

1. CT Safe Routes to School Program / Plan Support Application

* 1. School Name:

2. Town school located in:

3. Name of Principal:

4. Type of school:

Elementary

Middle school

Other (please specify)

5. Total number of students:

6. Are you a Title 1 School? (Title 1 schools are schools that receive funding specifically for low-income students.)

Yes

No

Don't know

7. Has the school undertaken any Safe Routes to School efforts in the past year?

Yes

No

If yes, please briefly describe below:

* 8. Has the school completed a Safe Routes to School Plan?

Yes

No

9. Is there an organized group, such as a SRTS team or a PTO/PTA that supports this application?

Yes

No

10. On average, what is the current mode of arrival to school for students:

	Less than 5%	5% to 10%	11% to 20%	21% to 40%	41% to 60%	61% to 80%	Greater than 80%
Bus	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Dropped off	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Bike	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Walk	jñ	jñ	jñ	jñ	jñ	jñ	jñ

11. Have there been in any crashes involving children within one mile of your school in the last three years?

- Yes
- No
- Don't know

If yes, please briefly describe below:

12. Please rate your interest in the following types of technical support and education programs to be offered:

	Least Desired	Less Desire	Some Interest	High Interest	Most interested
Walking education - structure skills practice	jñ	jñ	jñ	jñ	jñ
Walking education - Walking School Bus / Walk to School Event	jñ	jñ	jñ	jñ	jñ
Bicycle education - rodeo event	jñ	jñ	jñ	jñ	jñ
SRTS Plan mapping support	jñ	jñ	jñ	jñ	jñ
SRTS overview presentation and Q & A (focuses on program and Plan development)	jñ	jñ	jñ	jñ	jñ
SRTS Plan walk audit support (can include traffic calming assistance)	jñ	jñ	jñ	jñ	jñ
Encouragement assembly / school and classroom contest	jñ	jñ	jñ	jñ	jñ
Training assistance for SRTS champion	jñ	jñ	jñ	jñ	jñ

13. Please let us know how you hope to benefit from SRTS assistance?

* 14. Contact information for person completing the survey:

Name:

Affiliation:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

15. Is the person completing this application the same person to be considered the "champion" for SRTS planning at the school?

Yes

No

16. Who is the contact person for further discussing this application and is to be considered the "champion" for SRTS at the school?

Name:

Affiliation:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number: