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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***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 [ ]  NoIf 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:      |