

Assisted Living Shuttle Rider Evaluation Form

Date

Rider Name

Destination

Trip Experience

Timeliness of Shuttle

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Cleanliness of Shuttle

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Driver Courtesy

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Safety During Ride

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Comments / Suggestions

Rider Signature

Date Signed