

**Transportation Evaluation**

To help serve you better, please take a few moments to fill out and return this form. Return this to your school supervisor so they may forward the form through the inter-office district mail.

**Requested pick-up time:** \_\_\_\_\_ **Driver arrival time:** \_\_\_\_\_

**School/Group taking trip:** \_\_\_\_\_ **Trip Date:** \_\_\_\_\_

**Name of Teacher / Coach:** \_\_\_\_\_

**Name of Driver:** \_\_\_\_\_

Evaluation Instructions given prior to departure and Bus Safety rules were covered. Please check one: Yes \_\_\_\_\_ No \_\_\_\_\_

Driver was professional and courteous. Yes \_\_\_\_\_ No \_\_\_\_\_

Driver displayed professional driving skills. Yes \_\_\_\_\_ No \_\_\_\_\_

Bus appearance was clean (interior and exterior). Yes \_\_\_\_\_ No \_\_\_\_\_

Trip was completed in the time frame scheduled. Yes \_\_\_\_\_ No \_\_\_\_\_

Driver included the Coach/Teacher in checking that no Student was left unattended on the bus. Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:**

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**Thank you for your time and effort in helping us make this a pleasant experience for all.**

