BEAUFORT COUNTY SCHOOLS CHARTER BUS EVALUATION FORM

SCHOOL	
TRIP SUPERVISOR	
DESTINATION	
DEPARTURE DATE	RETURN DATE
NAME OF CHARTER BUS COMPAI	NY USED
NUMBER OF BUSES	
cleanliness of bus and facilities; cost, d	ns. Include driver's attitude and driving ability; lid you feel it was a fair price?
List any weaknesses or needed improve	ements.
Evaluation: (Please check one box)	
□ Excellent	
☐ Above Average	
□ Average	
□ Below Average	
Do you recommend this carrier for f	uture trips? YES / NO
Signature:	Date: