[DATE]

**SAFE ROUTES TO SCHOOL PARENT SURVEY**

*Dear Parent or Guardian,*

[School name] *believes our students should be able to regularly, routinely, and safely walk and bike to school. Our Safe Routes to School program combines a variety of strategies, events, and incentives to encourage this daily physical activity.*

*However, we understand that barriers can discourage or even prevent children and families from walking or bicycling to school. To help us understand these barriers and ultimately make conditions safer and more convenient, we ask that you spend 5–10 minutes to complete the Parent Survey. This survey is our primary method for understanding your thoughts and evaluating the progress of our Safe Routes to School program. We respect your time, and only administer this survey once per year.*

*Please send this survey back to school with your child. Your responses will be kept confidential and neither your name nor your child’s name will be associated with any results.*

*Thank you for completing the survey!*

[Name and signature of survey administrator]