ Carpool (Children from other families)☐ Transit (city bus, subway, etc.)☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes☒ 5 – 10 minutes☐ 11 – 20 minutes☐ More than 20 minutes☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes☒ 5 – 10 minutes☐ 11 – 20 minutes☐ More than 20 minutes☐ Don't know / Not sure

+ +

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

Vadnais

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Bellevue and Meadowbrook CH

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+

+

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...) 05 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)

| | |
|--|---|
| <div style="margin-bottom: 5px;"><input type="checkbox"/> Distance.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Convenience of driving.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Time.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Child's before or after-school activities.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Speed of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Amount of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Adults to walk or bike with.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Sidewalks or pathways.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Safety of intersections and crossings.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Crossing guards.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Violence or crime.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Weather or climate.....</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</div> |
|--|---|

+ 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?

| | |
|---|--|
| <div style="margin-bottom: 5px;"><input type="checkbox"/> Grades 1 through 8 (Elementary)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Grades 9 through 11 (Some high school)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Grade 12 or GED (High school graduate)</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> College 1 to 3 years (Some college or technical school)</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> College 4 years or more (College graduate)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Prefer not to answer</div> |
|---|--|

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

WITT and EDGERTON

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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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

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

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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input checked="" type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

01

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

ELWOOD ST and CLOVER

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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+

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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

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

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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| + | 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?

| | | | | |
|--|-------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Strongly Encourages | <input type="checkbox"/> Encourages | <input checked="" type="checkbox"/> Neither | <input type="checkbox"/> Discourages | <input type="checkbox"/> Strongly Discourages |
|--|-------------------------------------|---|--------------------------------------|---|

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

| | | | | |
|-----------------------------------|------------------------------|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Very Fun | <input type="checkbox"/> Fun | <input checked="" type="checkbox"/> Neutral | <input type="checkbox"/> Boring | <input type="checkbox"/> Very Boring |
|-----------------------------------|------------------------------|---|---------------------------------|--------------------------------------|

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

| | | | | |
|---------------------------------------|---|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Very Healthy | <input checked="" type="checkbox"/> Healthy | <input type="checkbox"/> Neutral | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> 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?

| | |
|---|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
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16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADONAIS ELEMENTARY

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGERTON ST and STOCKDALE

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

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

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PRIMROSE PATH and COUNTY RD F

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☒ Bike
- ☒ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☒ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☒ Bike
- ☒ School Bus
- ☒ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☒ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
- ☐ 5 - 10 minutes
- ☐ 11 - 20 minutes
- ☐ More than 20 minutes
- ☒ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
- ☐ 5 - 10 minutes
- ☐ 11 - 20 minutes
- ☐ More than 20 minutes
- ☒ Don't know / Not sure

+ +

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...) ☒ 7th 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)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
|--|
| |
| |
| |

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...)
 ☐ 5 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.....
 ☐ Convenience of driving.....
 ☒ Time.....
 ☐ Child's before or after-school activities.....
 ☒ Speed of traffic along route.....
 ☒ Amount of traffic along route.....
 ☐ Adults to walk or bike with.....
 ☒ Sidewalks or pathways.....
 ☒ Safety of intersections and crossings.....
 ☒ Crossing guards.....
 ☐ Violence or crime.....
 ☐ Weather or climate.....

☐ My child already walks or bikes to/from school
☐ Yes ☐ No ☐ Not Sure
☐ Yes ☐ No ☐ Not Sure
☐ Yes ☐ No ☒ Not Sure
☐ Yes ☐ No ☐ Not Sure
☐ Yes ☐ No ☒ Not Sure
☐ Yes ☐ No ☒ Not Sure
☒ Yes ☐ No ☐ Not Sure
☒ Yes ☐ No ☐ Not Sure
☐ Yes ☐ No ☐ Not Sure
☐ 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)
 ☒ 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.

We need sidewalks!

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

Madnais Heights Elementary

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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
unsure at this point

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

WADSWORTH ELEMENTARY

1. What is the grade of the child who brought home this survey?

KS

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PEAR AVE S and EDOERTON

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☒ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☒ Walk

☒ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☒ Transit (city bus, subway, etc.)

☒ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

| | | | |
|---|---|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey? 05 Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female? ☒ Male ☐ Female

3. How many children do you have in Kindergarten through 8th grade? 01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MAYFAIR ROAD and SKYLINE DRIVE

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

5. How far does your child live from school?

- ☐ Less than ¼ mile ☐ ½ mile up to 1 mile ☐ More than 2 miles
☐ ¼ mile up to ½ mile ☒ 1 mile up to 2 miles ☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
☐ Bike
☒ School Bus
☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
☐ Bike
☒ School Bus
☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
☐ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☐ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

+ +

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)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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| |
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| |

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

CENTERVILLE RD and ARCADE ST

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

5. How far does your child live from school?

☒ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☒ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☒ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ 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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| + | 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.

Cars speed as soon as the exit school zone. My child & several others cross Centerville Rd @ Arcade St and it is dangerous as cars speed around that corner.

Parent Survey About Walking and Biking to School

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Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADDAIS HEIGHTS ELEMENTRY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐

Male

☒

Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

ARKAID and BENMAR

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

+

+

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Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

V A D N A I S H E I G H T S E L E M E N T A R Y

1. What is the grade of the child who brought home this survey?

☐ 1 ☒ 2 ☐ 3

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1 ☒ 2 ☐ 3

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

P A R K W O O D L A N E and S T O C K D A L E R O A D

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

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☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ 6 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)

| | |
|--|---|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?

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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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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| |
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Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

3

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

JESSAMINE AVE and FRANK STREET

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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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

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

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|---|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MARLIN AVE and BELLEND AVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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| + | | + |
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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...) ☐ ☒ 9 grade (or) ☐ I would not feel comfortable at any grade

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

| | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Distance..... <input checked="" type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Sure |
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|---|---|---|
| + | 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

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|---|---|---|
| + | 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?

| | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY **+**

School Name:

VANDERBILT HEIGHTS ELEM

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

STAR and PARKERS DR

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☒

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

+

+

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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEM

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

BEAR AVE S and EDGERTON ST

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

- | | |
|--|--|
| <div style="margin-bottom: 5px;"><input type="checkbox"/> Distance.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Convenience of driving.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Time.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Child's before or after-school activities.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Speed of traffic along route.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Amount of traffic along route.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Adults to walk or bike with.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Sidewalks or pathways.....</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Safety of intersections and crossings.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Crossing guards.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Violence or crime.....</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Weather or climate.....</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure </div> |
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+

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?

- | | |
|---|--|
| <div style="margin-bottom: 5px;"><input type="checkbox"/> Grades 1 through 8 (Elementary)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Grades 9 through 11 (Some high school)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Grade 12 or GED (High school graduate)</div> | <div style="margin-bottom: 5px;"><input type="checkbox"/> College 1 to 3 years (Some college or technical school)</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> College 4 years or more (College graduate)</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Prefer not to answer</div> |
|---|--|

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY **+**

School Name:

VADNAIS HEIGHTS

1. What is the grade of the child who brought home this survey?

☐ 5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Mayfair Rd and Twin Lake Blvd

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☒ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ **+**

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

| | |
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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☒ 5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☒ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

PARKWOOD LANE and STOLKDALE DR

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

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+

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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...) ☒ 5 grade (or) ☐ I would not feel comfortable at any grade

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADONAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

02

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

CENTERVILLE RD and GREENHAVEN RD

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

5. How far does your child live from school?

☐ Less than ¼ mile

☒ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

| | | | | |
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| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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.

| | | |
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| + | | + |
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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

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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)

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| | | | | |
|---|---|------------------------------|-----------------------------------|--|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
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| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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.

we need sidewalks. Two of the main roads to VHES were recently reconstructed in the past 3 years & sidewalks were not installed... total fail. My child would love to bike to school.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

WADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

COUNTRY RD E E and CENTERVILLE

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

5. How far does your child live from school?

☒ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☒ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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...)
☒ 1st 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)

| | | | | |
|--|---|--|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Child's before or after-school activities..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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)
 ☒ 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.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Clover and CITY RD E

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☒ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☒ 05 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)

| | |
|---|---|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

| |
|--|
| |
| |
| |

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☒ K

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

OAK CREEK TER and OAK CREEK DASH

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

- | | | | |
|---|---|-----------------------------|--|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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)

| | | | | |
|--|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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.

