

Name: _____ Email: _____

City Name: _____ School Name: _____ Class: _____

Rides - Please answer YES / NO

Ride 1 Ride 2 Ride 3 Ride 4 Ride 5 Ride 6 Ride 7

Were you riding with a parent?							
If on a bike or scooter, did everyone wear a helmet?							
If in a car, did everyone wear a seatbelt?							
Did the driver honk too much?							
Did the driver follow traffic lights?							
At a red light, did the driver stop at the white line?							
Did the driver use a phone while driving?							
Did the driver keep changing lanes?							
Did the driver go into a "No Entry" road?							
Did the driver stop for people walking (pedestrians)?							
If in an auto, were too many people sitting inside?							
If on a two-wheeler, were three people riding on it?							
Did your driver have a license and insurance?							

EXPERIENCE ZONE

BY CHILD

Did you enjoy the ride?	
Did you feel your driver was better than before?	
Did you feel safe and comfortable?	
Did you learn any road safety rules?	

BY PARENTS

Did your child learn about road safety?	
Did you feel the ride was safe for your family?	

PARTNERS

