

DIVISION OF VOCATIONAL REHABILITATION (DVR) Pre-ETS Student Sign-In Roster

WORKSHOP DATE	WORKSHOP TIME			
WORKSHOT BATE	WORKSHOLLINE			
WORKSHOP LOCATION	WORKSHOP TITLE			
CLIDED VIOLIC ADULT	WORKSHOP PROVIDED BY			
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
				☐ Yes ☐ No	☐ Yes ☐ No
VR SIGNATURE / DATE ROSTER SUBMIT	TED BY:		VR SIGNATURE / DATE STUDENT SIGN-IN RECEIVE	D BY:	