

Office Use Only
Student Transportation Services
Bus Stop Evaluation Form

Review Date _____ / _____ / _____ School To Be Served: _____

Stop Location _____ & _____

Travel direction of bus: _____ North _____ South _____ East _____ West

Stop time: _____ A.M. _____ P.M.

Area: _____ Residential _____ Apartment Complex _____ Industrial _____ Rural

_____ Gated Community _____ Commercial _____ Other

Posted Speed Limit: _____ MPH Lighting In Area: _____ Yes _____ No

Sidewalk: _____ Yes _____ No Sufficient Wait Area: _____ Yes _____ No

Are the student waiting areas at least 15 ft. away from the road: _____ Yes _____ No

Road Type: _____ Two Lane _____ Two Lane, Center Turn Lane

_____ Two Lane, Right Turn Lane _____ Four Lane _____ Four Lane, Right Turn Lane

_____ Divided _____ Other: _____

Street Type: _____ Through _____ One Way _____ Cul-de-sac _____ Weight Restrictions

_____ Construction _____ Other Geographical Conditions

Does this stop location require the bus to back up? _____ Yes _____ No

What is the distance from the preceding bus stop? _____ to the next bus stop: _____

Is the bus stop at least 200 ft. from the railroad tracks? _____ Yes _____ No

Must the student cross 3 or more lanes of traffic? _____ Yes _____ No

What is the visibility from either direction? _____

Is the student: _____ Pre-K _____ Regular Ed

_____ Special Needs _____ Wheelchair

_____ Approved _____ Denied Reason: _____

Evaluator: _____ Title: _____