Debra Spencer

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

| | | |
|---|--|---|
| + | CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY | + |
|---|--|---|

School Name:

Vadmal's Helianthus Elementary

1. What is the grade of the child who brought home this survey? Grade (PK,K,1,2,3...)
2. Is the child who brought home this survey male or female? ☒ Male ☐ Female
3. How many children do you have in Kindergarten through 8th grade?

- 4. What is the street intersection nearest your home?** (Provide the names of two intersecting streets)

Bear Ave S and Edgerton

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

- 5. How far does your child live from school?**

- ☐ Less than ¼ mile ☒ ½ mile up to 1 mile ☐ More than 2 miles
☐ ¼ mile up to ½ mile ☐ 1 mile up to 2 miles ☐ Don't know

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

- 6. On most days, how does your child arrive and leave for school?** (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

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

- 7. How long does it normally take your child to get to/from school?** (Select one choice per column, mark box with X)

Travel time to school

- ☒ Less than 5 minutes
- ☐ 5 – 10 minutes
- ☐ 11 – 20 minutes
- ☐ More than 20 minutes
- ☐ Don't know / Not sure

Travel time from school

- ☒ Less than 5 minutes
☐ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ ☒ 5 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)

- | | | | |
|---|---|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☒ 05 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)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|--|-----------------------------------|------------------------------|--|-----------------------------------|------------------------------|--|-----------------------------------|---|--|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|--|-----------------------------------|------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

I would love for my children to be able to walk to and from school (2nd grade and 5th grade). Even with me walking with them, I don't feel safe along Koehler. We

walked several times last year, and on many occasions we almost were hit by a distracted driver, so we decided it wasn't

worth it to walk. We would feel much safer if there were sidewalks with traffic, curbs, and then we would have to avoid walking because it is too dangerous with traffic.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

| | | |
|---|---|---|
| + | CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY | + |
|---|---|---|

School Name:

[illegible]

- | | | |
|---|---|-----------------------|
| 1. What is the grade of the child who brought home this survey? | 3 | Grade (PK,K,1,2,3...) |
|---|---|-----------------------|

2. Is the child who brought home this survey male or female? ☒ Male ☐ Female

- 3. How many children do you have in Kindergarten through 8th grade?**

- 4. What is the street intersection nearest your home?** (Provide the names of two intersecting streets)

CENTERVILLE RD and EDGERTON ST

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

- 5. How far does your child live from school?**

- ☐ Less than ¼ mile ☐ ½ mile up to 1 mile ☐ More than 2 miles
☐ ¼ mile up to ½ mile ☒ 1 mile up to 2 miles ☐ Don't know

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

- 6. On most days, how does your child arrive and leave for school?** (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

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

- 7. How long does it normally take your child to get to/from school?** (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
☐ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☒ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☐ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☒ Don't know / Not sure

| | |
|-----|--|
| + + | |
|-----|--|

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...)
☒ 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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

V A D N A I S H E I G H T S E L E M E N T A R Y S C H O O L

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

O A K C R E E K C O U R T and O A K C R E E K D R W

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☒

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+ +

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)

- | | | | | |
|--|---|------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input checked="" type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

I would love sidewalks along the route to school, especially on knoller & edgerton

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MARBLE and MARLIN

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☒

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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...) ☐ 5 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)

- | | | | | |
|---|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

Vladnais Heights Elementary

1. What is the grade of the child who brought home this survey?

☒ 2

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☒ 3

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Edgerton and

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

5. How far does your child live from school?

☒ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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...) ☐ 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)

- | | | | | |
|--|---|---|--|-----------------------------------|
| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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...) ☐ 05 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)

- | | | | |
|--|---|-----------------------------|--|
| <input type="checkbox"/> Distance..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Vadnais Heights

1. What is the grade of the child who brought home this survey?

01

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Rice and 3rd

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☒

5 – 10 minutes

☐

11 – 20 minutes

☒

More than 20 minutes

☐

Don't know / Not sure

10 min f/mom 30 min f/dad

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...) ☒ 015 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)

| | | | | |
|---|---|------------------------------|-----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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.

Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGEWORTH and KOEHLER

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

5. How far does your child live from school?

☐

Less than ¼ mile

☒

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒

Less than 5 minutes

☐

5 - 10 minutes

☐

11 - 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☒

Less than 5 minutes

☐

5 - 10 minutes

☐

11 - 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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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)

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| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | |
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| <input type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
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| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
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| <input type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | |

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

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 ☐ 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.

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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

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☐ 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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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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

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

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| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

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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

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

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☐ 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.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

V A D N A I S H E I G H T S E L E M E N T A R Y

1. What is the grade of the child who brought home this survey?

☒ 4

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 0 ☒ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

B E L L A N D and M O R A Y

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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

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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)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
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| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
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16. Please provide any additional comments below.

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9. At what grade would you allow your child to walk or bike to/from school without an adult? Not sure

(Select a grade between PK,K,1,2,3...) ☐ ☐ grade (or) ☐ I would not feel comfortable at any grade

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?

- | | | | | |
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| <input type="checkbox"/> Strongly Encourages | <input type="checkbox"/> Encourages | <input type="checkbox"/> Neither | <input type="checkbox"/> Discourages | <input type="checkbox"/> Strongly Discourages |
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13. How much fun is walking or biking to/from school for your child?

- | | | | | |
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| <input type="checkbox"/> Very Fun | <input type="checkbox"/> Fun | <input type="checkbox"/> Neutral | <input type="checkbox"/> Boring | <input type="checkbox"/> Very Boring |
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14. How healthy is walking or biking to/from school for your child?

- | | | | | |
|---------------------------------------|----------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Very Healthy | <input type="checkbox"/> Healthy | <input type="checkbox"/> Neutral | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Very Unhealthy |
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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
|---|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

I couldn't answer questions 12, 13, and 14 as school has not yet started and we haven't ever walked to school.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS

1. What is the grade of the child who brought home this survey?

☐ 3

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

EDGE MONT and WALKER

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+ +

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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

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

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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

☐ Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☒ Very Unhealthy

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

Y A P W A I S H E I G H T S E L E M E N T A R Y

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

04

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

T W I N L A K E T R A I L and T W I N L A K E R O A D

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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

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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)

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

- | | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

| |
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| |
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| |

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Madnais Heights E

1. What is the grade of the child who brought home this survey?

04

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

11

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Edgerton St and Belland Ave

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|---|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

People are crazy !!! I dont trust Drivers on the road.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Madonais Heights Elementary

1. What is the grade of the child who brought home this survey?

5

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

| | | | |
|--|------------------------------|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

unmask our kids !!!

