



**New Mexico Department of Transportation**  
**Safe Routes to School**  
**SCHOOL SITE ASSESSMENT**

Use this form to conduct an assessment of the school site. Observe student arrival and dismissal to identify conflicts and/or unsafe behavior. Each observer needs an assessment form and map of the school site that shows adjacent streets. Use the “Comments” box to provide details of any identified issues.

Reviewer \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_ Weekday \_\_\_\_\_

Time \_\_\_\_\_ Weather \_\_\_\_\_

General School Site Assessment	Yes	No	Comments
<b>On your map, please note locations/description of any of the following:</b>			
Bus Loading Zones Student Pick-up/Drop-off Zones School Advance Sign Flashing Beacons School Crossing Sign School Speed Limit No Parking/Standing Sign Pick-up/Drop-off Signs	Marked Crosswalks In-road Stencils (speeds, slow, etc) Other Pavement Stencils (school zone, etc) Colored Curbs (no parking, loading only, etc) Other Signs or Markings Any traffic calming treatments (speed humps, speed tables, traffic circles, etc)		
1. Do the students have access to the school grounds from 3-4 sides of the property?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Can students access the main school entrance without crossing motorized vehicle routes or driveways?	<input type="checkbox"/>	<input type="checkbox"/>	
3. If no, is there a school monitor to assist at these driveways or areas?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the school site have adequate lighting for pedestrians?	<input type="checkbox"/>	<input type="checkbox"/>	
Pedestrian Facilities	Yes	No	Comments
1. Sidewalk width is _____ ft, _____ in.			
2. Are the walking routes contiguous? If no, provide location and details of the gap(s).	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the school meet Americans with Disabilities Act (ADA) requirements, such as wheelchair access ramps?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are walking routes separated from motor vehicle traffic by raised curbs, trees, bollards, parking bumpers or other separators?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the walking routes clear of physical and/or visual obstructions, such as trash cans, overgrown shrubbery, etc.? If no, provide location and details of the obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are walking routes well maintained without weeds, dirt, heaving, or cracks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bicycle Facilities	Yes	No	Comments
1. Can students bicycle safely from street facilities through campus to bicycle parking facilities? If no, provide location and details of the problems	<input type="checkbox"/>	<input type="checkbox"/>	

2. Are the bicycle routes clear of physical and/or visual obstructions? If no, provide location and details of the obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are bicycle routes well maintained and free of dirt, glass, or debris?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are there bicycle racks on school property?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are bicycle racks designed to provide two-point support and secure the frame?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are the bicycle racks in a safe and secure location, such as within close proximity to school entrances.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Student Pick-Up &amp; Drop-Off Areas</b> Consider how well the pick-up/drop-off areas function and observe the students' and drivers' behavior.	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are the pick-up/drop-off areas well marked and signed to provide clear directions to motorists?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do motor vehicles move through the pick-up/drop-off area in a one-way, counterclockwise direction?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the sidewalks wide enough for students, including those with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are waiting areas separated from traffic by raised curbs, trees, bollards, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there a stand-back line in the student waiting area so that students are standing a safe distance from the motor vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are students exiting and entering cars protected from other vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are there valets to assist students in and/or out of cars?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does traffic seem to move freely without congestion and backup onto adjacent streets?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bus-Loading Zones</b> Consider how well the bus-loading zones function and observe the students' and drivers' behavior.	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are the bus-loading zones well marked and signed?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the bus loading zone separated from student pick-up and drop-off areas?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do the busses move through the zone in a one-way, counterclockwise direction?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the bus-loading zone meet the minimum width of 24' for drop-off/pull-out lanes?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the sidewalks wide enough for students, including those with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are student waiting areas separated from traffic by raised curbs, trees, bollards, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there a stand-back line in the student waiting area so that students are standing a safe distance from the motor vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are students exiting and entering buses protected from other vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	



**New Mexico Department of Transportation**  
**Safe Routes to School**  
**NEIGHBORHOOD ASSESSMENT: STREET SEGMENT**

Use this form to assess each intersection considered to be a walking/bicycling route to the school. Conduct assessments during school arrival and departure so you can observe behavior. Use the "Comments" box to provide details of any identified issues.

