



# Teacher Completion Form

\* this information will be kept confidential and will not be used for any type of personnel evaluation of the teachers.

## 1.) What Safe Routes Philly core lesson(s) did you use? (check all that apply)

2nd Grade Pedestrian Safety				5th Grade Bicycle Safety			
Check mark	Lesson	Date Taught	Time spent on lesson	Check mark	Lesson	Date Taught	Time spent on lesson
	Pre lesson				Pre Lesson		
	Vocabulary				Vocabulary		
	Video and Discussion				Be Responsible (Helmet/ABC)		
	PE Street Crossing Simulation				Be Visible/Predictable		
	PE Street Signals				Traffic Simulation Game		

## 2.) If applicable, were you able to bring in a helmet and/or bike for demonstration purposes for the bike safety lesson? (check all that apply)

<input type="checkbox"/>	Yes, I was able to bring in a helmet.	<input type="checkbox"/>	Yes, I was able to bring in a bike.
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## 3.) How many students were taught the Safe Routes Philly lesson?

2nd Grade Pedestrian Safety		5th Grade Bicycle Safety	
_____	Total # of 2nd Grade students	_____	Total # of 5th Grade students
_____	Total # of 2nd Grade classes	_____	Total # of 5th Grade classes
<i>Were any additional grades taught the Pedestrian curriculum?</i>		<i>Were any additional grades taught the Bicycle curriculum?</i>	
What additional grades were taught? _____		What additional grades were taught? _____	
How many non-2nd grade students were taught? _____		How many non-5th grade students were taught? _____	

## 4.) If applicable, on what date did you attend Safe Routes Philly training?

I attended a Professional Development day on \_\_\_\_\_.

I attended an After School Workshop on \_\_\_\_\_.

\_\_\_\_\_ I did not attend Safe Routes Philly training.

<b>5.) Did you complete the Safe Routes Philly student travel talley?</b>	
<b>Student Travel Talley (taken on 3 consecutive days)</b> Dates completed: _____ Dates completed: _____ Dates completed: _____	<b>Parent Survey</b> Date distributed to students: _____ Date collected from students: _____

<b>6.)What went well during the lesson used? (check all that apply)</b>	
<input type="checkbox"/> Material was relevant to age group <input type="checkbox"/> Students were involved and engaged <input type="checkbox"/> Lesson plans were user friendly <input type="checkbox"/> Lesson time intervals were appropriate <input type="checkbox"/> Other (list on the right)	<b>Additional Comments:</b>

<b>7.) What can Safe Routes Philly do to make the implementation of the lesson(s) more user friendly? (check all that apply)</b>	
<input type="checkbox"/> Provide longer trainings <input type="checkbox"/> Provide more resources <input type="checkbox"/> Follow up with you more frequently <input type="checkbox"/> Offer more video tutorial <input type="checkbox"/> Nothing, you did great	<b>Additional Comments:</b>

<b>8.) What additional resources did you use through the Safe Routes philly resource manual? (check all that apply)</b>	
<input type="checkbox"/> Optional pedestrian lessons (list on right) <input type="checkbox"/> Optional bicycle lessons (list on right) <input type="checkbox"/> Walk/Bike to School Day <input type="checkbox"/> Bicycle Rodeo <input type="checkbox"/> Walking Initiative (list on right) <input type="checkbox"/> Other (list on right)	<b>Additional Comments:</b>

<b>9.) I felt prepared to teach the Safe Routes Philly lesson(s) (circle one):</b>
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

<b>10.) Other comments about the Safe Routes Philly lesson:</b>