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

5th

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

MC MENEMY and JAY WAY

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles 2.3 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☒ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☒ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

| | |
|--|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

None

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

Joseph W. Lunzer

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

03

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Lilly Pond and McMenamy

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

☒

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

OAKCREST DRIVE and WALKER DRIVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

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)

- | | | | |
|---|---|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | | |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

Parent Survey About Walking and Biking to School

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Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

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| + | CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY | + |
|---|---|---|

School Name:

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

1. What is the grade of the child who brought home this survey? **03** Grade (PK,K,1,2,3...)

03

2. Is the child who brought home this survey male or female? ☐ Male ☒ Female

☒

- 3. How many children do you have in Kindergarten through 8th grade?**

02

- 4. What is the street intersection nearest your home?** (Provide the names of two intersecting streets)

[illegible]

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

- 5. How far does your child live from school?**

- ☐ Less than ¼ mile ☐ ½ mile up to 1 mile ☒ More than 2 miles

- ☐ ¼ mile up to ½ mile ☐ 1 mile up to 2 miles ☐ Don't know

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

- 6. On most days, how does your child arrive and leave for school?** (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
- ☐ Bike
- ☒ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

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

- 7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)**

Travel time to school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

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

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

V A D M A I S H E I G H T S E L E M

1. What is the grade of the child who brought home this survey?

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

M C M E N E M Y and L A D Y S L I P P E R

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☐

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☒

School Bus

☐

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+

+

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| <p>8. Has your child asked you for permission to walk or bike to/from school in the last year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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...) <input type="checkbox"/> 3 grade (or) <input type="checkbox"/> I would not feel comfortable at any grade</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>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)</p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> Distance.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Convenience of driving.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Time.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Child's before or after-school activities.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input checked="" type="checkbox"/> Speed of traffic along route.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input checked="" type="checkbox"/> Amount of traffic along route.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Adults to walk or bike with.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input checked="" type="checkbox"/> Sidewalks or pathways.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Safety of intersections and crossings.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Crossing guards.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Violence or crime.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> <tr><td><input type="checkbox"/> Weather or climate.....</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td><td><input type="checkbox"/> Not Sure</td></tr> </table> </div> <div style="width: 48%;"> <p>11. 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| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Strongly Encourages</td> <td><input checked="" type="checkbox"/> Encourages</td> <td><input type="checkbox"/> Neither</td> <td><input type="checkbox"/> Discourages</td> <td><input type="checkbox"/> Strongly Discourages</td> </tr> </table> | | | <input type="checkbox"/> Strongly Encourages | <input checked="" type="checkbox"/> Encourages | <input type="checkbox"/> Neither | <input type="checkbox"/> Discourages | <input type="checkbox"/> Strongly Discourages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>13. How much fun is walking or biking to/from school for your child?</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Very Fun</td> <td><input type="checkbox"/> Fun</td> <td><input type="checkbox"/> Neutral</td> <td><input type="checkbox"/> Boring</td> <td><input type="checkbox"/> Very Boring</td> </tr> </table> | | | <input type="checkbox"/> Very Fun | <input type="checkbox"/> Fun | <input type="checkbox"/> Neutral | <input type="checkbox"/> Boring | <input type="checkbox"/> Very Boring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Very Fun | <input type="checkbox"/> Fun | <input type="checkbox"/> Neutral | <input type="checkbox"/> Boring | <input type="checkbox"/> Very Boring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>14. How healthy is walking or biking to/from school for your child?</p> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Very Healthy</td> <td><input type="checkbox"/> Healthy</td> <td><input type="checkbox"/> Neutral</td> <td><input type="checkbox"/> Unhealthy</td> <td><input type="checkbox"/> Very Unhealthy</td> </tr> </table> | | | <input checked="" type="checkbox"/> Very Healthy | <input type="checkbox"/> Healthy | <input type="checkbox"/> Neutral | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Very Unhealthy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Very Healthy | <input type="checkbox"/> Healthy | <input type="checkbox"/> Neutral | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Very Unhealthy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>15. What is the highest grade or year of school you completed?</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Grades 1 through 8 (Elementary)</td> <td><input type="checkbox"/> College 1 to 3 years (Some college or technical school)</td> </tr> <tr> <td><input type="checkbox"/> Grades 9 through 11 (Some high school)</td> <td><input checked="" type="checkbox"/> College 4 years or more (College graduate)</td> </tr> <tr> <td><input type="checkbox"/> Grade 12 or GED (High school graduate)</td> <td><input type="checkbox"/> Prefer not to answer</td> </tr> </table> | | | <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) | <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) | <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>16. Please provide any additional comments below.</p> <div style="border: 1px solid black; padding: 5px; min-height: 50px;"> <p>Wish we could safely let our kids bike to school, but County F is too busy and Mendenhall / E / Kohler / Edgerton are too fast and narrow. Need bike paths!</p> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

05

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

GREENBRIAR ST and BELLEND AVE

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☒ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☒ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input checked="" type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input checked="" type="checkbox"/> Adults to walk or bike with..... <input checked="" type="checkbox"/> Sidewalks or pathways..... <input checked="" type="checkbox"/> Safety of intersections and crossings..... <input checked="" type="checkbox"/> Crossing guards..... <input checked="" type="checkbox"/> Violence or crime..... <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

- | | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

| |
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| |
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| |

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...)
☒ 4 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)

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

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY

+

School Name:

Vadnais Heights

1. What is the grade of the child who brought home this survey?

☐ 1 ☒ 2

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 0 ☒ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

Hiawatha and Greenbrier

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☒ 1/4 mile up to 1/2 mile

☐ 1 mile up to 2 miles

☐ Don't know

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

+

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

+

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 - 10 minutes

☐ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

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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

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| + | 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

4

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

2

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

GREENBRIER ST and BELLAND AVE

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

5. How far does your child live from school?

☐ Less than 1/4 mile

☐ 1/2 mile up to 1 mile

☐ More than 2 miles

☐ 1/4 mile up to 1/2 mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☒ School Bus

☐ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 - 10 minutes

☒ 11 - 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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)

| | | | | |
|--|---|--|--|-----------------------------------|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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

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☐ 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.

Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

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| + | CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY | + |
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School Name:[illegible]

1. What is the grade of the child who brought home this survey?



2. Is the child who brought home this survey male or female?

☒

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

BRAMBLEWOOD AVE and WILLOW GROVE LN

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

5. How far does your child live from school?

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school



Leave from school

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school



Travel time from school



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| + | + |
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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)

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input checked="" type="checkbox"/> Speed of traffic along route..... <input checked="" type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> My child already walks or bikes to/from school <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> </table> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure |
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

- | | |
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| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> College 1 to 3 years (Some college or technical school) <input type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
|--|---|

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY - BLUE OR BLACK INK ONLY +

School Name:

V A N A I S H E I G H T S E L E M E T A R Y

1. What is the grade of the child who brought home this survey?

K

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

Male

Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

M C M E N E M Y C I R and M C M E N E M Y S T

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

5. How far does your child live from school?

Less than 1/4 mile

1/2 mile up to 1 mile

More than 2 miles

1/4 mile up to 1/2 mile

1 mile up to 2 miles

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

Walk

Bike

School Bus

Family vehicle (only children in your family)

Carpool (Children from other families)

Transit (city bus, subway, etc.)

Other (skateboard, scooter, inline skates, etc.)

Leave from school

Walk

Bike

School Bus

Family vehicle (only children in your family)

Carpool (Children from other families)

Transit (city bus, subway, etc.)