**Reviewer** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Weekday** \_\_\_\_\_

**School** \_\_\_\_\_  
**Time** \_\_\_\_\_ **Weather** \_\_\_\_\_

General Information	
<b>Street Name:</b>	
<b>Between:</b>	<b>And:</b>
<b>Length of Segment (ft.):</b>	<b>Posted Speed Limit (mph):</b>
<b>Curb-to-Curb Width (ft.):</b>	<b>Number of Lanes:</b>
<b>Average Daily Traffic:</b>	<b>Observed Heavy Trucks/Commercial Vehicles:</b>
<b>Functional Classification:</b>	<b>(Less than 1 out of 20 vehicles?)</b>
<b>OPTIONAL - Type and Location of Crashes Along This Segment:</b>	

**Please indicate the primary type of land use along the roadway.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Industrial         |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Rural/Agricultural |

Pedestrian Facilities	Yes	No	Comments
1. Sidewalk width is _____ ft, _____ in.			
2. Are the sidewalks contiguous on both sides of the street? If no, provide location and details of the gap(s).	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are sidewalks separated from traffic with raised curbs, trees, bollards or other separators?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the sidewalk separated from traffic with a buffer (separation) between sidewalk & street? If yes, provide width: _____ ft, _____ in.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the sidewalks clear of physical and/or visual obstructions? If no, provide location and details of the obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are sidewalks well maintained without weeds, dirt, heaving or cracks?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do the sidewalks meet Americans with Disabilities Act (ADA) requirements, such as wheelchair access ramps and tactile warning strips?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is sidewalk on a steep grade?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there a limited number of curb cuts/driveways? How many curb cuts are located along the street segments?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Can pedestrians, bicyclists, and motorists clearly see each other? If no, provide location and details of the obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Do drivers yield to pedestrians at driveways?	<input type="checkbox"/>	<input type="checkbox"/>	

12. Is this street segment a shady, comfortable route to walk along without barking dogs, large parking lots, and high speed traffic?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bicycle Facilities</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are there marked or signed bicycle lanes or routes?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the bicycle routes contiguous or connected? If no, provide location and details of the gap(s).	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the bicycle routes clear of physical and/or visual obstructions? If no, provide location and details of the obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are bicycle lanes or routes well maintained and free of dirt, glass, and debris?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Roadway</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are all marked crosswalks at intersections? If marked crosswalks at mid-block location(s), provide location and type of control (none, traffic signal, flashing beacons, etc).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are there raised medians where pedestrians can wait in the middle of the roadway?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do students cross the street only where crosswalks are marked? If no, provide location.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the roadway have good line-of-sight without blind curves or hills?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are there features such as speed humps or speed tables to slow traffic?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Traffic Signs, Speed Control, Signals &amp; Pavement Markings</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is the speed limit posted?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do the majority of drivers appear to be complying with the speed limit?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was a police officer present during your observation?	<input type="checkbox"/>	<input type="checkbox"/>	
4. If this segment is adjacent to the school, is there a posted reduced speed limit in front of the school?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were any school monitors or crossing guards present during your observation?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Safety and Security Issues</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is this route segment safe and secure from issues such as bullying, gang activity, crime, drug activity, loitering, vagrancy, loose dogs, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	



New Mexico Department of Transportation  
**Safe Routes to School**  
**NEIGHBORHOOD ASSESSMENT: INTERSECTIONS**

Use this form to assess each street segment considered to be a walking/bicycling route to the school. Conduct assessments during school arrival and departure so you can observe behavior. Use the “Comments” box to provide details of any identified issues.

