



## SEAL Program Description

**Instructions:** Each Board must submit a description of its SEAL program services to TWC by March 1st of each year. Please submit via the SEAL SharePoint.

Workforce Development Board Name:

Board-Contractor Name (if applicable):

### Program Overview

Please list program points of contact, including name, email address, and role.

#### Workforce Development Board Points of Contact:

Point of Contact Name:	Point of Contact Email:	Role:
Point of Contact Name:	Point of Contact Email:	Role:

#### Board Contractor Points of Contact (if applicable):

Point of Contact Name:	Point of Contact Email:	Role:
Point of Contact Name:	Point of Contact Email:	Role:

#### SEAL SharePoint Points of Contact:

Point of Contact Name:	Point of Contact Email:
Backup Point of Contact Name:	Backup Point of Contact Email:

Will the Board provide Work Readiness Training? If yes, please complete Work Readiness Training section below	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the single hourly wage that participants will receive for the paid work experience component?	\$ /hour
Are there any other associated and necessary costs for the paid work experience? If so, please describe:	
Identify the SEAL application deadline (if none, N/A)	

### Work Readiness Training

Please complete this section if the Board and/or Board-Contractor will be conducting the Work Readiness Training.

Curriculum to be utilized for Work Readiness Training:	Total number of hours of Work Readiness Training to be provided:

### Joint Planning

The Joint Planning Committee must include at least one Board or Contractor staff and one VR counselor. Please indicate whether each step of the Joint Planning Committee has been achieved.

Coordinate program outreach and recruitment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exchange information regarding essential program dates and deadlines.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Determine the process for transmitting personally identifiable information (PII), including the use of encryption software for email correspondence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify participating employers and begin developing worksites.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Establish a process for providing orientation, training and disability awareness information for participating employers and program staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discuss coordination of support services (such as work experience trainers, interpreters, etc.) for SEAL participants.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Submitted By

Name of Board or Board contractor staff member:	Date: