



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

COLETTE V. POULIN  
COMMISSIONER

GAIL GEOHAGEN-PRATT  
DEPUTY COMMISSIONER

MOIRA MANNING  
DIRECTOR, DIVISION FOR  
CHILDREN WITH SPECIAL NEEDS

**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: \_\_\_\_\_

\_\_\_\_\_