

BIKE AND PEDESTRIAN SAFETY EDUCATION

PRE-UNIT PREPARATIONS

There are several steps to prepare for the Bike and Pedestrian Safety Education Unit. This includes conducting several surveys and sending home permission slips as well as logistics about the equipment and needed volunteers. The next few pages will walk you through each step so you will be prepared to begin.

EVALUATION

The school districts taking part in this bike and pedestrian safety education unit play an important role in increasing the active lifestyles of children across Washington State. Measurement is a critical aspect of the project: it tells participants and funders whether and to what degree our efforts impact the transportation choices and safety behaviors of children.

The following measurement tools are required as part of the Safe Routes to School Bike and Pedestrian Safety Education Program Grant and are recommended for any other school teaching this unit. Distributing and collecting the surveys before the curriculum collects baseline data for the program. Two surveys are repeated at the end to assess the impact of the unit.

To help with logistics, each school district's grant point person will receive at the training enough copies of each survey and a self-addressed stamped box to return the surveys when completed. If you need additional copies, follow the instructions on the following pages.

While conducting the initial surveys, you will also want to send home the Bike and Pedestrian Safety Education Unit Permission Slip.

Surveys to be conducted before the unit:

1. Safe Routes to School Students Arrival and Departure Tally Sheet.
2. PRE-Survey: Student Self-Reported Behavior Survey.
3. Parent Survey About Walking and Biking to School.

Surveys to be conducted after the unit:

1. Safe Routes to School Students Arrival and Departure Tally Sheet.
2. POST-Survey: Student Self-Reported Behavior Survey.
3. Teachers: 2 online surveys (2 to 8 weeks and 6 months after this program).
4. Administrators: 1 online survey (6 months after this program).

BIKE AND PEDESTRIAN SAFETY EDUCATION UNIT PERMISSION SLIP

INSTRUCTIONS:

Send this permission slip home to parents/guardians at least one week before the unit.

Collect permission slips from students before teaching Lesson 1.

| | | |
|---|--|--------------|
| SCHOOL NAME SCHOOL ADDRESS | | |
| TODAY'S DATE | | |
| Dear Parents and Guardians: | | |
| As part of our bicycle and pedestrian safety education, we will conduct several new activities on foot and bicycle in our Health and Fitness classes from PROGRAM START DATE to PROGRAM END DATE. The program will be led by INSTRUCTOR'S NAME, the POSITION with help from parents and community volunteers. | | |
| Bikes and helmets will be provided for your child to use. Students are not to bring their own bikes for the program. Students may bring their own helmets if clearly marked with first and last name. | | |
| You will be asked to take part in a homework survey that students should return to school. | | |
| Thank you. | | |
| INSTRUCTOR'S NAME | | |
| INSTRUCTOR'S POSITION | | |
| | | |
| PLEASE RETURN THIS PERMISSION SLIP TO SCHOOL | | |
| My child, _____, may participate in the on- and off- campus lessons for the Bike and Pedestrian Safety Education Program. I hereby release the facilitators, state, school district, school, its employees, volunteers and any program participants from any and all liability with relationship to participation in the program. | | |
| Parent or guardian signature _____ | | |
| Extra supervision is necessary to teach students to safely ride bikes. Bike experience is not necessary to volunteer. | | |
| <input type="checkbox"/> Yes! I would like to volunteer for one or more of the lessons | | |
| Please check any dates you are able to volunteer on the list below, and return this form to the school. THANK YOU! | | |
| <input type="checkbox"/> DATE AND TIME | Pedestrian Safety/Walking Audit | |
| <input type="checkbox"/> DATE AND TIME | Helmet Fitting and Bicycle Handling Skills | |
| <input type="checkbox"/> DATE AND TIME | Bicycle Handling Skills | |
| <input type="checkbox"/> DATE AND TIME | Bicycle Skills on Roads | |
| <input type="checkbox"/> DATE AND TIME | Bicycle Skills on Roads | |
| Volunteer's Name | Phone | Email |

A template of this permission slip can be found on the thumbdrive provided during the training, or downloaded from www.saferouteswa.org/schools/safety-education/. Tailor the template to fit the needs of your program and school.

