|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: | | | |