

Pupil Transportation Services Internal Customer Satisfaction Survey

(Street Address)
(City, State, Zip Code_

(Website)

Phone: (Phone Number)
FAX: (Phone Number)

Background

Every school day more than (Number of Students) (School District) students ride on 60 school buses. Our buses log over 891,000 miles annually. We serve (Number of Schools) (School District) and numerous educational program sites in surrounding school districts. We also provide transportation services for over 1,400 field trips and athletic events each year.

Instructions

The purpose of this survey is to determine your satisfaction with the services we provide to your school and/or program. Would you please complete the following questionnaire marking the word or phrase that best describes your answer to each item? Check "**Not Applicable**" if the item does not affect your school/program. Check "**Don't Know**" if you don't know enough about the item to answer it. After completing the survey, please return it to the transportation office via interoffice mail. **Thank you in advance for your feedback.**

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Not Applicable</i>	<i>Don't Know</i>
Transportation provides timely pick up and drop off service for our school/program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we contact the transportation office, we are treated courteously and receive accurate information in a reasonable amount of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our bus drivers are safe and courteous drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation staff enforce disciplinary rules appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The (School District) bus fleet is clean and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we are satisfied with the (School District) school bus transportation system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our School/Program Serves: (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Elementary School	Middle School	High School	Special Needs	Non-Public School	Other Program
Please list any comments or other suggestions:						

Check here only if you wish to be contacted regarding your comments. Otherwise, your name and telephone number is optional.

Name: _____ Telephone: _____