

Bikeability Rider Checklist

School: _____ **Group:** _____ **Instructor:** _____

Number/ Bib	Name	Level 1 Achieved (Y/N) Date:	Level 2 (Day 1) Outcomes (Listed A-I) Date:	Level 2 (Day 2) Outcomes (Listed A-I) Date:	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

- A- Start & End a Journey
- B- U - Turn
- C- Pass a Side Road
- D- Overtake
- E- Left minor to MAJOR
- F- Right minor to MAJOR
- G- Left MAJOR to minor
- H- Right MAJOR to minor
- I- Roundabouts(optional)