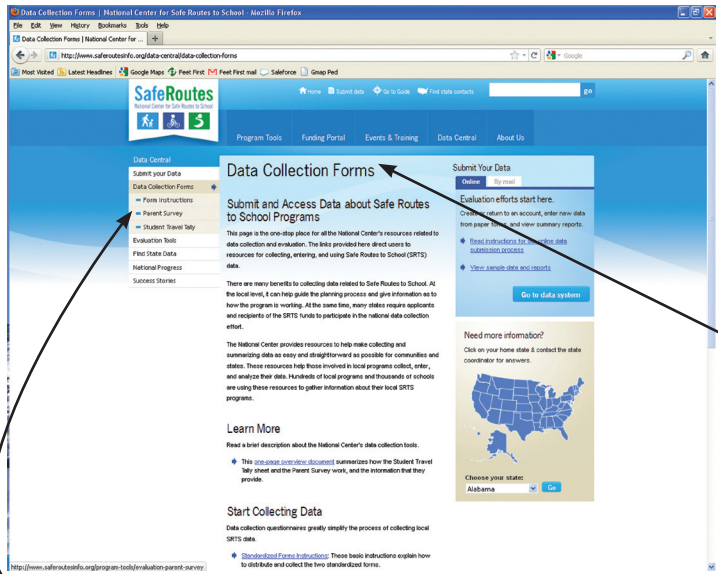
PARENT SURVEY ABOUT WALKING AND BIKING TO SCHOOL

INSTRUCTIONS:

Send this double-sided survey home with the Bike and Pedestrian Safety Education Permission Slip to parents/guardians at least one week before the unit.

| 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 year child or 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: _____ | |
| 1. What is the grade of the child who brought home this survey? <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th | 8. Has your child asked you for permission to walk or bike to/from school in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is the child who brought home this survey male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female | 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"/> grade (or) <input type="checkbox"/> I would not feel comfortable at any grade |
| 3. How many children do you have in Kindergarten through 8 th grade? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | 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.) |
| 4. What is the street intersection nearest your home? (Provide the names of two intersecting streets.) _____ and _____ | 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) |
| 5. How far does your child live from school? <input type="checkbox"/> Less than 1/4 mile <input type="checkbox"/> 1/4 mile up to 1 mile <input type="checkbox"/> More than 2 miles <input type="checkbox"/> 1/4 mile up to 1/2 mile <input type="checkbox"/> 1 mile up to 2 miles <input type="checkbox"/> Don't know | <input type="checkbox"/> My child already walks or bikes to/from school |
| 6. On most days, how does your child arrive and leave for school? (Select one choice per Arrive at school and Leave from school) | <input type="checkbox"/> Distance..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| Arrive at school <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> School Bus <input type="checkbox"/> Family vehicle (only children in your family) <input type="checkbox"/> Carpool (Children from other families) <input type="checkbox"/> Transit (city bus, subway, etc.) <input type="checkbox"/> Other (skateboard, scooter, inline skates, etc.) | <input type="checkbox"/> Convenience of driving..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| Leave from school <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> School Bus <input type="checkbox"/> Family vehicle (only ch) <input type="checkbox"/> Carpool (Children from other families) <input type="checkbox"/> Transit (city bus, subway, etc.) <input type="checkbox"/> Other (skateboard, scooter, inline skates, etc.) | <input type="checkbox"/> Time..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| 7. How long does it normally take your child to get to/from school? (Select one choice per Travel time to school and Travel time from school) | <input type="checkbox"/> Child's before or after-school activities..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| Travel time to school <input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 - 10 minutes <input type="checkbox"/> 11 - 20 minutes <input type="checkbox"/> More than 20 minutes <input type="checkbox"/> Don't know / Not sure | <input type="checkbox"/> Speed of traffic along route..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure |
| Travel time from school <input type="checkbox"/> Less than 5 minutes <input type="checkbox"/> 5 - 10 minutes <input type="checkbox"/> 11 - 20 minutes <input type="checkbox"/> More than 20 minutes <input type="checkbox"/> Don't know / 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 |
| | 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 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 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 type="checkbox"/> Healthy <input type="checkbox"/> Neutral <input type="checkbox"/> Unhealthy <input type="checkbox"/> Very Unhealthy |
| | 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 GRD (High school graduate) <input type="checkbox"/> Prefer not to answer |
| | 16. Please provide any additional comments below. _____ _____ |