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

Less than 5 minutes

5 - 10 minutes

11 - 20 minutes

More than 20 minutes

Don't know / Not sure

Travel time from school

Less than 5 minutes

5 - 10 minutes

11 - 20 minutes

More than 20 minutes

Don't know / Not sure

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+

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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...) ☐ 8 grade (or) ☐ I would not feel comfortable at any grade

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

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| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| + | 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?

| | |
|--|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

V H E S

1. What is the grade of the child who brought home this survey?

09

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

S O U T H O A K C O U N T Y and S O U T H O A K D R I V E

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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

8th grade
fired

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| 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)

| | |
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| <input type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

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| + | 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

| | | |
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| + | 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.

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Thank you for participating in this survey!

+ **CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY** +

School Name:

VADNAIS HEIGHTS ELEM

1. What is the grade of the child who brought home this survey?

65

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☐ Male

☒ Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

and

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☒ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☒ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+ +

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| + | | + |
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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)

| | |
|---|---|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

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| + | 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input checked="" type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY **+**

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey?

☐ 4

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

☐ 1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

WIFT COURT and EDGERTON

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

5. How far does your child live from school?

☐ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☒ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☒ Less than 5 minutes

☐ 5 – 10 minutes

☐ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

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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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |

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

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| + | Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | + |
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15. What is the highest grade or year of school you completed?

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| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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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...) 09 grade (or) ☒ I would not feel comfortable at any grade

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

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| <input type="checkbox"/> Distance..... <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Time..... <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Amount of traffic along route..... <input type="checkbox"/> Adults to walk or bike with..... <input type="checkbox"/> Sidewalks or pathways..... <input type="checkbox"/> Safety of intersections and crossings..... <input type="checkbox"/> Crossing guards..... <input type="checkbox"/> Violence or crime..... <input type="checkbox"/> Weather or climate..... | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><input type="checkbox"/> My child already walks or bikes to/from school</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input checked="" type="checkbox"/> Yes</td> <td style="width:33%;"><input type="checkbox"/> No</td> <td style="width:33%;"><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Not Sure</td> </tr> </table> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not Sure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | |
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| Place a clear 'X' inside box. If you make a mistake, fill the entire box, and then mark the correct box | |
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15. What is the highest grade or year of school you completed?

| | |
|--|---|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) <input type="checkbox"/> Grades 9 through 11 (Some high school) <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) <input checked="" type="checkbox"/> College 4 years or more (College graduate) <input type="checkbox"/> Prefer not to answer |
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16. Please provide any additional comments below.

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Parent Survey About Walking and Biking to School

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VIAONAIS HEIGHTS ELEMENTARY SCHOOL

1. What is the grade of the child who brought home this survey?

03

Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female?

☒

Male

☐

Female

3. How many children do you have in Kindergarten through 8th grade?

01

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

WHITE BEAR AVE and JUV AVE

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

5. How far does your child live from school?

☐

Less than ¼ mile

☐

½ mile up to 1 mile

☒

More than 2 miles

☐

¼ mile up to ½ mile

☐

1 mile up to 2 miles

☐

Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐

Walk

☐

Bike

☐

School Bus

☒

Family vehicle (only children in your family)

☐

Carpool (Children from other families)

☐

Transit (city bus, subway, etc.)

☐

Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

Travel time from school

☐

Less than 5 minutes

☐

5 – 10 minutes

☒

11 – 20 minutes

☐

More than 20 minutes

☐

Don't know / Not sure

+ +

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)

☒ Distance.....

☒ Convenience of driving.....

☒ Time.....

☒ Child's before or after-school activities.....

☒ Speed of traffic along route.....

☒ Amount of traffic along route.....

☒ Adults to walk or bike with.....

☒ Sidewalks or pathways.....

☒ Safety of intersections and crossings.....

☒ Crossing guards.....

☒ Violence or crime.....

☒ Weather or climate.....

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)

☐ My child already walks or bikes to/from school

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ Yes

☒ No

☐ Not Sure

☐ 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.

Parent Survey About Walking and Biking to School

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Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY +

School Name:

VADNAIS HEIGHTS ELEMENTARY

1. What is the grade of the child who brought home this survey? 03 Grade (PK,K,1,2,3...)

2. Is the child who brought home this survey male or female? ☐ Male ☒ Female

3. How many children do you have in Kindergarten through 8th grade? 02

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

STOCKDALE ROAD and PARKWOOD LANE

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

5. How far does your child live from school?

- ☐ Less than ¼ mile
 ☐ ½ mile up to 1 mile
 ☐ More than 2 miles
☐ ¼ mile up to ½ mile
 ☒ 1 mile up to 2 miles
 ☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

- ☐ Walk
☐ Bike
☒ School Bus
☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

- ☐ Walk
☐ Bike
☒ School Bus
☐ Family vehicle (only children in your family)
☐ Carpool (Children from other families)
☐ Transit (city bus, subway, etc.)
☐ Other (skateboard, scooter, inline skates, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

Travel time from school

- ☐ Less than 5 minutes
☒ 5 – 10 minutes
☐ 11 – 20 minutes
☐ More than 20 minutes
☐ Don't know / Not sure

+ +

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)

☒ Distance.....
 ☐ Convenience of driving.....
 ☐ Time.....
 ☐ Child's before or after-school activities.....
 ☒ Speed of traffic along route.....
 ☒ Amount of traffic along route.....
 ☐ Adults to walk or bike with.....
 ☐ Sidewalks or pathways.....
 ☒ Safety of intersections and crossings.....
 ☐ Crossing guards.....
 ☒ Violence or crime.....
 ☐ Weather or climate.....

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)

☐ My child already walks or bikes to/from school
 ☒ Yes ☒ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☐ Yes ☐ No ☐ Not Sure
 ☒ Yes ☐ No ☐ Not Sure
 ☐ 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.

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results.

Thank you for participating in this survey!

+ CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY **+**

School Name:

VADRAIS WILSON ELEMENTARY

1. What is the grade of the child who brought home this survey?

KG

Grade (PK, K, 1, 2, 3...)

2. Is the child who brought home this survey male or female?

☒ Male

☐ Female

3. How many children do you have in Kindergarten through 8th grade?

1

4. What is the street intersection nearest your home? (Provide the names of two intersecting streets)

VADRAIS WILSON and WHITE BEAR LAKE

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

5. How far does your child live from school?

☒ Less than ¼ mile

☐ ½ mile up to 1 mile

☐ More than 2 miles

☐ ¼ mile up to ½ mile

☐ 1 mile up to 2 miles

☐ Don't know

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

6. On most days, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

☐ Carpool (Children from other families)

☐ Transit (city bus, subway, etc.)

☐ Other (skateboard, scooter, inline skates, etc.)

Leave from school

☐ Walk

☐ Bike

☐ School Bus

☒ Family vehicle (only children in your family)

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☐ Transit (city bus, subway, etc.)

