

# Student Survey

PLEASE FILL OUT THIS FORM AND HAND IT BACK TO YOUR TEACHER

Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Where do you live?: \_\_\_\_\_

**Question 1: How do you usually get to school? (tick 1 that you do the most)**

- |  |   |
|--|---|
| <input type="checkbox"/> Car with another family               | <input type="checkbox"/> Bicycle alone                                    |
| <input type="checkbox"/> Car with just my family               | <input type="checkbox"/> Scooter with an adult                            |
| <input type="checkbox"/> Walk with an adult                    | <input type="checkbox"/> Scooter alone                                    |
| <input type="checkbox"/> Walk with friends or brothers/sisters | <input type="checkbox"/> Bicycle/Scooter with friends or brothers/sisters |
| <input type="checkbox"/> Walk alone                            | <input type="checkbox"/> Bus  |
| <input type="checkbox"/> Bicycle with an adult                 | <input type="checkbox"/> Other: _____                                     |

**Question 2: Do you usually get home the same way?**

- Yes (skip to question 4)
- No (answer next question)

**Question 3: How do you usually get home from school?**

- |  |   |
|--|---|
| <input type="checkbox"/> Car with another family               | <input type="checkbox"/> Bicycle alone                                    |
| <input type="checkbox"/> Car with just my family               | <input type="checkbox"/> Scooter with an adult                            |
| <input type="checkbox"/> Walk with an adult                    | <input type="checkbox"/> Scooter alone                                    |
| <input type="checkbox"/> Walk with friends or brothers/sisters | <input type="checkbox"/> Bicycle/Scooter with friends or brothers/sisters |
| <input type="checkbox"/> Walk alone                            | <input type="checkbox"/> Bus  |
| <input type="checkbox"/> Bicycle with an adult                 | <input type="checkbox"/> Other: _____                                     |

# Student Survey

Question 4: **Why do you come to/from school that way? (tick up to 3 answers)**

- |   |   |
|---|---|
| <input type="checkbox"/> Easy for me or my parents      | <input type="checkbox"/> No walking/cycling routes  |
| <input type="checkbox"/> We live near to school         | <input type="checkbox"/> We feel safe               |
| <input type="checkbox"/> We live a long way from school | <input type="checkbox"/> On the way to parents work |
| <input type="checkbox"/> No bus available               | <input type="checkbox"/> The roads aren't safe      |
| <input type="checkbox"/> Cheap                          | <input type="checkbox"/> Other: _____               |

Question 5: **Who decides how you get to school each day?**

- Only Me
- Only my parents / carer
- Only my brothers/sisters
- Me with my parents /carer
- Me with my brothers/sisters

Question 6: **How would you like to get to school? (favourite/best)**

- |  |   |
|--|---|
| <input type="checkbox"/> Car with another family               | <input type="checkbox"/> Bicycle alone                                    |
| <input type="checkbox"/> Car with just my family               | <input type="checkbox"/> Scooter with an adult                            |
| <input type="checkbox"/> Walk with an adult                    | <input type="checkbox"/> Scooter alone                                    |
| <input type="checkbox"/> Walk with friends or brothers/sisters | <input type="checkbox"/> Bicycle/Scooter with friends or brothers/sisters |
| <input type="checkbox"/> Walk alone                            | <input type="checkbox"/> Bus  |
| <input type="checkbox"/> Bicycle with an adult                 | <input type="checkbox"/> Other: _____                                     |

Question 7: **Do you own a bicycle?**

- Yes (answer the next question)
- No (skip to Question 9)

Question 8: **How often do you ride your bike outside of school?**

- Every day
- At least once a week
- At least once every two weeks
- At least once a month
- A few times a year

Question 9: **Thinking about your journey to school is there anything you really like?**

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Question 10: **Thinking about your journey to school is there anything you really don't like?**

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PARENTS / GUARDIANS SECTION:

Do you agree with your child's comments on this form?

Yes

No

If no, please state why not:

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Signature: \_\_\_\_\_