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: ________________________________________________________________
   ___________________________________________________________________________

MJ:bm/transsurv