



WSB FORM 4

**Walking School Bus Coordinator
Summary Report**

Please complete this form after your WSB Program concludes each semester and return it to ECWRPC.

Coordinator Name(s): _____

School: _____

Date: _____

1. How many Walking School Bus (WSB) routes did you have this semester?
2. How many times did each WSB route walk during this semester?
3. Estimate the number of students (on average) that participated in the WSB each day.
4. Did the students enjoy the incentives included in the WSB toolkits? Which incentives did they like best?
5. Do you need any assistance with getting your Walking School Bus program ready for the next semester?

- 6. Please provide any additional comments or suggestions.

- 7. Please provide a brief summary and explanation of WSB Coordinator time (specifying general tasks/responsibilities and the number of hours devoted to each).

	HOURS
Total Coordinator Time	

Items that stay with the program

If you need additional umbrellas or coordinator backpacks please indicate the number you need below.

Umbrellas _____

Drawstring Backpacks _____

Items given away as incentives

Please estimate the number of students that will be participating in the WSB program next semester at your school. _____ **Students**



Please email photos of students that are approved to be shared from your walking school bus program to Kim at kdieck@ecwrcp.org.

Thank you for your commitment to the Walking School Bus Program!