## **Active Travel Checklist**

Name:					
Age:	Grade:				
TRANSPORT CHOICE:	Bicycle	Walk		Scoot	Skate
THIS WEEK I TRAVELLED TO SCHOOL WITH MY GUARDIAN/OLDER SIBLING					
1 DAY	2 DAYS	3 DAYS		4 DAYS	5 DAYS
WHEN I CROSS THE ROAD, I SHOULD?     S     L     T     Make sure you practice these steps at each road crossing.					
I KNOW THE WAY FROM MY HOUSE TO SCHOOL?		YES	NOT SURE		
HOW LONG DOES IT TAKE ME TO TRAVEL TO SCHOOL?		minutes			
I CAN WALK WITH A FRIEND OR SIBLING TO SCHOOL?		YES			
I HAVE WORKED OUT AN ACTIVE TRAVEL PLAN WITH MY GUARDIAN/SIBLING?		YES	NO, BUT I WILL	Make sure you develop an Active Travel Plan (find out how in our parent portal) with your child.	
I AM READY TO WALK OR SCOOT ON MY OV	YES	NOT YET	Keep practicing all of the steps above until you are ready to ride, walk or scoot to school by yourself.		



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