

TRANSPORTATION SERVICES FEEDBACK FORM

How will my feedback be taken into consideration?

All feedback received in February 2011 will be reviewed by SFUSD staff. Any changes to the vision for 2013 and/or routes for 2011 will be finalized and shared with the public by May 2011.

What factors will you consider when reviewing my feedback?

We will consider the Board of Education's strategic plan commitments and budget reduction goals.

Where can I turn in my feedback from?

You can:

- turn your completed feedback form in to your school's main office, or
- fax it to the Transportation Department at 415-695-5759: , or
- turn your completed feedback form into the Educational Placement Center, 555 Franklin Street, or
- submit a feedback form via the web at www.sfusd.edu/Enroll

Is there someone I can phone?

We have limited capacity to provide assistance via phone. However, if you are unable to fill out the feedback form in writing, you can call the Transportation Department between 9:30 am and 1:30 pm Monday through Friday to give your feedback via phone: 415-695-5729. It is easier for us to respond to feedback received in writing.

Please print clearly so we can read and understand your feedback!
You can attach additional sheets if you need more space to provide feedback.

1. Please check all the boxes that apply to you.

- Parent/Guardian at: _____ (school)
- School Administrator at: _____ (school)
- Certificated Staff at: _____ (school)
- Classified Staff at: _____ (school)
- Student at: _____ (school)
- Other: _____ (please describe)

2. What do you think about the vision for the future and/or the changes for 2011?

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3. Do you have any **specific** revisions that you would like us to consider? If yes, please explain **why** you are recommending these revisions. Be sure to name schools and specific areas of the city so we can fully understand your suggestions.

4. If you have a child that will be impacted by the future vision or the changes for fall 2011, please tell us more about your student and how s/he will be impacted.

This information is being collected so that we can understand more about those who use SFUSD transportation services and will only be shared with SFUSD staff.

If you like us to follow up with you in person regarding your situation, please complete questions 3, 4, 5, 6, and 7.

- First Name _____
- Last Name _____
- Date of Birth Month ___ Day ___ Year ___
- HO # _____
- School: _____
- Current grade _____

5. What are the different ways your child currently gets to and from school? Please check all the boxes that apply to your child.

- Walk / bike
- Car
- SFUSD morning bus from _____ (area of city) to _____ (school)
- SFUSD afternoon bus from _____ (school)
 - To **home**. Please indicate the area of the city (e.g., Mission) _____
 - To an **after school** program _____ (name)
 - To other caregiver (describe) _____
- MTA/MUNI
- Other (please describe): _____

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6. How often does s/he use SFUSD bus services?

- Never
- A few times a week
- Every day
- Other (please describe)

7. Please explain how your child will be impacted by the changes, and describe any suggestions you would like us to consider.

8. Signature

We are asking for contact information so we can follow-up with you as necessary. This information will only be used by SFUSD staff for this purpose.

Print Name: _____

Signature: _____

Phone number: _____

Email: _____