



Oronoco Park Audit

The Oronoco Park Committee needs your help.

The Park Audit provides data to identify what is currently working in our parks and what aspects need to be improved. We need the community's help to evaluate the experience of visiting one or all of three parks:

Oronoco Park, Riverwood Hills Park, River Park

Instructions

1. Identify the Park

Oronoco Park, Riverwood Hills or River Park (one or all three can be evaluated by the same person/family)

2. Visit the Park

Become familiar with the site and its surroundings before answering the questions.

3. Complete the Worksheet by May 16th

Record the date, time and park. Feel free to make additional notes and observations.

**4. Drop off your survey to City Hall (preferred)
or email to parks.trails@oronoco.com**

Public Space Audit Worksheet

Name: _____

Location: _____

Date: _____ Time: _____ a.m. | p.m. (Circle one)

Weather: _____

1. Describe this location:

What is it? (e.g., park alley, street corner) _____

2. Describe the surrounding area:

What type of area is it? (Check all that apply)

Residential Industrial Rural/Undeveloped Commercial Mixed-Use

What are some key destinations in the area? (e.g., library, school, coffee shop) _____

3. How does this location make you feel?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you feel this way? _____

4. On a typical day, how do people use this location? _____

5. How many programs, activities or events take place in this location during different seasons and times of day and for which age groups?

	Many	Some	Few	None	Examples:
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nighttime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Children (under age 13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teens (13–19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Younger Adults (20–39)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adults (40–64)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Older Adults (65+)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. Rate the quality of the following features:

	Good	Fair	Poor	None	Comments:
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drinking fountains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Places to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Places to eat and/or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Places to sit or take a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter from the weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Street noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trees and landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. How well-connected is the location?

Walking

- a. The streets in or adjacent to the location have sidewalks. Agree | Disagree
- b. There are clear directional signs or visual cues to guide people to the space. Agree | Disagree
- c. There are pedestrian signals at intersections. Agree | Disagree
- d. The signals provide adequate crossing time for slower walkers. Agree | Disagree
- e. There are signals or design elements for blind/visually impaired pedestrians. Agree | Disagree
- f. Sidewalks and crossings are accessible for people using mobility aids (e.g., a wheelchair). Agree | Disagree
- g. There are traffic calming features (e.g., speed bumps) in the area. Agree | Disagree
- h. What is the posted speed limit in the area? _____
- i. Traffic is moving at or below the speed limit. Agree | Disagree

Cycling

- a. There are designated bike lanes or trails connected to the space. Agree | Disagree
- b. There is a secure place to park your bike in the space. Agree | Disagree

7. How likely are you/would you be to allow your child or an older relative to visit this location?

- Likely Somewhat likely Not likely

8. What opportunities do you see for this location? _____

9. What challenges do you see for this location? _____
