



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