This survey is created by the NATIONAL CENTER FOR SAFE ROUTES TO SCHOOL and may be found at the link listed on the next page. Ask your district point person for copies of this survey that were left at the training. If additional copies are needed, download and print them from the website.



1. Go to www.saferoutesinfo.org
2. Scroll over the Data Central heading at the top right of the page. A list of menu options will cascade down. Select Data Collection Forms.

Once you have selected the Data Collection Forms option, the next page you will see is the one represented here.

4. Select Parent Survey from the left side bar. On the following page download the Parent Survey PDF.
5. Return to this page and select the Student Travel Tally link just below the Parent Survey option.

Select the Parent Survey option on the left side of the screen. The next page provides options to download the Parent Survey as a PDF in English as well as several other languages.

A direct link to these pages is available at:
 Parent Survey
www.saferoutesinfo.org/program-tools/evaluation-parent-survey
 Student Travel Tally
www.saferoutesinfo.org/program-tools/evaluation-student-class-travel-tally

6. Download the Student Travel Tally.

SAFE ROUTES TO SCHOOL STUDENTS ARRIVAL AND DEPARTURE TALLY SHEET

INSTRUCTIONS:

On a Tuesday/Wednesday/Thursday verbally survey your class and record the results on the tally sheet. Do this two times before the unit and again two times after the unit.

This tally sheet is created by the NATIONAL CENTER FOR SAFE ROUTES TO SCHOOL and may be found at the link listed below. Ask your district point person for copies that were left at the training. If additional copies are needed download and print them from this website.

1. Go to www.saferoutesinfo.org
2. Under "Data Central" choose "Data Collection Form".
3. Download the "Safe Routes to School Student Arrival and Departure Tally Sheet" (SRTS_Two_Day_Tally_Scan2009.pdf).

STUDENT SELF-REPORTED BEHAVIOR SURVEY (PRE AND POST)

INSTRUCTIONS:

Before the unit, have students complete the PRE-survey. Collect and retain the surveys until the end of the unit. At the end of the unit, return the surveys to students and have them complete the POST-survey.

PRE-SURVEY: STUDENT SELF-REPORTED BEHAVIOR SURVEY

Students complete this survey _____

School Name: _____

Student Name: _____

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

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

POST-SURVEY: STUDENT SELF-REPORTED BEHAVIOR SURVEY

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

School Name: _____ Teacher Name: _____

Student Name: _____ Date: _____

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

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

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

Note that one side of this page is the PRE survey and the other is the POST survey. Students should be matched up with the same survey from before. Ask your district point person for copies of this survey that were left at the training. If additional copies are needed download and print them from the website below.

- Go to www.saferouteswa.org/schools/safety-education/resources
- Under “Evaluation and Permission Slip”, download the Student Behavior Survey (Pre and Post)

TEACHER ONLINE SURVEY

Teachers will receive by email 2 online surveys, one 2 to 8 weeks and one 6 months after this unit.

ADMINISTRATOR ONLINE SURVEY

Administrators will receive an online survey 6 months after this unit.

