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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services**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** |

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| **[ ]  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:**       |

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| **Training Facts** |
| **Work Experience 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 evalutate 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.   |

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| [ ]  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.
 |
| **Potential Areas of Focus:**       |
| [ ]  Yes[ ]  No | 1. Assist the customer in learning hard and soft skills necessary to meet the work experience site’s expectations.
 |
| **Potential Areas of Focus:**       |
| [ ]  Yes[ ]  No | 1. Identify performance issues and implement a plan of action to improve performance of the customer.
 |
| **Potential Areas of Focus:**       |
| [ ]  Yes[ ]  No | 1. Establish support and training needs, accommodations, aids necessary to remove barriers to ensure successful work experience for the customer and site.
 |
| **Potential Areas of Focus:**       |
| [ ]  Yes[ ]  No | 1. 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.
 |
| **Potential Areas of Focus:**       |
| [ ]  Yes[ ]  No | 1. 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.
 |
| **Potential Areas of Focus:**       |
| [ ]  Yes[ ]  No | 1. Additional goal(s):

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| **Additional Comments** |
| **Additional comments:**      |