



CCHSRTS-H

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.