

School Safety Patrol Assessment Form

School:	
Patrol Team Members:	
Assessed by:	Date and time:
How did the Safety Patrollers do today? All categories rated out of 3: 1 = needs review 2 = satisfactory 3 = outstanding	
Punctuality: were the Patrollers out early? Comments:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Equipment: all safety equipment being used properly, stop signs held behind back or at shoulder level, using whistle properly? Comments:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Focus: checked traffic in ALL directions, not distracted, made eye contact with drivers, waited for a safe gap? Comments:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Respectfulness: behaving in a mature, respectful, courteous manner? Comments:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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? Comments:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Weather	Traffic volume
Two good things I saw the patrol team do:	
A few reminders:	

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