TIMELINE FOR ADMINISTERING SURVEYS:

BEFORE YOU IMPLEMENT THE PROGRAM:

- Send home Bike and Pedestrian Safety Education Permission Slip and Parent Survey About Walking and Biking to School at least 1 week before the unit. Collect before beginning the unit.
 - Collect data on 2 separate days in class using the Safe Routes to School Students Arrival and Departure Tally Sheet.
 - Have students complete the PRE-Survey: Self-Reported Behavior Survey. (Side 1 of the 2-sided survey sheet. Retain these pages to administer the POST-Survey after the program.)
-

IMPLEMENT THE PROGRAM

- Teach Lessons 1-8.
-

AFTER YOU IMPLEMENT THE PROGRAM:**

- Collect data on 2 separate days in class using the Safe Routes to School Student Arrival and Departure Tally Sheet.
 - Have students complete the POST-Survey: Student Self-Reported Behavior Survey. (Side 2 of the PRE-Survey. Match students to their original surveys.)
 - Take the first teacher Online Survey 2-8 weeks after the program. (You will receive a link to the survey in an e-mail.)
-

ABOUT SIX MONTHS AFTER YOU IMPLEMENT THE PROGRAM:

- Take the second teacher Online Survey (You will receive a link to the survey in an e-mail.)
 - Administrator receives the administrator Online Survey. (We will send link of the survey to your school administrator.)
-

****WHAT TO DO WITH THE COMPLETED TALLIES AND SURVEYS:**

Mail all the completed surveys in the provided self addressed, stamped box to:

BICYCLE ALLIANCE OF WASHINGTON
309A THIRD AVENUE SOUTH
SEATTLE WA 98104

If you need further assistance, contact:

SETH SCHROMEN-WAWRIN
SETHS@BICYCLEALLIANCE.ORG
(206) 224-9252 x 301

PREPARING FOR THE LESSONS

SCHEDULING

The curriculum is 8 lessons (for 45+ minute classes) with 4 requiring bicycles. If you are sharing the bicycles with other teachers or schools, it is important to schedule the lessons so the bicycles are not double booked. You want as many back-to-back classes as possible. Use the Schedule Template that follows to plan the dates and times you will teach the lessons (see the Sample Schedule for an example).

LESSON LOCATIONS

Several of the lessons require specific outdoor courses or locations. Several weeks before beginning the curriculum, find at least 2 intersections for the walking audit (Lesson 8) and a location to mark out the bike courses (Lessons 4-7). The bike courses require a large, flat, paved area with marked lines (see lesson materials for detailed diagrams). Lay out the bike courses using white spray paint or a chalk field liner. 2-inch masking tape also works if used on dry pavement. If using tape, spray dots at key points for reference.

CURRICULUM EQUIPMENT

The following equipment should be included with your fleet of bicycles. This equipment is necessary for safe riding, simple maintenance, and to lay out courses.

- Field liner and 3 cans of white spray paint or chalk to fit the liner, 100-foot measuring tape, and 2-inch masking tape to mark out the courses.
- 3 x 30-gallon plastic trash cans with wheels (2 to store helmets, 1 to store the signs and traffic light).
- Traffic light made from 1 box from a case of paper, spray painted yellow with green, red & black plastic dots.
- 4 lightweight plastic saw horses for “STUDENTS ON BIKES” signs.
- Signs (stored in one 30 gallon plastic trash can):
 - o 4 x “STOP”
 - o 2 x “YIELD”
 - o 1 x “RAILROAD XING”
 - o 4 x “STUDENTS ON BIKES”
- At least 50-feet of chain or cable with loops at each end, and 2 programmable padlocks to lock the bikes. 2 x 25-foot lengths also works.
- Helmets: Number helmets 1 (small) to 25+ (large) according to size and store in two 30-gallon plastic trash cans.
- Bikes: Arrange frames and seat posts on bikes from low to high (watch the safety line) and number the bikes 1 (short) to 25+ (tall).
- Floor pump to keep the tires inflated.

Several weeks before beginning the curriculum, confirm that all the equipment is together and in working order.

BIKE STORAGE DURING UNIT

Prior to receiving the bikes, find a place to temporarily store the bikes and garbage cans at your school. When you receive the bicycles, and before you begin teaching the unit, move the equipment to the storage space and organize the bikes and helmets by size and number. Lock the bikes with the long cable through the middle of all the frames, with a lock for each end.

ASSESS YOUR CLASS

This curriculum teaches bicycle safety skills and assumes students have a basic ability to ride a bicycle (start, stop, and turn). At least a week before beginning the curriculum, ask your students how many have ridden a bike before. If many have little or no experience riding a bike, you may want to plan for extra volunteers and/or extra time for the curriculum. Students can often acquire the basics in a class or two.

