



CCHSRTS

# SafeRoutes

City and County of Honolulu  
Safe Routes to School



## POST-PROJECT EVALUATION FORM

This form is required to complete the City and County of Honolulu Safe Routes to School Program (CCHSRTS) mini-grant. Complete this form for each school that was affected by the project. This form provides a summary of the data collected at a school after the project. See section 3.4 and 3.8.2 for further details.

Applicant's Name: \_\_\_\_\_

Name of applicant's SRTS Program: \_\_\_\_\_

Name of the school: \_\_\_\_\_

Attached are \_\_\_\_\_ completed parent surveys and \_\_\_\_\_ student tally forms.  
(number) (number)

Parent surveys were conducted on \_\_\_\_\_.  
(dates the surveys were conducted)

\_\_\_\_\_ percent of total households with a student attending the school completed the survey.

Student tallies were conducted on \_\_\_\_\_.  
(date the tallies were conducted)

Total number of students tallied per grade per day			
Grade	Tuesday	Wednesday	Thursday
K			
1			
2			
3			
4			
5			
6			
7			
8			
Total			

The final report for this project is: (check one)

- submitted together with this data.       submitted separately by email.       not yet submitted.