

5. Was your walk pleasant?

Yes No

What did you see, smell and hear along the way?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Grass, flowers or trees
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Friendly people
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Scary people
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Bird song
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dogs or dogs barking
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Street lights
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Rubbish bins
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Vehicle exhaust fumes
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Drinking fountains
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	NZ Post mail box
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Park benches
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Something else: _____

Location of problems: _____

Rating: (circle one) 1 2 3 4 5

How does your neighbourhood stack up?

Add up your ratings and decide.

Total: _____

- 26 - 30 Celebrate! You have a great neighbourhood for walking.
- 21 - 25 Celebrate a little. Your neighbourhood is pretty good!
- 16 - 20 Okay, but it could be better.
- 11 - 15 It needs some work. It certainly could be a lot better.
- 05 - 10 It wasn't a pleasant place for walking at all!



Next Steps

Talk to your local council's Road Safety or School Travel Plan Coordinator for advice on how to improve your community's score.

Read examples of how schools have worked with partner agencies to provide students with learning experiences and environments that increase access to safe school travel:

<http://bit.do/schoolwalkability>

WALKABILITY CHECKLIST

How walkable is your community?

- Footpaths
- Safe crossings



Take a walk with your class and use this checklist to rate your walking routes to school!

GETTING STARTED

First, you'll need to pick a common route to school.

Second, read over the checklist before you go, and as you walk, note the locations of things you find pleasant and things you would like to change. At the end of your walk, give each question a rating. Then add up the numbers to see how you rated your walk overall.

After you've rated your walk and identified any problem areas, the next step is to figure out what you can do to improve your community's score.

Location of walk: _____

Rating scale:

1	2	3	4	5
Awful	Many Problems	Some Problems	Few Problems	No Problems

For Teachers

Learning Objectives:

Social Sciences

Health and Physical Education

- Regular physical activity
- Community resources

Print Settings

- A3, landscape
- 2 sided - flip on short edge
- Fold in half

1. Did you have a clear place to walk?

- Yes No, some issues were:
- It was difficult to find a walking route
 - The surface was difficult to walk on
 - There were obstructions on the footpath (vehicles, trees, rubbish)
 - No footpaths
 - Something else: _____

Location of problems: _____

Rating: (circle one) 1 2 3 4 5



2. Did you cross the street on your journey?

If yes, what facility did you use?

- Signal crossing Pedestrian crossing (Zebra)
- Traffic island No facility

Was it easy to cross the street?

- Yes No, some issues were:
- Road was too wide
 - Traffic signals made us wait too long or did not give us time to cross
 - There was too much traffic
 - It was difficult to see far enough down the street
 - It was difficult to get up and down the curbs
 - Something else: _____

Location of problems: _____

Rating: (circle one) 1 2 3 4 5

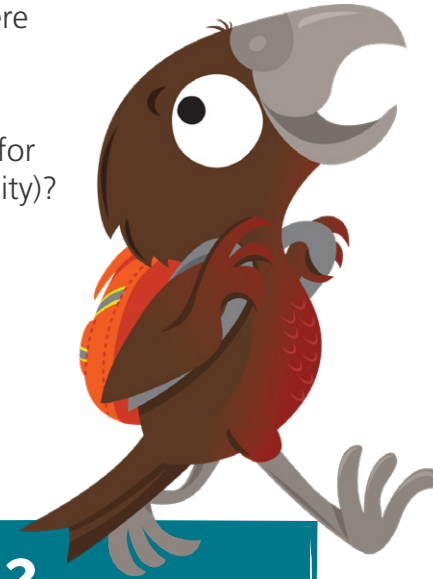


3. Did you know how to:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cross safely at pedestrian crossings? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stop and look right, left and right again before crossing? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk on footpaths or road shoulders facing traffic where there were no footpaths? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cross at signal controlled lights? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cross a 'sneaky driveway'? (driveway which is difficult for pedestrians to see down and drivers have limited visibility)? |

Location of problems: _____

Rating: (circle one) 1 2 3 4 5



4. Did drivers behave in a safe manner?

- Yes No, drivers:
- Backed out of driveways without looking
 - Did not give way to people using a pedestrian crossing
 - Turned into people crossing the street
 - Drove too fast
 - Sped up to make it through traffic lights or drove through red lights
 - Something else: _____

Location of problems: _____

Rating: (circle one) 1 2 3 4 5