Reviewer \_\_\_\_\_  
 Date \_\_\_\_\_ Weekday \_\_\_\_\_

School \_\_\_\_\_  
 Time \_\_\_\_\_ Weather \_\_\_\_\_

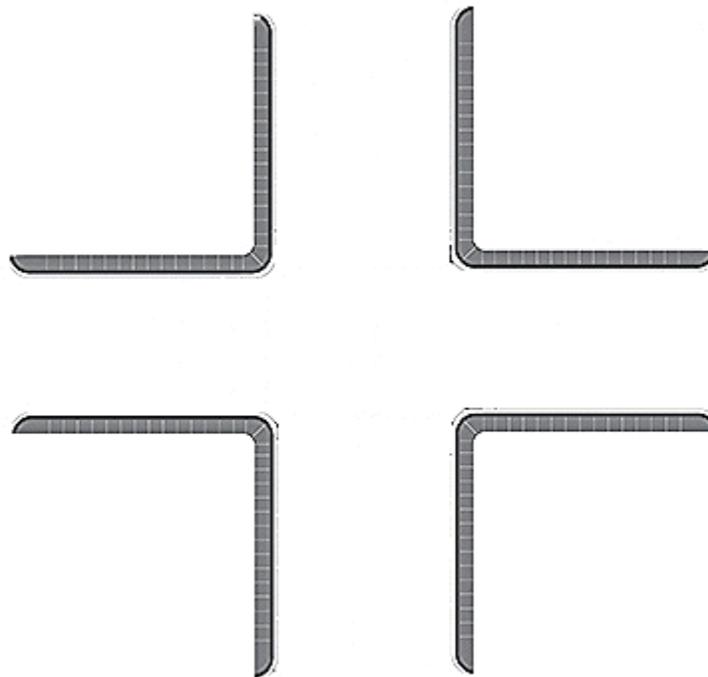
North-South Street	East-West Street
Name:	Name:
# of Lanes Northbound:	# of Lanes Eastbound:
# of Lanes Southbound:	# of Lanes Westbound:
Posted Speed Limit:	Posted Speed Limit:
Observed Speed:	Observed Speed:
Average Daily Traffic:	Average Daily Traffic:

**How is the intersection controlled? [Check one]**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Traffic Signal | <input type="checkbox"/> Roundabout   |
| <input type="checkbox"/> Stop Sign      | <input type="checkbox"/> Uncontrolled |

**How is the crosswalk controlled? [Check one]**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Flashing Light              | <input type="checkbox"/> Stop Sign    |
| <input type="checkbox"/> Pedestrian Activated Signal | <input type="checkbox"/> Uncontrolled |



**INTERSECTION DIAGRAM**

Please use this diagram to depict the traffic controls, sidewalk conditions, crosswalk conditions, and other assessment information.

<b>Intersection</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are the crosswalks on all intersection legs marked?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are high visibility crosswalk markings used?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are crosswalk markings in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the intersection have sidewalks leading up to it on all intersection legs?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do the sidewalks meet Americans with Disabilities Act (ADA) requirements, such as wheelchair access ramps and tactile warning strips?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are the landings at the crossings large enough for students to wait away from the curb?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there a stand-back line to show students where to wait?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are bicycle lanes marked and signed through the intersection?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are there school zone signs, flashers, or overhead signs at or near the intersection?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do drivers yield to pedestrians at the crosswalk?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Can pedestrians, bicyclists, and motorists clearly see each other? If no, provide location and details of the obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are there medians or islands where pedestrians can wait between traffic lanes?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Signalized Intersections</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are there pedestrian countdown crossing signals?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the crossing signal allow enough time to cross during the WALK phase (WALK + flashing DON'T WALK)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do drivers yield to yellow lights and stop safely at red lights? If no, please indicate which intersection leg observed.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do drivers turn right during the red light yield to pedestrians?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Crossing Guards</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is the guard an adult?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Please note which leg of the intersection the guard is working.			
3. Does the guard have a Manual on Uniform Traffic Control Devices-compliant 18" or larger STOP paddle?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the guard wearing a reflective Type II safety vest or jacket?	<input type="checkbox"/>	<input type="checkbox"/>	