



**Utah State Office of Rehabilitation  
Pre-Employment Transition Services  
Counselor Referral Form-78**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN (if Available):** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Student Phone:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**Race (Check all that apply):**

American Indian/Alaskan Native      Asian      Black/African American      Native Hawaiian/Other Pacific Islander      White

**Ethnicity (Circle one):**

Individual is Hispanic or Latino      Individual is not Hispanic or Latino

**School Attending:** \_\_\_\_\_

**Teacher name/current Grade:** \_\_\_\_\_

**Student is** \_\_\_ **Eligible-** \_\_\_\_\_ **Potentially Eligible:** \_\_\_\_\_

**Name of Pre-Ets Services Service(s) referred to:** \_\_\_\_\_

**Estimated Date of Service(s):** \_\_\_\_\_

**Disability Information is available from VR:** \_\_\_\_\_ **Not Available from VR:** \_\_\_\_\_

**Notes**

**VR Counselor name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_