



School \_\_\_\_\_ Grade  5  6  7

Teacher \_\_\_\_\_

Which municipality is your school located in? \_\_\_\_\_

1) After this course, I will ride my bike to/from school...

- More often than before the course
- The same amount of time as before the course
- Less often than before the course

2) After this course, I will wear a helmet when I ride my bike...

- Always  Most of the time  Sometimes
- Never, because... *if you check this, please also check one of the following*
  - I don't like to wear one
  - I don't own a helmet
  - I never ride a bike

3) After this course, I will walk and/or roll (scooter, skateboard, wheelchair) to/from school...

- More often than before the course
- The same amount of time as before the course
- Less often than before the course *if you check this, please check the following if true*
  - Because I will start cycling to/from school more often
  - Other \_\_\_\_\_

How much do you agree with these next three statements?

4) *I can safely and confidently ride a bike to/from school.*

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

5) *I can safely and confidently cross an intersection when I'm WALKING.*

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

6) *I can safely and confidently cross an intersection when I'm BIKING on the road.*

- Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

7) How well do you know the rules of the road?

1) Don't know them at all     2)     3)     4)     5) Know them very well

8) How well do you understand the concept of 'Right of Way'?

1) Don't understand at all     2)     3)     4)     5) Understand very well

9) Rate your instructor's ability to explain information clearly.

1) Poor     2)     3)     4)     5) Excellent

10) How successful was this course at teaching you bike riding skills and knowledge?

1) Not Successful     2)     3)     4)     5) Very Successful

11) What was your favourite part of this course? *please choose only one*

- |  |   |
|--|---|
| <input type="checkbox"/> Learning ABC Bike Check | <input type="checkbox"/> Practicing bike skills at school |
| <input type="checkbox"/> Road safety trivia game | <input type="checkbox"/> Neighbourhood road ride          |

Why? \_\_\_\_\_

12) How much do you agree with this statement: *I really enjoyed this course!*

- Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

13) What, if anything, would you change about this course?

\_\_\_\_\_

14) What do you believe to be the greatest benefit from walking or cycling to school?

\_\_\_\_\_

15) If you think you will ride your bike more after this course, please tell us why.

\_\_\_\_\_