



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?
			<input type="checkbox"/> Walk <input type="checkbox"/> Public Transportation <input type="checkbox"/> Share Ride	<input type="checkbox"/> Bike <input type="checkbox"/> TNC <input type="checkbox"/> Other		
			<input type="checkbox"/> Walk <input type="checkbox"/> Public Transportation <input type="checkbox"/> Share Ride	<input type="checkbox"/> Bike <input type="checkbox"/> TNC <input type="checkbox"/> Other		
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* Check all that apply

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