

School Safety Patrol Monitoring Form

School:	Dismissal time:
Date:	Monitored by:
Time:	Copy sent to school: <input type="checkbox"/> Yes <input type="checkbox"/> No
How did the Safety Patrollers do today? All categories rated out of 3: 1 = needs improvement 2 = meets expectations 3 = exceeds expectations	
Punctuality: were the safety patrollers out early? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comments:	
Equipment: all safety equipment being used properly, stop signs held behind back or at shoulder level, using whistle properly? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comments:	
Full team: all team members present? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comments:	
Focus: checked traffic in ALL directions, not distracted, made eye contact with drivers? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comments:	
Respectfulness: behaving in a mature, respectful, courteous manner? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comments:	
Positioning: facing the street, one step back from curb, whistle and verbal commands loud and clear, signs remained out until all children crossed, outstretched arms hold back waiting children? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Comments:	
Weather	Traffic volume
General comments:	
Please fax this form to the BCAA Traffic Safety Foundation at 604-298-6497 or mail it to 3020 Beta Avenue, Burnaby BC, V5G 4K4 Attention: Linda Lawlor <i>White copy: School Yellow copy: BCAA TSF Pink copy: Police</i>	