



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855
www.albanycounty.com

GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

**Division for Children with Special Needs
Comprehensive Evaluation Services
Transportation Survey**

To help us have a better understanding of transportation issues your family may have, as related to your child, you are asked to complete this survey. If you respond yes to question 2 and 3, we ask that you briefly explain in the lines provided. Your input is important to us and we appreciate the time you take in completing this survey.

Please circle the appropriate response:

- | | | | |
|----|--|-----|----|
| 1. | If your child would be eligible for intervention services and you agree, would you be able to provide transportation to and from the intervention services location? | Yes | No |
| 2. | When transporting your child, does your child have any special needs that need to be addressed? | Yes | No |

Please explain: _____

- | | | | |
|----|--|-----|----|
| 3. | Do you have any safety issues or concerns related to the transportation of your child? | Yes | No |
|----|--|-----|----|

Please explain: _____
