

## SCHOOL BIKE OBSERVATION ASSESSMENT

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Condition	Note Problem Locations
1. What's the posted speed? _____	
2. Do motorists speed? <input type="checkbox"/> Yes, mostly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	
3. How many lanes does the road have? _____	
4. Were intersections difficult to negotiate? <input type="checkbox"/> Yes, mostly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Other	
5. Were intersections regulated? <input type="checkbox"/> Yes, mostly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Other	
6. Were there traffic circles at the intersections? <input type="checkbox"/> Yes, mostly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Other	
7. Is there on-street parking? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All <input type="checkbox"/> N/A	
8. Are there frequent driveways? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> N/A	
9. Are there bicycle lanes? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All <input type="checkbox"/> N/A	
10. Are there marked bicycle routes? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All <input type="checkbox"/> N/A	
11. Was the roadway surface OK? <input type="checkbox"/> Yes, mostly <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Other	
12. Are there sharrows? <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All <input type="checkbox"/> N/A	

13. Are any of these conditions present that might be perceived as a hazard to the safety of children biking to school?

- |   |  |
|---|--|
| <input type="checkbox"/> steep hills or stairways<br><input type="checkbox"/> blind curves on streets<br><input type="checkbox"/> wooded or un-kept areas<br><input type="checkbox"/> vegetation overgrowth<br><input type="checkbox"/> wide intersections<br><input type="checkbox"/> truck traffic<br><input type="checkbox"/> train tracks | <input type="checkbox"/> crime & loitering<br><input type="checkbox"/> vacant lots<br><input type="checkbox"/> unsafe construction zones<br><input type="checkbox"/> vehicles blocking walkways<br><input type="checkbox"/> dangerous animals<br><input type="checkbox"/> big traffic generators (schools, etc.)<br><input type="checkbox"/> other _____ |
|---|--|

14. Is bicycle parking provided on the school grounds?  Yes  Yes, covered  No  N/A

15. Are people driving safely and obeying the law?  None  Some  Most  All  N/A

16. Would you want your child to bike to this school?  Yes  No If not, why?

17. If yes, what did you observe that makes you comfortable allowing your child to bike to this school?