RECRUIT AND SCHEDULE VOLUNTEERS

Five lessons require volunteers. Recruit your volunteers at least a week before the first lesson. The permission slip asks parents if they are willing to volunteer. Police or people from your bicycling community may also be interested in volunteering. Make sure to recruit more than you will need in case of cancellations. The volunteers do not ride bikes, but help guide kids. Appoint a reliable adult to help with phone calls and follow-up with reminders. Ask volunteers to arrive 15 minutes before class begins.

- Lesson 1: Introduction – No volunteers
- Lessons 2: Captain Barclay – No volunteers
- Lesson 3: Eyeballs game – No volunteers
- Lesson 4: Clothing & Equipment; Bike Handling Instruction – 2 volunteers
- Lesson 5: Bicycle Handling Practice – 4 volunteers
(If you add a day for handling skills it will be after Lesson 5 and need 4 volunteers)
- Lesson 6: Beginning Traffic Skills Practice – 3 volunteers
- Lesson 7: Advanced traffic Skills Practice – 4 volunteers
- Lesson 8: Walking Audit – 2 volunteers

Plan well and take it one day at a time. Remember to thank all of your volunteers.

HANDOUTS

You will need the following handouts copied for the unit:

- Bike and Pedestrian Safety Education Unit Permission Slip
- Bike/Pedestrian Skills Unit Pre-Test
- Home Test for Drivers
- Find the 12 Hazards
- Intersection Assessment Worksheet (2 pages)
- Map Your Way homework
- Map Your Way letter home

Schedule Template

SAMPLE

List the schedule for the classes and teachers that are doing the unit

| Teacher | Class | Days | Time | Notes |
|----------|-------|------|-------------|-------------------|
| Johnston | #7A | M-F | 9-9:45 | Testing on Friday |
| Chance | #7B | M-F | 9:45-10:30 | Testing on Friday |
| Johnston | #6A | M-F | 10:30-11:15 | |
| Johnston | #6B | M-F | 11:15-12 | |
| Johnston | #6C | M-F | 12:00-12:45 | |
| Chance | #7C | M-F | 12:45-1:30 | Testing on Friday |

In the space below, list which classes will be meeting each day, what lesson they will be on, if they need bikes, and how many volunteers you will need that day.

| Day | Class | Time | Lesson | Bikes? | Volunteers? |
|----------------|--|------------------------------------|----------------------|------------|-------------|
| Monday 5/10 | Johnston #6ABC | 10:30-12:45 | Lesson 1 | No | No |
| Tuesday 5/11 | Johnston #6ABC Johnston #7A Chance #7BC | 10:30-12:45 9-10:30; 12:45-1:30 | Lesson 2 Lesson 1 | No No | No No |
| Wednesday 5/12 | same | same | Lesson 3 Lesson 2 | no no | no no |
| Thursday 5/13 | same | same | Lesson 4 Lesson 3 | Yes no | 2 no |
| Friday 5/14 | Johnston #6ABC | 10:30-12:45 | Lesson 5 | yes | 4 |
| Monday 5/17 | Johnston #6ABC Johnston #7A Chance #7BC | 10:30-12:45 9-10:30; 12:45-1:30 | Lesson 6 Lesson 4 | yes yes | 3 2 |
| Tuesday 5/18 | same | same | Lesson 7 Lesson 5 | yes yes | 4 4 |
| Wednesday 5/19 | same | same | Lesson 8 Lesson 6 | no yes | 2 3 |
| Thursday 5/20 | Johnston #7A Chance #7BC | 9-10:30; 12:45-1:30 | Lesson 7 | yes | 4 |
| Friday 5/21 | | | | | |
| Monday 5/24 | Johnston #7A Chance #7BC | 9-10:30; 12:45-1:30 | Lesson 8 | no | 2 |
| Tuesday 5/25 | | | | | |
| Wednesday 5/26 | | | | | |

