Bus Stop Survey
Howard County Public School System
Pupil Transportation Office
10910 Clarksville Pike
Ellicott City, MD 21042
Telephone: 410-313-6732
FAX: 410-313-6731

Parent/Guardian Name: _________________________________________________________________
Address: Street: __________________________________________________________________
City:   ___________________________________________ Zipcode: _______________
Daytime Phone #: ___________________________________ Email address: ______________________
School Name: _____________________________________________________ Grade(s): ___________
Student(s) Name(s): ___________________________________________ Bus #: _____________
Current Stop Location: ___________________________________________ Bus #:  ____________
Requested Stop Location: ___________________________________________ Bus #:  ____________
School Year for Which This Stop is Requested: _______________  Date Submitted: ________________

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS SURVEY

The goal of this questionnaire is to provide you an opportunity to express your concerns as they relate to the safety of your children and to inform you of Board of Education policies and procedures. Thank you for your time and input. Your survey will be evaluated in the order in which it was received and, depending on the volume of surveys received, may take additional time to complete.

School bus stops will be established in compliance with COMAR 13A.06.07 with consideration given to, but not limited to, safety, efficiency, economics, equity, and IEP or 504 Plan requirements. Bus stops will generally be at least ¼ mile apart. Stops may be established on both sides of a roadway when sight distance and/or traffic conditions warrant. (Board of Education Policy 5200 http://www.hcpss.org/f/board/policies/5200.pdf)

Students may be expected to walk up to four-tenths of a mile to and from a bus stop. Students may be required to walk more than four-tenths of a mile where it is unsafe or not feasible to establish a bus stop within four-tenths of a mile of a student’s bona fide residence. (Board of Education Policy 5200 http://www.hcpss.org/f/board/policies/5200.pdf)

The Pupil Transportation Office staff will conduct an on-site visit to investigate each written request in the order in which it was received. When considering the need to extend a bus route, change the location or add a stop, the staff will consider the following: acceptable levels of safety; program and routing efficiency; economy of operations and equity of service.

In order to have your request reviewed, the first two pages of this questionnaire must be completed and returned to the Pupil Transportation Office of Howard County Public Schools.
**QUESTIONNAIRE**

1. What are the walking/standing conditions, such as road, shoulder, grass or sidewalk, that the student utilizes?

2. What is the posted speed along the road(s) that the student walks? _______ m.p.h.

3. What is the posted speed along the road that is traveled by the bus? _______ m.p.h.

4. What is the number and type of vehicles that pass the stop five minutes before and five minutes after the stop? _______ a.m. _______ p.m.

5. What traffic control devices exist, such as stop signs, warning signs, traffic lights, crosswalks, etc.?

6. What is the number of feet your child walks to the nearest bus stop? _______ approx. distance

7. What would be the distance between the designated stop and the stop you are requesting? _______ approx. distance

8. Is the road a state [ ] or a county [ ] road? If state road, please give route number. ______

9. What are the nearest intersecting roads to your residence? ______________________________

10. How far can traffic see a stopped school bus in each direction from the present bus stop? 

    ______________ approx. distance 

    ______________ approx. distance

11. How far can traffic see a stopped school bus in each direction of the stop you are requesting? 

    ______________ approx. distance 

    ______________ approx. distance

12. What is the alignment of the road at the designated stop, such as curves, hills, flat?

13. What is the alignment of the road at your requested stop?

14. Please list the major concerns with your children’s current bus stop. Please be specific. You may attach drawings or photos.

15. Please suggest any changes that you feel would improve the present stop.

_________________________  __________________________
Signature of parent or guardian  Date