



### Work Experience Services Referral

**Instructions:**

- Refer to the VR Standards for Providers for additional details.
- Complete the form electronically, answering all questions.
- Before faxing, emailing encrypted, or mailing to the provider, review this form to ensure that all questions have been answered.

**Note:** The TWS-VR staff collects the information and completes all sections of this form

#### Provider Chosen by the Customer for Work Experience Services

Provider name:

Email address:

Provider phone number:  
( )

Provider fax number:  
( )

#### Customer's Identification Information

Customer name:

Case ID:

Date of birth:

Street address (include apartment number, if any):

City:

State:

ZIP code:

Primary contact number:  
( )

Secondary contact number:  
( )

Email address:

Customer's disability:

#### Customer Guardian

Does the customer have a guardian?    No    Yes; If yes record the contact information below.

Name:

Phone:

Email:

#### Alternate Contact Person Identification Information

Alternate contact name:

Relation to the customer:

Primary contact number:  
( )

Secondary contact number:  
( )

Email address:

#### Additional Information Provided by Vocational Rehabilitation Services at Referral

Select all that apply.

IPE copy

School records

Case notes

Results of career exploration

Person Center Plan

Vocational testing

Medical and/or psychological reports

Functional Capacity Exam results

Other:

### Counselor Contact Information

Counselor's name:

Counselor's primary office:

Counselor's office street address (include suite number, if any):

City:

State:

ZIP code:

Counselor's primary contact number:

( )

Counselor's secondary contact number:

( )

Email address:

### Rehabilitation Assistant Contact Information

RA's name:

RA's contact number:

( )

RA's fax number:

( )

Email address:

### Referral for Work Experience Placement

**Note:** VR counselor approves how Work Experience Placement will be conducted on the VR1601, Work Experience Plan and Placement Report

**N/A** - Work Experience Placement is **not** being purchased for the customer. VR Counselor, school or other resource will arrange the Work Experience Placement.

### Work Experience Service—Plan Meeting

Date:

Time:

Location:

### Referral for Work Experience Training

**N/A** - Work Experience Training is not anticipated is unknown or at referral.

If work Experience Training added at later date, a new VR1600 will need to be completed.

### Customer's Work Experience Site

**N/A** - Work Experience Training work site unknown at referral.

Company name:

Street address (include suite number, if any):

City:

State:

ZIP code:

Contact person's name:

Contact person's title:

Contact person's phone number:

( )

Contact person's email:

### Training Facts

Training can be provided in the following setting:

Individual

Group (maximum 6 customers to 1 trainer)

**Training can be provided using the following delivery method:**

Only in-person

Only remotely

In person and/or remote as dependent on customer's needs

**Note:** For remote service delivery, the first training session must be held in person, at or away from the jobsite to evaluate the customer's and employer's training needs and to set-up necessary equipment and software to facilitate remote service delivery.

**Goals to be addressed in the Work Experience Training**

**Instructions:**

- In the first column below, select the goal identified for the customer.
- If the goal is selected for the customer, the counselor individualizes the goal by entering information in the "Potential Areas of Focus" section of each goal.

**Note:** Work Experience Training services must address the goals listed in this form.

Yes No	1. Evaluate and make recommendations for support and training needs, accommodations, adaptive equipment, and job aids to ensure safe and efficient performance by the customer at the work experience's site. <b>Potential Areas of Focus:</b>
Yes No	2. Assist the customer in learning hard and soft skills necessary to meet the work experience site's expectations. <b>Potential Areas of Focus:</b>
Yes No	3. Identify performance issues and implement a plan of action to improve performance of the customer. <b>Potential Areas of Focus:</b>
Yes No	4. Establish support and training needs, accommodations, aids necessary to remove barriers to ensure successful work experience for the customer and site. <b>Potential Areas of Focus:</b>
Yes No	5. Observe, monitor, and make recommendations related to the customer's performance of tasks, use of aids and need for accommodations to remove barriers for successful engagement in the work experience for the customer. <b>Potential Areas of Focus:</b>
Yes No	6. The work experience trainer will gradually reduce the time spent with the customer at the work experience site, as the customer becomes better adjusted and more independent. <b>Potential Areas of Focus:</b>
Yes No	7. Additional goal(s):

**Additional Comments**

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