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| Texas Workforce Solutions logo | **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.  **RETURN FORM TO:**   * **E-mail:** [**deanna.barbaree@twc.texas.gov**](mailto:deanna.barbaree@twc.texas.gov)*or* * **Mail: Deanna Barbaree, TWC-VR, 2415 S. Austin, Ste 105,**   **Denison, TX 75020** | | | |
| Workforce Development Board Name: **Workforce Solutions Texoma** | | | |
| **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: |

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| 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: | |