Washington State Department of Social & Health Services
Transforming lives

DIVISION OF VOCATIONAL REHABILITATION (DVR)

Pre-ETS Student Sign-In Roster

WORKSHOP DATE	WORKSHOP TIME
WORKSHOP LOCATION	WORKSHOP TITLE
SUPERVISING ADULT	WORKSHOP PROVIDED BY:

Name of Student (Type First and Last Names)	Student ID Number	School Student Attends	Student Signature	Current DVR Customer	Consent Form Obtained
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

VR SIGNATURE / DATE ROSTER SUBMITTED BY:	VR SIGNATURE / DATE STUDENT SIGN-IN RECEIVED BY: