

Applicable Student Commute Survey

Student's Daily Commute.

Do you begin and complete classes between 6:00 am and 8:00 pm

Yes No

If you checked yes, please complete the following section.

Home-to-school commute trips

During a typical 5-day school week, indicate how you typically commute from home-to-school during the period of _____ to _____. For example, if you typically drive to school alone during the school week, enter "5" for the Drive Alone commute mode. If you take more than one mode of transportation to school each day, only count the mode taken for the longest distance during your commute to school.

Commute Mode	# trips during typical 5-day school week
Drive Alone	
Carpool (2-6 commuters) ¹	
Vanpool (7+ commuters)	
Public Transit	
Bicycle	
Walk	
Telecommute	
Flextime Day Off	
Other ²	
Out of Office ³	
Total week's trips (max 5)	

¹Includes being dropped off at school.

²Includes other commuting modes not listed here, such as motorcycle.

³Includes time "out-of-office" due to vacation, sick, jury duty, off-site meeting, scheduled day off, etc.

Commute Background Information. Please provide the following information regarding your commute to school:

1. What other commute options are of interest to you?
carpool vanpool bicycle public transit walk to work other _____
2. What improvements would you like to see in public transit that would encourage you to commute more frequently by public transit (e.g. availability of nearby public transit, on-site purchase of transit passes, improved schedules)?

3. What can this facility do to encourage you to take other alternative forms of transportation (e.g., carpool, vanpool, bicycle, walk)?

4. Optional: What city/town do you commute from? _____

Student Name: _____ Contact Telephone No: _____ Date: _____

Thank you for responding to this survey.