Customer Satisfaction Survey

**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. 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 child. Check “***Don’t Know***” if you don’t know enough about the item to answer it. After completing the survey please have your child return it to their teacher in the enclosed envelope. This will help us keep our postage costs down. *Thank you in advance for your feedback.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ***Strongly Agree*** | ***Agree*** | ***Disagree*** | ***Strongly Disagree*** | ***Not Applicable*** | ***Don't Know*** |
| We prefer to drive our student to school rather than use the school bus  |  |  |  |  |  |  |
| The district’s school bus system provides timely pick up and drop off service |  |  |  |  |  |  |
| When I contact the transportation office, I am treated courteously and receive accurate information in a reasonable amount of time  |  |  |  |  |  |  |
| My students bus driver(s) are safe and courteous drivers |  |  |  |  |  |  |
| Transportation staff enforce disciplinary rules appropriately |  |  |  |  |  |  |
| I received a postcard in August with reasonably accurate transportation information for my student(s) |  |  |  |  |  |  |
| The school bus stop location is reasonable and appropriate for my age student(s) |  |  |  |  |  |  |
| The (School District) bus fleet is clean and well maintained |  |  |  |  |  |  |
| Overall, I am satisfied with my students school bus transportation to and from school |  |  |  |  |  |  |
| School (s) my student(s) attend: *(check all that apply)* |  Elem School |  Middle School |  High School |  Special Needs | Non-Public |  Other |
| *Other comments or suggestions:* |  |  |  |  |  |  |

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_