

2006 Public School Transportation Survey North Carolina State University		ID NUMBER	(1-7)
		CARD1	(8)
School System Name:			
This questionnaire is part of a study being conducted by the Center for Urban Affairs and Community Services (CUACS) at NC State in association with the North Carolina Department of Public Instruction (DPI) and the Institute for Transportation Research and Education at NC State. The survey information will help assist DPI plan for the growing needs for the transportation of preschool as well as school-age children. For the purpose of this survey, preschool children are defined as pre-kindergarten (Pre-K) students. That is, students not yet enrolled in kindergarten. Please help us with our future work by answering this questionnaire. ALL ANSWERS YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND YOUR PARTICIPATION IN THIS SURVEY WILL BE KEPT ANONYMOUS.			
Name of Individual Completing Survey:			
Title of Individual Completing Survey:			
Name of LEA:			
1. How many preschool children do you transport to/from local public schools on school buses daily? Number of Children Transported: To School _____ From School. _____			
2. What type(s) of child restraint is/are used when transporting preschool children to/from local public schools on SCHOOL BUSES ? (CIRCLE ONE RESPONSE FOR EACH CATEGORY)			
Type of Restraint		Yes	No
a. CE White Integrated Toddler Seats		1	2
b. Thomas MOMS Seat with Carrier		1	2
c. Safety Vest with Cam Wrap		1	2
d. Booster seats with lap shoulder belts		1	2
e. Car seats with lap belts		1	2
f. Lap shoulder belts only		1	2
g. Booster seats with lap belts only		1	2
h. No restraints used		1	2
i. Other [SPECIFY] _____			
j. Other [SPECIFY] _____			
3. Is there a monitor other than the driver on the vehicle(s) used to transport children/students?		Yes, all buses 1	
		Yes, but not all buses .. 2	
		No 3	
4. Is training provided to the driver of the vehicle(s) used to transport children/students and/or to the monitor on board?		Yes 1	
		No[SKIP TO Q6] 2	

5. What type of training is provided, who provides it, and how many hours to complete the training program?						
Type of Training	EDITOR CODE	Provider	EDITOR CODE	Number of Hours		
a.	___		___		(40-46)	
b.	___		___		(47-53)	
c.	___		___		(54-60)	
6. Do you use a contracted service to transport children to and from public schools?			Yes..... 1 No[SKIP TO Q12]..... 2		(61)	
7. What type(s) of motorized transportation does your contracted service use to transport children/students to local public schools and number of children/students typically transported to and/or from by each? (CIRCLE ONE RESPONSE FOR EACH CATEGORY)					DUP ID: (1-7) CARD2 (8)	
Type of Transportation		Yes	No	Number of Students		
a. Car/station wagon/mini van (max. 6 passengers)		1	2			(9-15)
b. School bus or activity bus		1	2			(16-22)
c. Other bus[SPECIFY] _____		1	2			(23-29)
d. Van (10 or more passengers)		1	2			(30-36)
e. Other vehicle (7 to 9 passengers)		1	2			(37-43)
f. Other [SPECIFY] _____						(44-51)
8. What type(s) of child restraint is/are used when transporting children/students to local public schools by this contracted transportation agency? (CIRCLE ONE RESPONSE FOR EACH CATEGORY)						
Type of Restraint	Yes	No	Vehicle Type	Editor Code		
a. CE White Integrated Toddler Seats	1	2		___	(52-54)	
b. Thomas MOMS Seat with Carrier	1	2		___	(55-57)	
c. Safety Vest with Cam Wrap	1	2		___	(58-60)	
d. Booster seats with lap shoulder belts	1	2		___	(61-63)	
e. Car seats	1	2		___	(64-66)	
f. Lap shoulder belts only	1	2		___	(67-69)	
g. Booster seats with lap belts only	1	2		___	(70-72)	
h. None	1	2		___	(73-75)	
i. Other [SPECIFY] _____				___	(76-79)	
					DUP ID (1-7) CARD3 (8)	
j. Other [SPECIFY] _____				___	(9-12)	

[Please write your LEA Number to the right.] LEA#: _____

9. Is there a monitor other than the driver on the vehicle(s) used to transport children/students?	Yes..... 1 No 2	(13)			
10. Is training provided to the driver of the vehicle(s) used to transport children/students and/or to the monitor on board?	Yes..... 1 No[SKIP TO Q12]..... 2	(14)			
11. What type of training is provided, who provides it, and how many hours to complete the training program?					
Type of Training	EDITOR CODE	Provider	EDITOR CODE	Number of Hours	
a.	_ _ _		_ _ _		(15-21)
b.	_ _ _		_ _ _		(22-28)
c.	_ _ _		_ _ _		(29-35)
12. Are there any comments you would like to make regarding transporting preschool children?					
a. _____					

.....					
b. _____					

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<p>We thank you for participating in our survey. Please mail the questionnaire to the Center for Urban Affairs and Community Services at North Carolina State University (see address below) or fax it to (919) 515-3642. If you fax the questionnaire, please include your telephone number in case we need to ask you some follow up questions. [Your Telephone #: _____]</p> <p>Center for Urban Affairs and Community Services North Carolina State University Campus Box 7401 Raleigh, NC 27695-7401</p>					