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

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

Travel time from school

☐ Less than 5 minutes

☐ 5 – 10 minutes

☒ 11 – 20 minutes

☐ More than 20 minutes

☐ Don't know / Not sure

+

+

| | | |
|---|--|---|
| + | | + |
|---|--|---|

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)

| | |
|---|--|
| <input checked="" type="checkbox"/> Distance..... | <input type="checkbox"/> My child already walks or bikes to/from school |
| <input type="checkbox"/> Convenience of driving..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Child's before or after-school activities..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Speed of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Amount of traffic along route..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Adults to walk or bike with..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Sidewalks or pathways..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Safety of intersections and crossings..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Crossing guards..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Violence or crime..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Weather or climate..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?

| | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input checked="" type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

| |
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| + | | + |
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|---|---|---|

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☐ 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

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☐ Very Healthy ☐ Healthy ☒ Neutral ☐ Unhealthy ☐ Very Unhealthy

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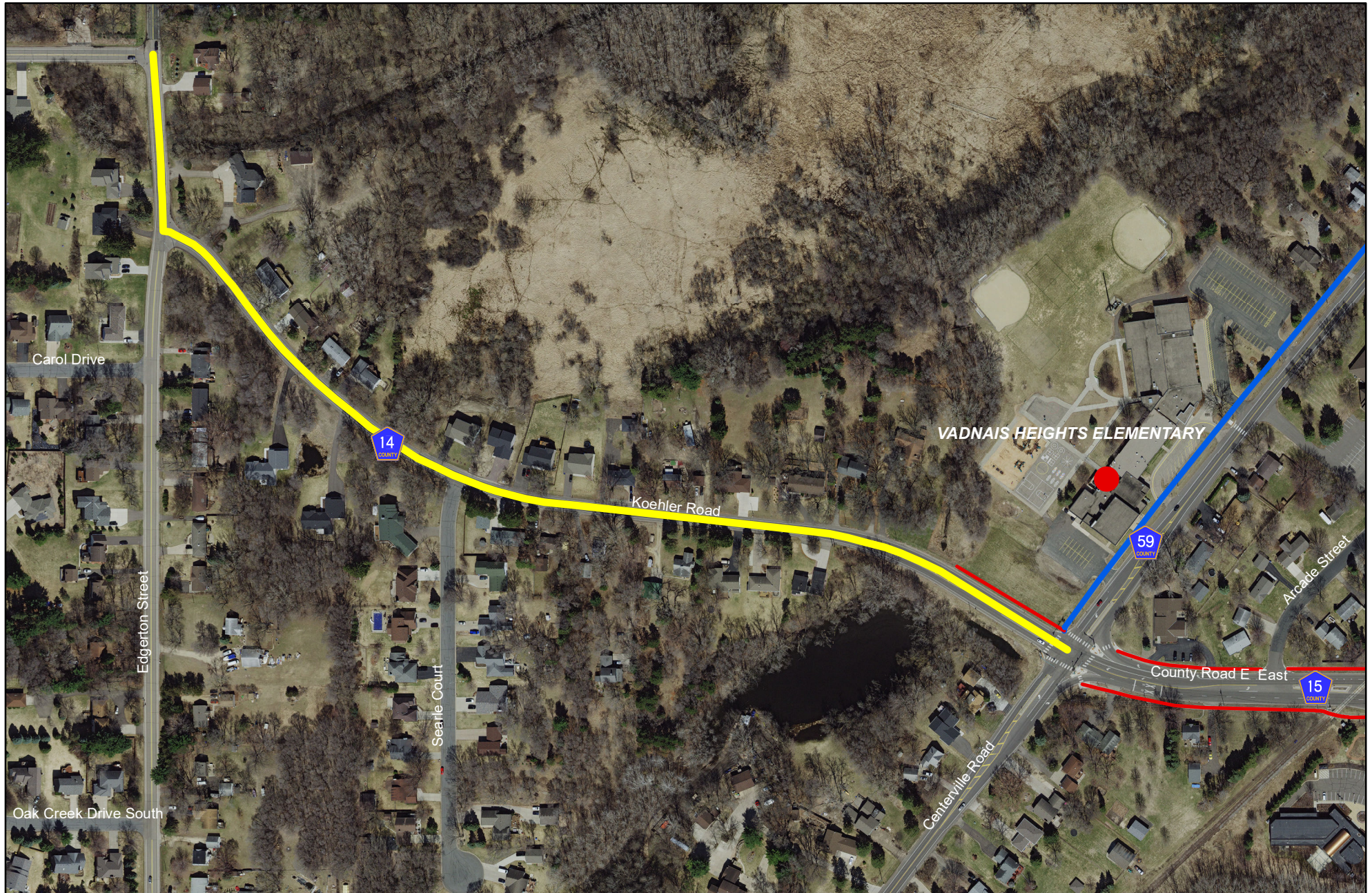
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| <input checked="" type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below.

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Koehler Road/Edgerton Street Safe Routes to School Trail



2023 Projects

| Pedestrian / Bicycle Improvements | | | | | | | | | | | | | |
|-----------------------------------|----------|-------------------------------------|-------------|--------|---------------------|-------|---------|-----------------|---------|-------|---------|-------|---------|
| Road Name | Road No. | Termini | Lead Agency | City | Work Type | CSAH | County | County Turnback | Local | State | Federal | Other | Total |
| Cleveland Avenue | 46 | Iona Ln. to CR C2 | RV | RV | Construction | | \$150 | | \$150 | | | | \$300 |
| Jackson Street | 55 | Arlington St. to Wheelock Pkwy | RC | SP | Right of Way | | \$100 | | \$100 | | | | \$200 |
| Koehler Road | 14 | Edgerton St. to Centerville Rd. | VH | VH | Construction | | \$200 | | \$150 | | \$500 | | \$850 |
| Larpenteur Avenue | 30 | Dale St. to Farrington St. | SP | SP | Construction | | \$200 | | \$200 | | | | \$400 |
| Larpenteur Avenue | 30 | Hamline Ave. to Victoria St. | SP | SP | Construction | | \$240 | | \$240 | | | | \$480 |
| Lexington Avenue | 51 | Sandhurst Dr. to Sherren St. | RV | RV | Construction | | \$170 | | \$170 | | | | \$340 |
| Mounds View Blvd | 10 | Pleasant View Rd. to Groveland Ave. | MV/SLP | MV/SLP | ROW/Construction | | \$125 | | \$125 | | | | \$250 |
| Various | | | | | Ped/Bike Facilities | \$140 | \$170 | | | | | | \$310 |
| Various | | | | | ADA Compliance | | \$800 | | | | | | \$800 |
| Total | | | | | | \$140 | \$2,155 | \$0 | \$1,135 | \$0 | \$500 | \$0 | \$3,930 |

| Stormwater Improvements | | | | | | | | | | | | | |
|-------------------------|----------|--------------------|-------------|-------|------------------|------|---------|-----------------|-------|-------|---------|-------|---------|
| Road Name | Road No. | Termini | Lead Agency | City | Work Type | CSAH | County | County Turnback | Local | State | Federal | Other | Total |
| Hamline Avenue | 50 | at Clarmar Ave. | RV | RV | Construction | | \$75 | | \$75 | | | | \$150 |
| County Road B | 25 | at I-35E | RC | LC/MW | ROW/Construction | | \$250 | | \$100 | | | | \$350 |
| Edgerton Street | 58 | at Centerville Rd. | RC | VH | ROW/Construction | | \$300 | | \$150 | | | | \$450 |
| Various | | | | | Drainage Systems | | \$600 | | | | | | \$600 |
| Total | | | | | | \$0 | \$1,225 | \$0 | \$325 | \$0 | \$0 | \$0 | \$1,550 |

Project to RBTN Orientation

Safe Routes to Schools Project: Edgerton Street/Koehler Road Trail | Map ID: 1647262005978

Results

Project **NOT IN** Regional
Bicycle Transportation
Corridor.



