



Texas Workforce Commission
Vocational Rehabilitation Services
**Referral Form for Services for
Neurodevelopmental Disorders**

Services

This referral form covers services that are specific to a neurodevelopmental disorder: Autism, Attention Deficit Hyperactivity Disorder (AD/HD), Specific Learning Disabilities (SLD) and Intellectual Developmental Disorder (IDD).

This referral form is to be used each time the following services are requested:

☐ Environmental Work Assessment (EWA) Note: The EWA cannot be conducted remotely.

☐ Autism Spectrum Disorder (ASD) Supports

VR counselor approves the training to be provided: (check one)

In person Remotely Combination, in person and remotely

☐ Applied Behavior Analysis (ABA)

VR counselor approves the training to be provided: (check one)

In person Remotely Combination, in person and remotely

Reason for Referral

Provider Information

Referral is being sent to:

Date of referral:

Name of referring counselor:

Respond by date:

Referring Counselor's Information

Name of TWC office:

Office street address:

Email address:

Phone number:

Customer Information

Name of customer:

VRS case ID:

Date of birth:

Customer disability/diagnosis:

Street address:

City:

ZIP:

Email address:

Phone number:

Caregiver or Guardian Information

Name of caregiver or guardian:

Street address (If different than above):	
City:	ZIP:
Email address:	Phone number:
Does the customer live with the caregiver, guardian or representative? Yes No	
Is the customer his or her own guardian? Yes No	
If no, does the guardian give permission for provider to directly contact the customer? Yes No	
Additional Customer Information	
<input type="checkbox"/> Currently in school, Grade:	Name of school:
<input type="checkbox"/> Receives special education services, <input type="checkbox"/> 504 <input type="checkbox"/> IEP (attach 504 plan or IEP)	
Environmental Work Assessment (EWA)	
<p>The Environmental Work Assessment (EWA) focuses on the customer's responses to variables in a work environment rather than on how the customer performs job tasks. The results of the EWA will identify environmental factors that could affect the customer's ability to function at their full potential.</p> <p>EWA</p> <p>Note: Only an Employment Specialist with a verified Autism Endorsement through UNTWISE can conduct this service and service must be included in their bilateral contract.</p>	
Autism Spectrum Disorder (ASD) Supports	
<p>Autism Spectrum Disorder (ASD) Supports is only for customers diagnosed with autism or displaying characteristics of autism (this requires a justification, see policy). ASD Supports are intended to address issues occurring that are directly related to their autism. Skills targeted for intervention must be outside the role of a job skills trainer. A majority of this service is conducted by an Employment Specialist with the Autism Endorsement, see policy for other types of providers who qualify.</p> <p>ASD Support Plan (not to exceed 5 hours)</p> <p>This customer is being referred for the following characteristics of autism:</p> <p><input type="checkbox"/> Communication and/or Social Skill Deficit</p> <p><input type="checkbox"/> Obsessive, Restrictive Interests, Repetitive Behaviors, Resistance to Change</p> <p><input type="checkbox"/> Sensory Abnormality <input type="checkbox"/> Level of Anxiety <input type="checkbox"/> Name any Co-Morbidity</p>	
Applied Behavior Analysis (ABA)	
<p>Applied Behavior Analysis (ABA) is a clinical treatment conducted by a Licensed Behavior Analyst. If the counselor has never used Applied Behavior Analysis or is unsure about what type of assessment customer needs, a Pre-ABA Needs Determination is recommended. Pick only 1 service at a time.</p> <p>Pre-ABA Determination (not to exceed 3 hours)</p> <p>This customer is being referred to determine whether ABA services are needed, if so, which service:</p> <p><input type="checkbox"/> Briefly assess the customer's current situation</p> <p><input type="checkbox"/> Review the attached reports to assist counselor on customer's needs</p> <p><input type="checkbox"/> Other:</p> <p>Social Skill Assessment (known social skill deficits and less challenging behaviors)</p> <p>This customer is being referred for the following assessment:</p> <p><input type="checkbox"/> Individual Social Skill Assessment (not to exceed 12 hours)</p> <p><input type="checkbox"/> Group Social Skill Plan (not to exceed 3 hours)</p>	

Challenging Behavior Assessment (behaviors more severe, reason for occurrence is not known)

This customer is being referred for the following assessment:

☐ Functional Behavior Assessment (not to exceed 15 hours)