TRINITY TRANSIT LANGUAGE ASSISTANCE PLAN

PUBLIC SURVEY

In order for the Trinity Transit bus system to meet the needs of persons with Limited English Proficiency (LEP) we are conducting a simple survey. We appreciate your input, thank you!

1. Do you use (have you ever used) the Trinity Transit public bus system?  
   a. Yes  
   b. No
   If no, please tell us why: ________________________________________________________

   If yes, which destinations do you most often use the transit system for? (Circle all that apply.)
   a. Work  
   c. Shopping  
   e. Medical  
   g. Recreation  
   b. School  
   d. Social Service  
   f. Other ________________________________________________

   How often do you use the Trinity Transit service each month?
   a. 1-5 times  
   b. 6-10 times  
   c. More than 10 times

2. How well do you read English?  
   a. Very well  
   b. Somewhat well  
   c. Not very well

3. How well do you speak English?  
   a. Fluently (very well)  
   b. Okay (somewhat well)  
   c. Barely (not very well)

4. What language do you speak at home?  
   ____________________________________________

5. Have you ever called the Transit office?  
   a. Yes  
   b. No
   If yes, how well were you able to communicate with the staff?
   a. Very well  
   b. Somewhat well  
   c. Not very well

6. How do you get information about Trinity Transit services? (Circle all that you use.)  
   a. Ask bus drivers  
   d. Call the Transit office  
   b. Read maps & schedules  
   e. Ask other people  
   c. Go to the Transit website  
   f. Other ________________________________________________

7. Other than riding the bus, do you have access to and drive a vehicle sometimes?  
   a. Yes  
   b. No

8. Do you have friends or family who speak little to no English, and do not use the bus system?  
   a. Yes  
   b. No
   If yes, to best of your knowledge, what is the reason they do not use the bus system?  
   a. They prefer driving their own vehicle  
   b. They do not understand the system due to language limitations  
   c. The bus schedules/destinations do not fit their needs  
   d. Other: ________________________________________________

Comments or questions: ______________________________________________________________

Please return your survey to a representative from the office which gave it to you. Thank you.