

## Special Needs Transportation Vendor Survey

School district:	
Person completing form:	
Position:	Phone:
Email:	Date:

Please provide the following information about the transportation vendors used for out-of-district transportation; use one column for each vendor.

Vendor name	1	2	3
Number of routes			
Number of transported students			
Satisfied with performance? (Yes/No)			
Satisfied with the cost? (Yes/No)			
If not satisfied, please give reasons			
Would you recommend this vendor (Yes/No)			
If in a multi year contract, when does contract expire?			
Vendor name	5	6	7
Number of routes			
Number of transported students			
Satisfied with performance? (Yes/No)			
Satisfied with the cost? (Yes/No)			
If not satisfied, please give reasons			
Would you recommend this vendor (Yes/No)			
If in a multi year contract, when does contract expire?			

Any other details or recommendations about your transportation vendor(s):