



Texas Workforce Commission  
Vocational Rehabilitation Services  
**Referral for Personal Social Adjustment  
Training and  
Work Adjustment Training**

**General Instructions**

**Follow the instructions below when completing this form:**

- Complete the form electronically answering all questions.
- VR counselor must evaluate each customer’s case to determine when remote services are in the best interest of the customer and whether the customer has access to required resources and has the skills necessary for effective use.
- VR counselor will indicate under each service how the service must be delivered. Some services are not allowed to be conducted remotely. Below is a description of how services can be conducted:
  - In-person (with the staff and customer(s) at the same physical location)
  - Remote training (using a computer-based training platform that allows for face-to-face and/or real time interaction, Refer to VR-SFP 3 on Remote Service Delivery for requirements)
  - Combination, in person and remote training.
- Before faxing, emailing encrypted, or mailing to the provider, review this form to ensure that all questions have been answered.

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

**Referral Information**

**Date of the Referral:**

**Referral for:** (check all services that apply)

**Personal Social Adjustment Evaluation and Training**

Skills to be included in the evaluation and training plan: (check all skills to be evaluated)

- |  |   |
|--|---|
| <input type="checkbox"/> Acceptable work behaviors                       | <input type="checkbox"/> Personal appearance and grooming |
| <input type="checkbox"/> Appropriate use of time and schedule management | <input type="checkbox"/> Personal health and hygiene      |
| <input type="checkbox"/> Conflict resolution                             | <input type="checkbox"/> Self-advocacy skills             |
| <input type="checkbox"/> Developing or restoring self-confidence         | <input type="checkbox"/> Self-evaluation                  |
| <input type="checkbox"/> Developing socially acceptable behaviors        | <input type="checkbox"/> Social relationships             |
| <input type="checkbox"/> Disability management                           | <input type="checkbox"/> Time/schedule management         |
| <input type="checkbox"/> Establishing basic etiquette                    | <input type="checkbox"/> Workplace interaction            |
| <input type="checkbox"/> Others: Specify:                                |   |

**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

**Work Adjustment Evaluation and Training** (check all skills to be evaluated)

**WAT cannot be conducted remotely.**

Skills to be included in the evaluation and training plan:

- |   |   |
|---|---|
| <input type="checkbox"/> Acceptance of supervision and directions         | <input type="checkbox"/> Problem solving  |
| <input type="checkbox"/> Daily living skills                              | <input type="checkbox"/> Self-regulation/reliance                                     |
| <input type="checkbox"/> Effective communication                          | <input type="checkbox"/> Social skills  |
| <input type="checkbox"/> Goal setting                                     | <input type="checkbox"/> Understanding roles and responsibilities in the workplace    |
| <input type="checkbox"/> Grooming, hygiene, work attire and/or dress code | <input type="checkbox"/> Work ethics  |
| <input type="checkbox"/> Motivation                                       | <input type="checkbox"/> Work practices and productivity (including safety and speed) |
| <input type="checkbox"/> Others:  | <input type="checkbox"/> Work tolerance   |

### Customer Identification Information

**Customer name:**

**Street address** (include apartment number, if any):

<b>City:</b>	<b>State:</b>	<b>ZIP code:</b>
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<b>Primary contact number:</b> ( )	<b>Secondary contact number, if any:</b> ( )
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**Email address:**

<b>VRS case ID:</b>	<b>Date of birth:</b>
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**Customer disability:**

### Parent/Guardian Information (For Minors Only)

N/A- no guardian

**Parent/Guardian's name:**

<b>Parent/Guardian's primary contact number:</b> ( )	<b>Parent/Guardian's secondary contact number, if any:</b> ( )
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**Parent/Guardian's email:**

## Alternate Contact Person Identification Information

Alternate contact's name, if any:

Alternate contact's primary contact number:  
( )

Alternate contact's secondary contact number:  
( )

## Additional Information Provided by VRS at Referral

Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> IPE copy  | <input type="checkbox"/> Work history collected by VRS    |
| <input type="checkbox"/> Medical and/or psychological reports                            | <input type="checkbox"/> Work references collected by VRS |
| <input type="checkbox"/> Case notes (for example: eligibility, assessment, and planning) | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> Vocational testing  | <input type="checkbox"/> Other:                           |

## Counselor Contact Information

Counselor name:

Counselor primary TWS-VRS office:

Counselor TWS-VRS office street address (include suite number, if any):

City:	State:	ZIP code:
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Counselor's primary contact number:  
( )

Counselor's secondary contact number:  
( )

Email address:

## Provider Chosen by the Customer

Provider name:

Email address:

Provider phone number:  
( )

Provider fax number:  
( )

## Additional Comments

Additional Comments, if any: