



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	Consent Form Obtained?	A: Current DVR Customer? If yes, complete B.	B: Has VRC Approved?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CONTRACTOR SIGNATURE / DATE ROSTER SUBMITTED TO RTC			RTC SIGNATURE / DATE APPROVED			