



Bus Stop Survey

Howard County Public School System
Student Transportation Office
10910 Clarksville Pike
Ellicott City, MD 21042
Telephone: 410-313-6732
Email to: transportation@hcpss.org

Parent/Guardian Name: _____
Address: Street: _____
City: _____ Zipcode: _____
Daytime Phone #: _____ Email address: _____
School Name: _____ Grade(s): _____
Student(s) Name(s): _____ Age(s): _____
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 1/4 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
[https://go.boarddocs.com/mabe/hcpssmd/Board.nsf/files/C5CQYG6A2756/\\$file/5200.pdf](https://go.boarddocs.com/mabe/hcpssmd/Board.nsf/files/C5CQYG6A2756/$file/5200.pdf))

Students may be expected to walk up to a half of a mile to and from a bus stop. Students may be required to walk more than half of a mile where it is unsafe or not feasible to establish a bus stop within half of a mile of a student's bona fide residence. (Board of Education Policy 5200
[https://go.boarddocs.com/mabe/hcpssmd/Board.nsf/files/C5CQYG6A2756/\\$file/5200.pdf](https://go.boarddocs.com/mabe/hcpssmd/Board.nsf/files/C5CQYG6A2756/$file/5200.pdf))

The Student 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 Student 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