MY TRANSPORTATION PLAN

Name: Date:

Where do I want to go?	How often do I go?	How far?	What options are available?*		First choice	Alternative	Can I combine a trip or mode?
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			
			☐Walk ☐Public Transportation ☐Share Ride	☐Bike ☐TNC ☐Other			

* Check all that apply

Blank copies of this worksheet can be downloaded at: fdot.info/Guide