

LESSON 4 : STUDENT WORKSHEET

My Active Travel Goal

Name: _____

Date: _____

1. Barriers – What stops me from travelling actively to school or within my community?

Tick any that apply or add your own:

- I live too far away
- The roads or traffic feel unsafe
- I don't have a bike or scooter
- I feel too tired in the morning
- No one to travel with
- My family drives me
- Other: _____



2. Solutions – What could help me travel more actively?

Write or draw one idea:

3. My Active Travel Goal

My goal is to:

4. When will I try this? (choose days or times):

- Before school
- After school
- On weekends
- Every day I can!

5. Who could help me with this goal?

- Parent/carer
- Friend
- Teacher
- Other: _____

6. How will I know I've done it?

- I'll keep a tally at home or at school
- I'll tell my class or teacher
- I'll write in my journal
- Other: _____

7. Reflection box (To be completed later):

How did I go? Did I achieve my goal? What did I learn about myself?
