

Important! The form should be completed IN CAPITAL LETTERS using a BLACK or DARK BLUE ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 0 ☒ ☑

School Walkability Checklist

Questions for children & adults as you walk the school route together

Everyone benefits from walking – but walking needs to be safe and easy. Please answer the questions about your walk to or from school. Read over the questions before you start, and as you walk, note the cross streets and addresses of problems. If you're an adult, please answer questions from a student's perspective.

1. Date of your walk: / / 2. Time of walk: :
3. School Name: 4. City:
5. What grade are you in?
6. What is the street intersection nearest your home? (Provide names of two cross streets)
 &
7. a. On a typical week, how many days do you walk to school? (Please check one box)
 0 1 2 3 4 5
b. If you walk to school, who do you usually walk with? (Please check one box)
 by myself at least one adult other kids at least one adult AND other kids
8. As a result of your walk today, do you plan to walk regularly in the future? Why?
(Please check one box and write why you will or will not be walking regularly in the space provided)
 Yes , because
 No , because

For the questions on the next page, please check the box next to any of the problems you find on your walk. Please note the SPECIFIC location of the problem you encounter in each area (for example: "333 MAIN ST", or "FIRST ST AND BROADWAY"). This will make it easier to ask for help in making the neighborhood safer for walking!

Thank you for participating in International Walk to School Day.
Please return this questionnaire to your principal or Walk to School Day
Coordinator. For more information, visit
www.ohealthinfo.com/public/cdip/w2s or call 714-667-8336.



Please check the box next to each problem that you had on your walk today and write the location of the problem of that type in the space provided to the right.

9. SIDEWALKS

LOCATION OF PROBLEM OF THIS TYPE (Cross Streets or Address)

- Sidewalks/paths stopped, then started. Where? →
- Sidewalks broken or cracked. Where? → → →
- Sidewalks blocked by poles/shrubs/etc. Where? →
- Sidewalks blocked by parked cars. Where? → → →
- No sidewalks, paths or shoulders. Where? → → →

10. CROSSING STREETS

- Road was too wide. Where? → → → → →
- Parked cars blocked view of traffic. Where? → →
- Light took too long or no time to cross. Where? →
- No curb ramps or ramps need repair. Where? → →
- Too much traffic. Where? → → → → → →
- No striped crosswalks, traffic signals. Where? → →

11. DRIVER BEHAVIOR

- Left driveway without looking. Where? → → → →
- Did not yield to people crossing street. Where? →
- Drove too fast. Where? → → → → → →
- Sped up through yellow lights. Where? → → →
- Drove through red lights. Where? → → → → →

12. PERSONAL SAFETY

- People asked for food/money. Where? → → →
- Scary dogs. Where? → → → → → →
- Scary people (bullies/gang members). Where? → →

13. PLEASANTNESS

- Trash on the streets. Where? → → → → →
- Steep hills. Where? → → → → → →
- Not many trees and flowers. Where? → → → →
- Bad smells. Where? → → → → → →
- Too much noise. Where? → → → → →
- Graffiti. Where? → → → → → →

