## Nassau BOCES Transition Assessment: Parent Interview – Form A

District Center for Community Adjustment DOB Age Student's Name.

| Student's Name |  | <br> |  |
|----------------|--|------|--|
|                |  |      |  |

## B. What chores or responsibilities does your child have?

Chores/Responsibilities

Does he/she work independently? What kind of help is needed?

1. Home