|  |  |  |
| --- | --- | --- |
| 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 |
|  |  |  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| VR SIGNATURE / DATE ROSTER SUBMITTED BY:  | VR SIGNATURE / DATE STUDENT SIGN-IN RECEIVED BY:  |