Safer Traffic Around Richmond Schools

Pedestrian Count Form

School: _____

Date: _____ **Location:** _____

Duration: _____ **Observer:** _____

Time in 10 minute periods	Approaching from the east		Approaching from the west		Approaching from the north		Approaching from the south		**Total**
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	

Source: *Way to Go!* School Program Manual.