

SCHOOL SAFETY ASSESSEMENT FORM

Name: _____ Location: _____
 Date: _____ Start Time: _____ End Time: _____
 Weather: _____

Please fill in your name, count location, date, time period, and weather conditions (fair, rainy, very cold).
 Count all bicyclists and pedestrians crossing your screen line under the appropriate categories.

- Assess for up to two hours in 15 minute increments.
- Check all behaviors – good and bad – that you observe.
- If you are not sure try to note what you observe.

Observing Pedestrian and Driver Behaviors Around Schools:									
Behavior Observed		00-:15	15-:30	30-:45	45- 1:00	1:00- 1:15	1:15- 1:30	1:30- 1:45	1:45- 2:00
# Pedestrians/bicyclists judged to be students									
Pedestrians	Desired	Crosses at crosswalk/corner							
		Exits/enters car curbside							
	Problem	Exits/enters car street side							
		Crosses street distracted							
	Risky	Crosses against signal							
		Crosses midblock							
Driver	Desired	Park and Walk							
		Drop-off/pick-up and go							
	Problem	Does not pull to curb							
		Wrong direction							
		Parks within 20' of crosswalk							
		Loads in travel lane							
		Stops in crosswalk							
		Blocks sidewalk/walkway							
	Risky	Backs up							
		U-turn							