

My Safety Survey



- Keep a personal survey for a full week.
Place a checkmark (✓) every time you follow the rule each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
I use a booster seat.							
I wear my seat belt.							
I sit in the back seat.							
I cross the street at the corner.							
I walk on the sidewalk.							
I walk on the side of the road.							
I look left, right, left before crossing.							

Parent signature _____

Student signature _____