



Hands Up Survey – Classroom Template

Please return this form to: _____ (school contact)

School: _____





Date: _____ Total students present: _____

Class: _____ Year/s: _____

Teacher: _____

How did you get to school today?

(Only put your hand up once. If you travelled in more than 1 way, count the longest part of your journey).

			Number of students
Hands up if you		- rode a bike - scootered - or skated	
Hands up if you		- walked	
Hands up if you		- caught the bus or train	
Hands up if you		- came in a car	
		TOTAL	
		TIP - This total should be equal with the number of students present	

