

Dear Lincoln Elementary Parents,

As you may know, a Healthy School Pilot project has been launched at Lincoln Elementary as part of the Mount Vernon Healthy Communities Project. The purpose of the project is to ensure that Lincoln is a healthy school that promotes good nutrition and physical activity. Please see the attached flyer for more information about the project.

Before starting the Healthy School Pilot at Lincoln, we need to get some more information that will help us meet the needs of the school, the students, and their families. Please complete the attached survey, which addresses the following issues:

- The number of children you have attending Lincoln and their ages;
- How your child/children currently get to and from school;
- What concern you have about them walking or biking to school;
- What changes in the neighborhood would make you more likely to allow our child/children to walk or bike to school;
- What before and after school physical activities your child participates in; and
- Whether you bring food to school for classroom parties and celebrations.

Please complete and return the survey no later than **Thursday, April 7**. Please *do not* write your name on the survey; the information you provide will be kept confidential. Thank you for your time completing this survey!

Sincerely,

Kris Wollan
Principal, Lincoln Elementary

Please use the self-addressed, stamped envelope provided to return the attached survey no later than **Thursday, April 7** to:

Liz McNett-Crowl
P.O. Box 1376
1415 E. Kincaid
Mount Vernon, WA 98273-1376

Alternatively, you can return the completed survey to the main office at Lincoln Elementary no later than **Thursday, April 7**.

If you have any questions, please contact:

Liz McNett-Crowl, project coordinator
Mount Vernon Healthy Communities Project
PH: 360-428-2331
Email: lcrowl@skagitvalleyhospital.org

Parents Survey

1. **How many children do you have attending this school and what are their ages?** (check only one)

- _____ 1 child; _____ yrs old
- _____ 2 children; _____ yrs old, _____ yrs old
- _____ 3 children; _____ yrs old, _____ yrs old, _____ yrs old
- _____ 4 children; _____ yrs old, _____ yrs old, _____ yrs old, _____ yrs old
- _____ 5 children; _____ yrs old, _____ yrs old, _____ yrs old, _____ yrs old, _____ yrs old
- _____ 6 children; _____ yrs old, _____ yrs old, _____ yrs old, _____ yrs old, _____ yrs old, _____ yrs old

2. **In an average school week, how many days does your child/children use the following modes of transportation to get to and from school?** (Write the number of times your child/children travel to and from school. If this amount is different for each of your children, indicate the number of times and the age of the child that travels each way.) For example: 3 times per week (8 yr old), 2 times per week (10 yr old) walk home from school.

TIMES PER WEEK	TIMES PER WEEK
_____ Walk to school	_____ Walk home from school
_____ Bicycle to school	_____ Bicycle home from school
_____ Ride the school bus to school	_____ Ride the school bus home from school
_____ Ride in a car to school	_____ Ride in a car home from school
_____ Ride in a carpool to school	_____ Ride in a carpool home from school
_____ Ride the public bus or train to school	_____ Ride the public bus or train home from school
Other (explain) _____	Other (explain) _____

3. **What concerns do you have about your child/children walking to or from school?**

(Please place the appropriate number in each box according to the following scale)

- | | |
|---------------------------------|---------------------------------|
| 1 = Concerns me greatly | 2 = Concerns me somewhat |
| 3 = Concerns me a little | 4 = Not a concern |

- _____ Crime (stranger danger, gangs, bullying)
- _____ Traffic — too much traffic in neighborhood
- _____ Traffic — too much traffic at school
- _____ Traffic — crossing Broad Street
- _____ Speed — cars drive too fast through the neighborhood
- _____ No (or inadequate) sidewalks/bikeways on the route to school
- _____ Distance — school is too far away
- _____ Time — not enough time
- _____ Weather — rain, snow, wind
- _____ Darkness — short days in winter
- _____ Child/children's after-school schedule
- _____ Convenience — it is easier to drop off child/children on the way to work
- _____ Child/children would be walking/bicycling alone to school
- _____ Child/Children do not want to/like to walk or bicycle to school
- _____ Other (please explain) _____

4. **Would you allow your child/children to participate in a walk-to-school program in which groups of children met an adult to walk/bike to school in a group?** (Circle only one)

- YES NO Unsure

