

GENERAL EDUCATION TRANSPORTATION SERVICES, 2013-14 SY FAMILY FEEDBACK FORM

Where can I turn in my feedback from?

You can:

- turn your completed feedback form in to your school's main office
- fax it to the Transportation Department at 415-695-5759
- turn your completed feedback form into the Educational Placement Center, 555 Franklin Street

How will my feedback be taken into consideration?

All feedback received will be reviewed by the Assistant Superintendent for your school and the Transportation Working Group.

What factors will you consider when reviewing my feedback?

We will consider the Board of Education's transportation policy guidelines adopted on December 14, 2010 and outlined in policy number 108-24SP1. These policy guidelines include:

- maintaining transportation services that currently help create diverse enrollment;
- offering limited transportation services to support providing:
 - English Learners and newcomer students with reasonable access to language programs and newcomer programs;
 - low-income students living in areas of the city with the lowest average test scores with reasonable access to K8 schools and language immersion pathways;
 - students living in densely populated areas of the city with reasonable access to schools in less densely populated areas;
 - reasonable access for attendance area residents to their attendance area school;
 - reasonable access to middle school feeders;
- providing limited school bus transportation to after school programs if feasible and necessary to support the District's vision for after school services.

We will also consider the Board's budget reduction goals.

When and how will you respond to my feedback?

Unfortunately we do not have the capacity to follow-up with you in person. We will review all feedback forms received, and if the feedback suggests the need to make any minor modifications, the Transportation Department will inform schools, and all stakeholders, about any changes and why the changes were made.

Is there someone I can call?

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: 415-695-5505. Please keep in mind it is easier for us to review feedback received in writing.

Visit Transportation at www.sfusd.edu for more information

Transportation Services Feedback Form

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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 and print the name of your school.
- Parent/Guardian at: _____ (school)
 - School Administrator at: _____ (school)
 - Other Staff at: _____ (school)
 - Student at: _____ (school)
 - Other: _____ (please describe)

2. If you have a child that will be impacted by the changes to transportation, please tell us more about your child 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.*

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

3. 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): _____

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

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

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5. Please explain how your child will be impacted by the changes to transportation services.

6. Do you have any **specific** feedback you would like us to consider? If yes, please be as specific as possible so we can fully understand your feedback.

7. 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: _____