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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:** |