- Project Points
- Project
- RBTN Tier 1 Alignment
- Principal Arterials
- Minor Arterials
- Railroads
- RBTN Tier 1
- RBTN Tier 2

0 0.05 0.1 0.2 0.3 0.4 Miles

Created: 3/14/2022
LandscapeRSA6



For complete disclaimer of accuracy, please visit
<https://giswebsite.metc.state.mn.us/gissite/notice.aspx>





White Bear Lake Area Schools

Independent School District 624

TIM WALD
ASSISTANT SUPERINTENDENT FOR
FINANCE AND OPERATIONS

4855 BLOOM AVE
WHITE BEAR LAKE, MN 55110
(651) 407-7518 FAX (651) 407-7521

October 4, 2021

To Whom it May Concern,

Please accept this letter as indication of support for the Safe Routes to School application for improved walkability to and around Vadnais Heights Elementary. Principal Sara Svir has been involved in the planning process and has communicated the plan to me. We believe the plan will provide improved opportunities for students to walk to school and arrive safely.

If I can support the process through additional input, please let me know.

Sincerely,

Tim Wald
Asst. Superintendent for Finance and Operations

Koehler Road/Edgerton Street Trail Site Photos



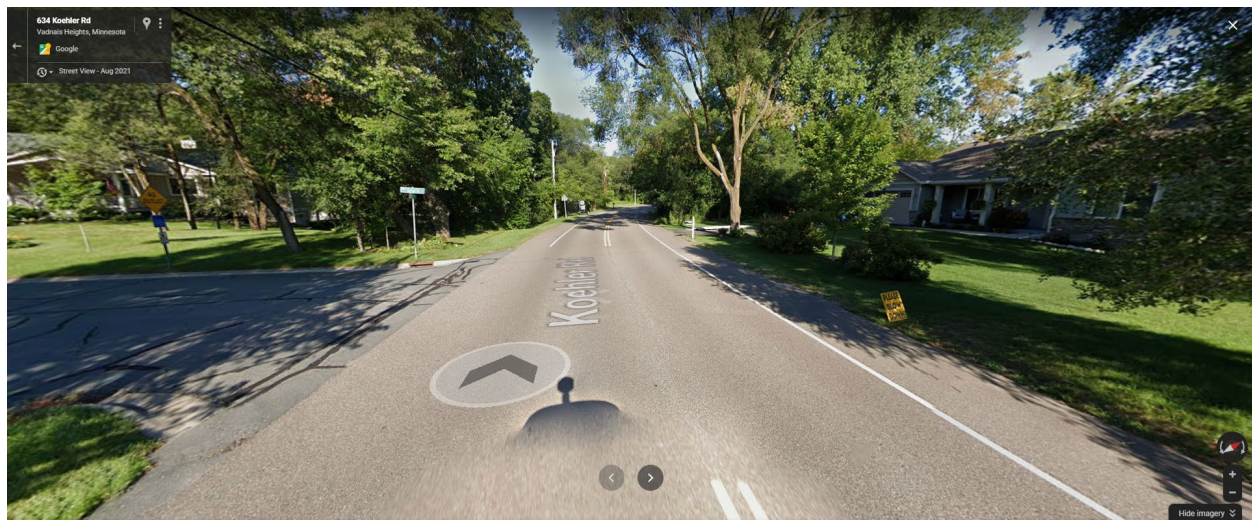
Koehler Road intersection with Centerville Road looking west toward Vadnais Heights Elementary School.



Koehler Road looking west toward existing sidewalk that dead ends.



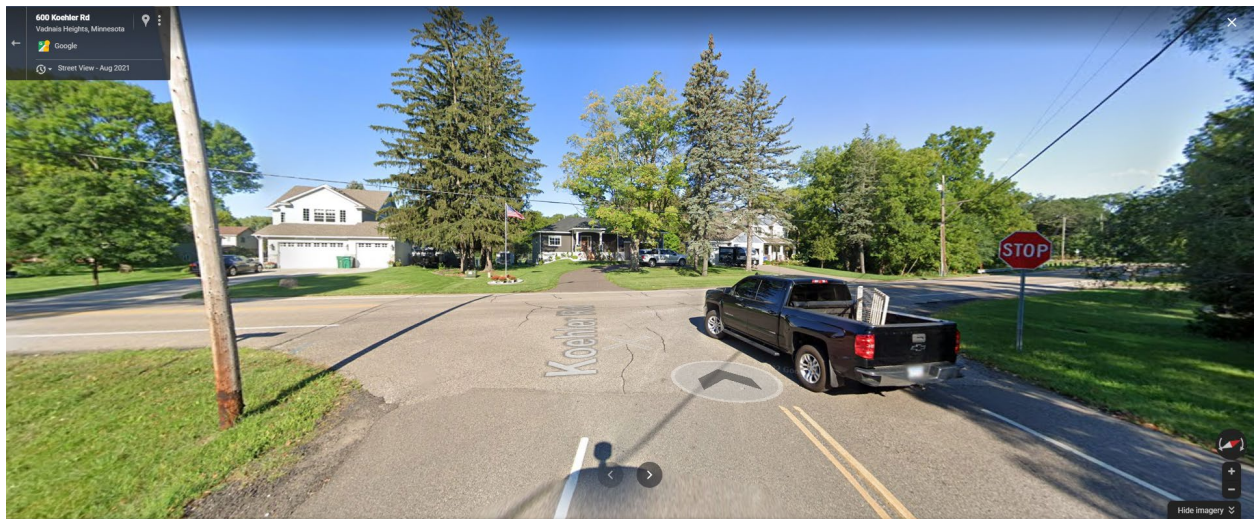
Koehler Road – “Please Slow Down” yard signs line the corridor.



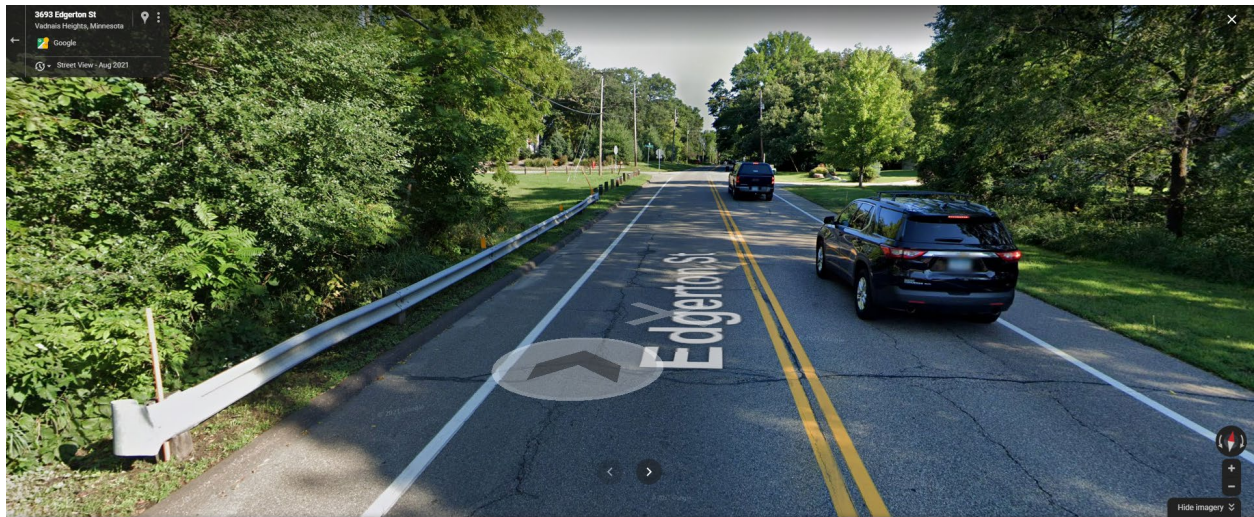
Koehler Road and Searle Court intersection.



