

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Transportation Needs

How do you get to the places you like to go to? Do you need help finding a way to get to:

	YES	NO
Job	_____	_____
Home	_____	_____
School	_____	_____
Family	_____	_____
Friends	_____	_____

## Various Community Settings:

Restaurant	_____	_____
Bank	_____	_____
Grocery store	_____	_____
Laundromat	_____	_____
Post office	_____	_____
Clothing store	_____	_____
Health care facility	_____	_____
Government services	_____	_____
Social/recreational services	_____	_____
Church/synagogue/mosque	_____	_____

## Other Places

_____:	_____	_____
_____:	_____	_____
_____:	_____	_____
_____:	_____	_____