FCCLA

Teen RSA Checklist

SCHOOL INFORMATION

School Name

City

State

Zip

# of FCCLA Members Participating

# of students in your senior class (class of '24)

Local law enforcement participation   Yes ☐   No ☐

Which of these best describes your school area?   Rural ☐   Urban ☐   Suburban ☐

School representatives participating
(i.e. Administrator, School Resource Officer, etc.)

Type of School (check one)

Elementary ☐   Middle/High Combined ☐   K-12 ☐

Middle School ☐   High School ☐

DRIVER BEHAVIOR OBSERVATIONS

Seatbelts were used by what %

Turning drivers waited until all pedestrians were out of the crosswalk   Yes ☐   ☐

Some drivers were distracted   Yes ☐   No ☐

Most drivers obeyed the speed limit   Yes ☐   No ☐

INTERSECTION INFORMATION

Intersection Address

Date of Assessment

AM or PM?   AM ☐   PM ☐

Intersection type (Check one)   3 Way ☐   4 Way ☐   Other ☐

Speed limit

Total number of lanes

Total number of stop signs

Total number of stop lights

Pedestrian crosswalks painted?   Yes ☐   No ☐

Crosswalk signals allow enough time to cross the road safely?   Yes ☐   No ☐

Adequate lighting is provided?   Yes ☐   No ☐

Shoulder beams that drop off?   Yes ☐   No ☐

Most drivers obeyed the speed limit   Yes ☐   No ☐

Visibility (Check one)   Good ☐   Average ☐   Poor ☐

SAFETY ASSESSMENT

How safe did you feel at the intersection? (5 is very safe, 1 is very unsafe)   1 ☐   2 ☐   3 ☐   4 ☐   5 ☐

ADDITIONAL COMMENTS

Please list any other safety concerns or comments you or your team noted: