TEXAS WORKFORCE SOLUTIONS

Summer Earn and Learn (SEAL) Referral Form

Instructions: This referral form must be filled out by the Summer Earn and Learn (SEAL) participant and VR counselor prior to registration for SEAL program. The SEAL participant will complete pages 1 -2. The VR counselor will fill out page 3. Please note that additional documentation and forms may be required to participate in the SEAL program.

Workforce Development Board Name:

Participant Information

Participant Name:	Date of Birth:
Phone (Primary):	Phone (Secondary):
Email Address:	Home Address:
Preferred Method of Communication: ☐ Phone ☐ Email	Preferred language:
Name of School:	Anticipated Graduation Date:

Parent/Guardian Information

Name:	Relation to Participant:
Phone:	Email:
Preferred Method of Communication: Phone ☐ Email ☐	Preferred language:

Participant Work History

Instructions: Please list all previous paid or unpaid employment or volunteer experience starting with the most current. Additional sheets or résumé may be attached.

1. Organization Name:	Organization Address:
Job Title:	◯ Paid ◯ Unpaid
Start Date:	End Date:
Job Responsibilities:	Reason for Leaving:
2. Organization Name:	Organization Address:
Job Title:	◯ Paid ◯ Unpaid
Start Date:	End Date:
Job Responsibilities:	Reason for Leaving:

Transportation and Worksite Preferences	
How many hours are you available to work per week?	◯ Less than 10 ◯ 10-20 ◯ 20-40
Are there any dates during the summer that you are unavailable? ◯ Yes ◯ No If yes, please list dates:	
What hours are you available to work? (Check all that apply)	☐ Mornings ☐ Afternoons ☐ Evenings ☐ Any
What form of transportation will you utilize to get to work? (Check all that apply)	☐ Public transportation ☐ Drive own vehicle ☐ Parent/Guardian drop off
Which area (city/county) do you prefer to work? (List all areas)	

Participant Questions	
Why do you want to participate in the Summer Earn and Learn Program?	
In your own words, please describe what support you need to be successful at work:	
Do you need any accommodations for printed materials? ◯ Yes ◯ No	If yes, please select from the following: ☐ Large Print ☐ Braille ☐ Other:
Can you lift at least 45 lbs.?	◯ Yes ◯ No
Are you comfortable working outdoors?	◯ Yes ◯ No
Can you stand for at least 4 hours?	◯ Yes ◯ No
Are you comfortable working on a computer?	◯ Yes ◯ No

VR Counselor Only	
Instructions: This section may only be completed by the Vocational Rehabilitation (VR) Counselor.	
Participant VR Case ID:	Is the participant currently enrolled in school? ◯ Yes ◯ No

VR Counselor Name:	VR Counselor Phone:
VR Counselor Email Address:	VR Counselor Main Office Phone:
Will the VR Participant be assigned a Work Experience Trainer? ◯ Yes ◯ No	
If yes, will the Work Experience Trainer be phased out? ◯ Yes ◯ No	
Will the VR Participant participate in Work Readiness Training? ◯ Yes ◯ No	
Describe any additional relevant information regarding the participant (ex. disability, support needs, accommodations, allergies, etc.):	
VR Counselor Signature: **X**	Date: