**JORDAN SCHOOL DISTRICT**

Patrice A. Johnson, Ed.D., Superintendent of Schools

West Jordan, UT

Intradistrict Communication

DATE:

TO: District School Traffic Safety Committee

FROM:

SCHOOL:

SUBJECT: SAFE ROUTES UTAH PLAN FORM *(formerly known as SNAP plan)*

Attached is the official form to complete and submit your school Safe Routes Utah plan for 2019-20.

The plan includes:

* Safe Routes Plan Maps with appropriate route markings for safe access. Please use the UDOT software to make and edit walking routes. Further instructions are provided
* Text descriptions of all access routes. Please highlight changes in yellow
* Loading / Unloading Access Zones for buses and private vehicles
* Possible concerns and suggested solutions for Safe School Access to Jordan School District and the city where your school is located
* Principal’s initials and dates are required on specified pages
* A signature page indicating approval of the proposed plan by the principal and local Municipal and Law Enforcement agencies. Signature from the School Community Council are recommended, but not required

Plans for schools in Bluffdale, Herriman, Riverton, and South Jordan cities are due **no later than Friday, January 18, 2019**.

* Please send original plans through district mail to Ron Boshard at the Auxiliary Services Building. Originals will be returned to your school when all approvals have been obtained
* Please email copies of completed plans to ron.boshard.jordandistrict.org

Plans for schools in the City of West Jordan will be signed **Thursday, February 21, 2019** at 1:00 pm

* Please bring original plans to the signing meeting in the Auditorium at the Auxiliary Services Building. Originals will be returned to your school when all approvals have been obtained
* Please email copies of completed plans to ronboshard.jordandistrict.org

**INSTRUCTIONS FOR SAFE ROUTES UTAH PLAN**

SCHOOL:

Check when completed:

[ ]  Identify a **Safe Routes Plan team**. Team should include your School Safety Committee. Be sure to record minutes of all meetings and keep on file at your school. Resources are available at [www.saferoutes.utah.gov](http://www.saferoutes.utah.gov)

[ ]  Create **map showing suggested walking routes** on the street system within school boundaries, using the online software at [www.saferoutesutahmap.com](http://www.saferoutesutahmap.com) to create updated maps. If you cannot remember the login information, please contact Ron Boshard 801-567-8876 (88876) for assistance. You may also use maps created by your local municipality. Maps should include the following information:

* Lines indicating safe walking routes to travel
* School crosswalks
* Stop lights and marked pedestrian crosswalks
* Crossing guards

Using the Safe Route Utah mapping software will help provide map consistency and easy access for parents to review plans. Safe Routes Utah Plans will also be available on the Jordan District Google Drive.

[ ]  Create a written **text description**. Divide your school map into zones. Provide a written description of the best routes for students to walk or bicycle to school. This description will be available to parents, along with your maps. Additional information that can be noted:

* Areas with no sidewalks
* Traffic volume
* Other hazards (i.e. canals, steep hills, construction, etc.)

[ ]  **Site** **map showing loading / unloading zones** for school buses and private vehicles

[ ]  List **District and Municipality Concerns** and school recommendations for improved safety. These will be reviewed with the Municipality and Community representatives. Work orders will be generated by the District for concerns that are suggested for District improvement projects.

[ ]  Required signatures. Your Safe Routes Plan should be reviewed and approved by:

* (Required) Principal and dates pages where indicated and provides signature on page where indicated. Amendments will also need to be re-initialed and dated by principal and submitted to District.
* (Recommended) Local School Safety Committee representative
* (Recommended) PTA representative

[ ]  PLEASE SEND ORIGINAL SAFE ROUTES PLAN WITH SIGNATURES THROUGH DISTRICT MAIL to Ron Boshard at the Auxiliary Services Building. Plans will be returned to each school when all required approvals have been obtained.

The District will collect the remaining signatures from:

* Municipality / County representative
* State / Local Law Enforcement representative
* State / Local Traffic Safety Engineer representative
* Jordan School District Administrator of Schools

**REMEMBER:**

ALL ROUTE PLAN ALTERATIONS AND AMENDMENTS TO DESCRIPTIONS MADE AFTER PLAN HAS BEEN FINAL APPROVED MUST BE SUBMITTED TO RON BOSHARD FOR REVIEW AND RE-APPROVAL SIGNATURES FROM REQUIRED REPRESENTATIVES.

**Walking Route Map**

*To insert map, drag and drop in gray field below:*

Approved: Principal Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amended: Principal Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Text Description of Safe Routes**

In this section, please divide your walking map into sections or zones and then provide a written description of the path students should take to walk to school. This description should accompany the visual map. Please highlight changes from previous SNAP plan.

Amended: Principal Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Principal Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loading / Unloading Access Zones Map**

 *To insert map, drag and drop in gray field below:*

**JORDAN SCHOOL DISTRICT**

**SAFE ROUTES UTAH PLAN**

**DISTRICT AND MUNICIPALITY CONCERNS FOR 2019-20**

**Issues / Concerns Requiring**

**Attention / Consideration from**

**Jordan School District**

**Issues / Concerns Requiring**

**Attention / Consideration from the**

**School’s City and/ or Municipality**

Amended: Principal Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Principal Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality/City Rep Initials / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jordan School District**

**School Traffic Safety Committee**

 **SCHOOL NAME:**

 The attached walking route plan has been reviewed, recommended and approved by the following members of the School Traffic Safety Committee:

 **RECOMMENDED BY:**

 School Community Council Representatives

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 Print Name Signature Date

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 Print Name Signature Date

 Local School PTA Representative

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature Date

 **APPROVED BY:**

 Principal

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature Date

 Municipality / City Representative

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature Date

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 Title

Municipality / City Representative

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 Title

Municipality / City Representative

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 Date Amended Initial

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 Date Amended Initial

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 Date Amended Initial

**Jordan School District School**

**Traffic Safety Committee**

 SCHOOL NAME:

 PRINCIPAL:

 [ ]  The Safe Routes Plan has been reviewed for completeness and has all of the required signatures of the School Traffic Safety Committee.

 DISTRICT COMMITTEE MEMBER

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

 AREA ADMINISTRATOR OF SCHOOLS

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 Signature Date

 [ ]  The Safe Routes Plan was incomplete. Please review and re-submit your Safe Routes Plan with the following corrections:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Date Amended Initial

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 Date Amended Initial