Koehler Road – variable speed sign is regularly used as a deterrent to speeders.



Koehler Road and Edgerton Street southerly intersection.



Edgerton Street looking north.



Koehler Road and Edgerton Street northerly intersection.

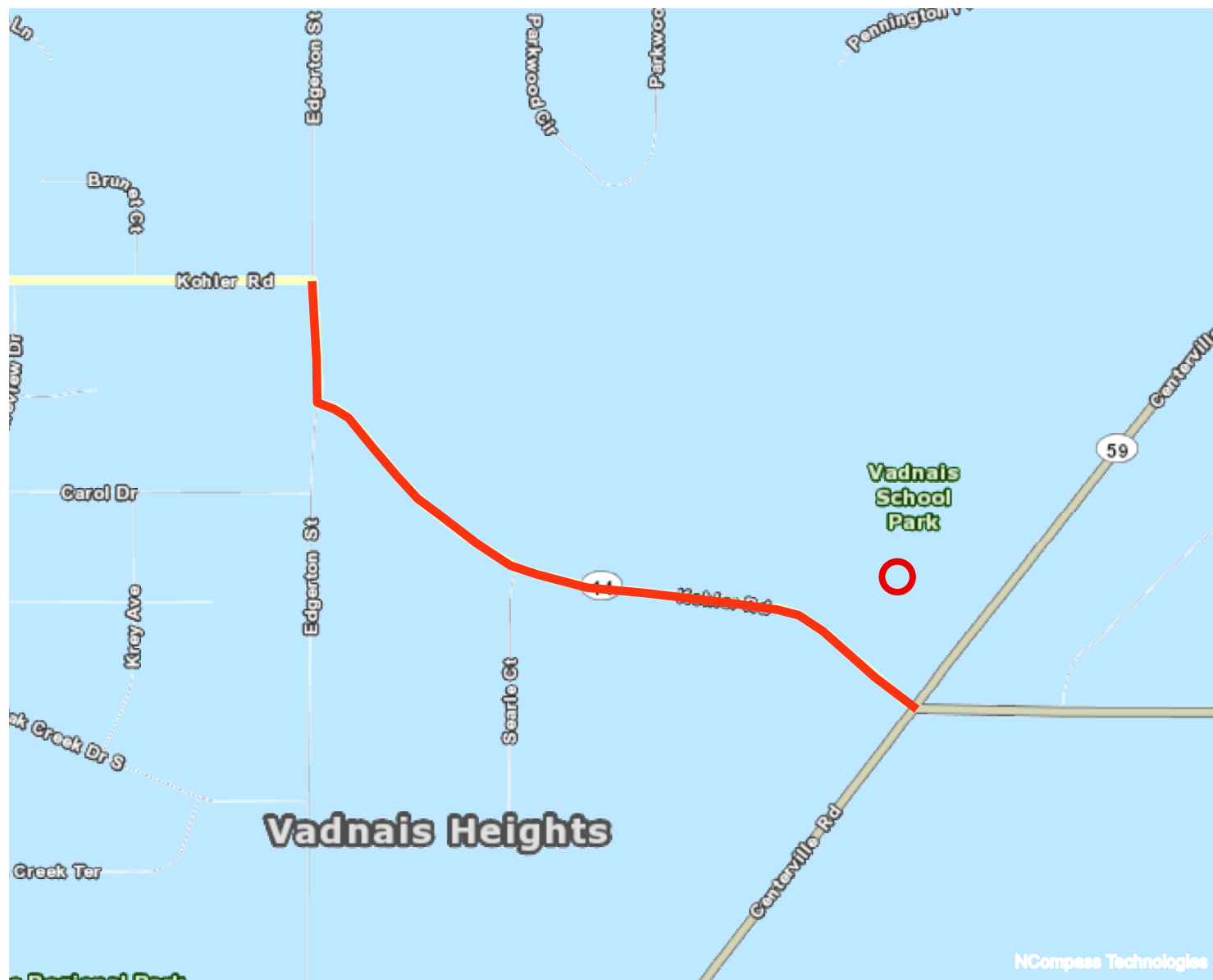
Socio-Economic Conditions

Safe Routes to Schools Project: Edgerton Street/Koehler Road Trail | Map ID: 1647262005978

Results

Total of publicly subsidized rental housing units in census tracts within 1/2 mile: 182

Project located in census tract(s) that are ABOVE the regional average for population in poverty or population of color.



