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| Texas Workforce Solutions Logo | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Job Skills Training—Referral** | | | | |
| **General Instructions** | | | | | | |
| **Follow the instructions below when completing this form:**   * Refer to the VR Standards for additional details; * Complete the form electronically answering all questions; and * Before faxing, emailing encrypted, or mailing to the provider, review this form to ensure that all questions have been answered. * Before a Job Skill Trainer can provide Job Skills Training for Extended Services to “a youth with disability”, a [VR3472, Contracted Service Modification Request](https://twc.texas.gov/forms/index.html)  form must be approved by the Director of the VR Division. A new VR3472 must be  approved by the Director of the VR Division for every 200 hours of Job Skills Training authorized for the customer.   **Note**:The TWS-VRS staff collects the information and completes **all** sections of this form. | | | | | | |
| **Referral Information** | | | | | | |
| **Date of the Referral:** | | | | | | |
| **Customer Identification Information** | | | | | | |
| **Customer name:** | | | | | | |
| **VRS case ID:** | | | | **Date of birth:** | | |
| **Street address** (include apartment number, if any): | | | | | | |
| **City:** | | | **State:** | | **ZIP code:** | |
| **Primary contact number:**  (   ) | | | **Secondary contact number, if any:**  (   ) | | | |
| **Email address:** | | | | | | |
| **Customer disability:** | | | | | | |
| **Alternate Contact Person Identification Information** | | | | | | |
| **Alternate contact name and relationship to customer, if any:** | | | | | | |
| **Alternate contact’s primary contact number:**  (   ) | | | **Alternate contact’s secondary contact number:**  (   ) | | | |
| **Alternate contact’s email address:** | | | | | | |
| **Additional Information Provided by Vocational Rehabilitation Services at Referral** | | | | | | |
| **Select all that apply**. | | | | | | |
| IPE copy | | | Vocational testing | | | |
| Medical and/or psychological reports | | | Work history collected by TWS-VRS | | | |
| Case notes (for example eligibility, assessment and planning) | | | Work references collected by TWS-VRS | | | |
| Benefits Planning Query (BPQY) | | | Adaptive Technology Evaluations and Reports | | | |
| VR1646, Supported Employment  Job Stability Justification Summary | | | 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:** |
| **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**:  (   ) | | | |
| **Training Facts** | | | | | | |
| **Job Skills Training can be provided:**  In a group setting (maximum of four customers for each trainer)  In an individual setting (one trainer to one customer)  A combination of group and individual settings  In person training  Remote training  **Note:**  For remote service delivery, thefirst 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 Job Skills Training** | | | | | | |
| **Instructions:**   * VR Counselor to select the goal(s) to be address with customer below. * For each goal selected, individualize the goal by describing skills or focus areas to be addressed. | | | | | | |
| **Goals** | | | | | | |
|  | 1. Evaluate, make recommendations, establish supports, training needs, accommodations, adaptive equipment, and job aids, as necessary,to remove barriers for successful, safe, and efficient job performance by the customer.   **Areas to be addressed:**  **Barriers to be removed:** | | | | | |
|  | 1. Assist the customer in learning hard skills necessary to meet the job expectations.   **Skills to be addressed:** | | | | | |
|  | 1. Assist the customer in identification and development of social skills necessary to meet performance expectations of position.   **Social skills to be addressed:** | | | | | |
|  | 1. Observe and monitor the customer’s performance reinforcing skills taught by job skills trainer or employer to ensure correct  demonstration of skills and efficient job performance by the customer.   **Skills to be addressed:**  **Behaviors to be addressed:** | | | | | |
|  | 1. Identify performance and behavioral issues and implement a plan of action to improve job performance to the employer’s satisfaction.   **Potential performance issue(s):** | | | | | |
|  | 1. Observe and monitor the customer’s performance with use of compensatory techniques (adaptive equipment, job aids, supports, etc.) to manage barriers related to successful, safe and efficient job performance by the customer.   Barriers to be removed:  **Compensatory techniques to be used:** | | | | | |
|  | 1. Teach skills necessary to arrange and/or use transportation resources to get to and/or from home to worksite.   **Skills to be addressed:**  **Transportation resource:** | | | | | |
|  | 1. The Job Skills Trainer will gradually reduce the time spent with the customer at the job site as the customer becomes better adjusted and more independent.   **Projected amount of time needed at referral:** | | | | | |
|  | 1. Additional goal, if any. | | | | | |
|  | 1. Additional goal, if any. | | | | | |
| **Premiums** | | | | | | |
| **Instructions:**   * The VR Counselor determines if a customer’s case is eligible for a premium. * Service authorization(s) for premium(s) must be issued before service is provided to customer. | | | | | | |
| Autism Premium  Yes  No | | | | | | |
| Brain Injury Premium  Yes  No | | | | | | |
| Deaf Premium  Yes  No | | | | | | |
| Other:        Yes  No | | | | | | |
| **Additional Comments, if any** | | | | | | |
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