

Resource 3:

Walking school bus parent/caregiver survey

The information collected in this form will be used by _____
[insert name and address] for the purposes of implementing the Walking School Bus.

The information will be held by _____
[insert name - may be both the School and the Coordinator] and only used for the Walking School Bus programme.

Please contact _____ [insert name] if the information you have provided changes.

The supply of this information is voluntary. However, if the information is not provided, this may affect the viability of the Walking School Bus.

Parent/caregiver name: _____

Street address: _____

Home phone number: _____

1. If a walking school bus was organised from your street to our school, would any of your children use it some of the time? (Please tick)

Yes (go to Question 3)

No (go to Question 2)

2. Why wouldn't your family use the walking school bus?

Thanks, that's all we need to know! End of survey for those answering 'No' to Q1.

Please return the survey to school by: _____

3. Please provide the following details about your children who would use the walking school bus:

Child's first name _____ Surname _____

Child's first name _____ Surname _____

Child's first name _____ Surname _____



4. In a typical week, which days would your children use the walking school bus? Please state which child would use it on what day:

Day	To school (write child's name)	From school (write child's name)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

5. What times would be too early or too late for your child to be collected by the walking school bus in the morning?

Too early: _____ Too late: _____

6. The success of this scheme depends on having adult volunteers to act as leaders. Would you or another adult be willing to volunteer to lead the bus on a rostered basis?

Yes (continue survey) No (go to Question 10)

If yes, please write down the name or names of the volunteer/s and contact phone numbers below:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

7. Please indicate how often each 10-week term you or this adult would be willing to lead the bus? If there is more than one volunteer from this household, fill in separate columns. (max possible 50)

	1st adult	2nd adult	3rd adult
Up to 5 times per term (maybe one morning or afternoon per fortnight)			
Up to 10 times per term (maybe one morning or afternoon per week)			
Up to 20 times per term (maybe two mornings or afternoons per week)			
Up to 30 times per term (maybe three mornings or afternoons per week)			
Up to 40 times per term (maybe four mornings or afternoons per week)			
Up to 50 times per term (maybe five mornings or afternoons per week)			
Don't know			

8. Would you or these adults prefer to lead the bus: (tick the appropriate space)

	1st adult	2nd adult	3rd adult
In the morning			
In the afternoon			
No preference			

9. On what days can you or these adults lead the bus?

	1st adult	2nd adult	3rd adult
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

10. How do your children usually travel to and from school each day (for the main part of the journey)?

(please tick)

Walking with an adult	
Walking by themselves	
Walking with siblings or friends	
By bicycle	

By bus	
Driven in a carpool	
Driven by a parent	
Other (please specify)	

Thank you for taking the time to complete this questionnaire.

Please return it to your child's school by: _____