Points



Area of Concentrated Poverty



Lines



Regional Environmental Justice Area

0 0.05 0.1 0.2 0.3 0.4 Miles

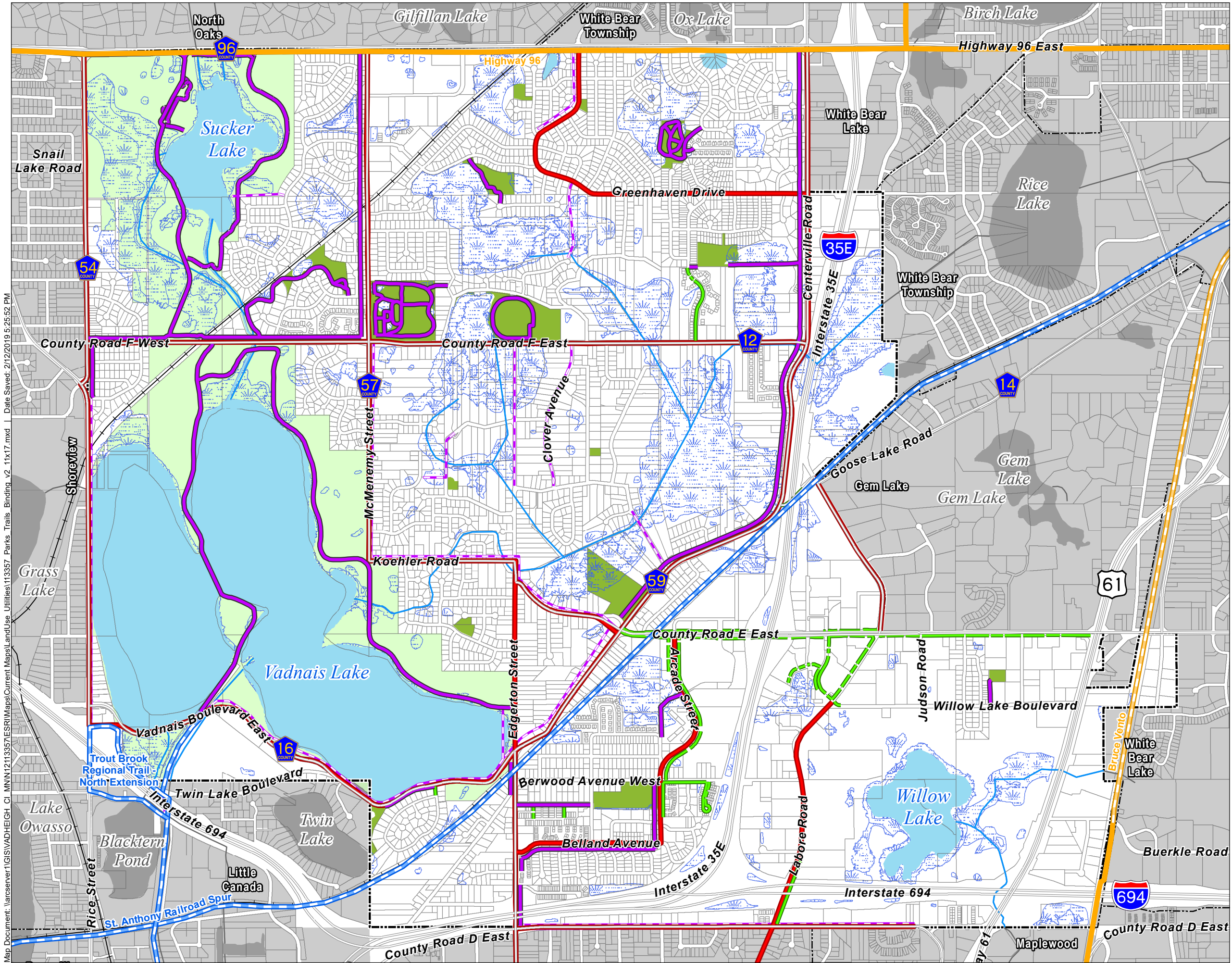
Created: 3/14/2022
LandscapeRSA2



For complete disclaimer of accuracy, please visit
<http://giswebsite.metc.state.mn.us/gissite/notice.aspx>



Map Document: \\arcserver1\GIS\AD\HEIGH CI_MN12113357\ESRI\Maps\Current Maps\LandUse Parks Trails Binding v2 11x17.mxd | Date Saved: 2/12/2019 5:25:52 PM



Parks and Trails

2040 Comprehensive Plan

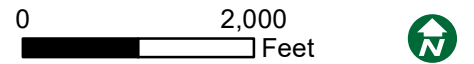
City of Vadnais Heights, Minnesota

Legend

- Existing Regional Trail
- Planned Regional Trail
- Regional Trail Search Corridor
- Concrete Sidewalk
- Sidewalk or Off-Road Path
- Paved Shoulder
- Planned Sidewalk/Off-Road Path
- Railroad
- Streams
- Vadnais Heights City Limits
- City/Township Boundaries
- National Wetland Inventory

Parks and Trails

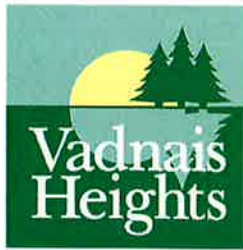
- Existing City Park
- Existing Regional Park



Source: MnGeo, City of Vadnais Heights, Ramsey County



February 2019



The City of Vadnais Heights
800 East County Road E
Vadnais Heights, MN 55127

April 5, 2022

Metropolitan Council

Re: City of Vadnais Heights Support for Koehler Road/Edgerton Street SRTS Project

This letter is to express support for the upcoming Safe Routes to School (SRTS) Regional Solicitation grant application being made by Ramsey County along Koehler Road/Edgerton Street in Vadnais Heights, Minnesota. We encourage the Metropolitan Council to strongly consider this submittal and ask that you consider this letter of support as highlighting the ongoing relationship between multiple agencies on this project.

The City of Vadnais Heights formally created the "Koehler Road Task Force" in the fall of 2018. Public engagement conducted by this Task Force was made through a project website, a parent survey, social media and direct mailers. Ultimately, the Task Force included membership from residents immediately adjacent to the corridor, members of the Vadnais Heights Park, Recreation, and Trails Commission, Ramsey County, Independent School District 624 (White Bear Schools)/Vadnais Heights Elementary, Vadnais Heights City Council liaisons, and Vadnais Heights City staff. This group was formed understanding that a project like this requires thorough discussion and comprehensive consideration to recommend the best project possible.

Over the past three years, the City of Vadnais Heights has continued to dedicate resources to this project in both time and dollars. Discussions have occurred at the neighborhood level, through the aforementioned Task Force, the Parks Commission, and City Council – all while including staff input on a variety of considerations. Further, the City has funded costs for an "Alternatives Analysis" to consider six design concept alternatives.

As a part of this Letter of Support, the City recognizes that future maintenance, including snow and ice mitigation, would be the responsibility of the City of Vadnais Heights.

At this time, the City provides its direct support of Ramsey County's Regional Solicitation application for the Koehler Road/Edgerton Street SRTS Project and looks forward to your favorable review of this submission.

Sincerely,

Heidi Gunderson
Mayor - City of Vadnais Heights

Kevin Watson
City Administrator – City of Vadnais Heights

2021-22 DISTRICT PROFILE

The White Bear Lake Area School District serves all or parts of Birchwood, Gem Lake, Hugo, Lino Lakes, Little Canada, Maplewood, North Oaks, Vadnais Heights, White Bear Lake and White Bear Township.

Core Values

The White Bear Lake Area School District builds quality lives and strong communities through compassion, integrity, respect, responsibility and service.

Equity Commitment

To nurture the whole student, we disrupt systemic inequities by recognizing, honoring, and embracing all cultures with humility and respect.

District Mission

The mission of the White Bear Lake Area School District, the community at the forefront of educational excellence, honoring our legacy and courageously building the future, is to ensure each student realizes their unique talents and abilities, and makes meaningful contributions with local and global impact through a vital system distinguished by:

- Students who design and create their own future
- A culture that respects diverse people and ideas
- Safe, nurturing, and inspiring experiences
- Exceptional staff and families committed to student success
- Abundant and engaged community partners

| STUDENT ENROLLMENT 2021-22 | |
|---|-------------|
| Pre-K <i>Pre-K includes all District programs including preschool, early childhood, and Bear Fundamentals at all District locations.</i> | 524 |
| Elementary (Grades K-5) | 3767 |
| Middle School (Grades 6-8) | 1981 |
| High School (Grades 9-12) | 2498 |
| Transition Plus (Special Ed - ages 18-24) | 36 |
| DISTRICT TOTAL K-T+ | 8282 |
| DISTRICT TOTAL BIRTH-T+ | 8806 |

Source: Minnesota Department of Education and District data

| K-T+ STUDENT DEMOGRAPHICS 2020-21 | |
|-----------------------------------|--------|
| Free/Reduced Price Lunch | 20.68% |
| English Language Learner | 3.99% |
| Special Education | 17.16% |
| American Indian/Alaska Native | 0.44% |
| Asian | 7.46% |
| Black/African American | 6.68% |
| Hispanic/Latinx | 7.67% |
| Native Hawaiian/Pacific Islander | 0.12% |
| Two or more races | 5.98% |
| White | 71.66% |

Source: Minnesota Department of Education

In addition to English, students in our district



- Afaan/Oromo/Oromiffa
- Afrikaans
- Akan
- Amharic
- Anauk
- Arabic
- Azerbaijani
- Bengali
- Bosnian
- Burmese
- Cambodian
- Chinese, Mandarin
- Czech
- Danish
- English
- English Creole
- Fanti
- Farsi
- French
- German
- Gujarati
- Harari
- Hindi
- Hmong
- Igbo
- Japanese
- Karen
- Kiswahili, Swahili
- Kom
- Lao, Laotian
- Latvian
- Lithuanian
- Mandarin
- Marathi
- Nepali
- Pilipino, Tagalog
- Portuguese
- Punjabi
- Romanian
- Russian
- Rwanda
- Sign Language/ASL
- Somali
- Spanish
- Thai
- Tigrinya
- Turkish
- Turkman
- Twi
- Ukrainian
- Urdu
- Vietnamese
- Yoruba