

IN-PERSON MyJOB WORKPLACE READINESS TRAINING & SELF-ADVOCACY SIGN-IN SHEET

STUDENT NAME:	STUDENT &/or JR# ID:	INSTRUCTOR:
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COMMUNITY FACILITY:

SCHOOL NAME:

	WORK-READINESS			SELF-ADVOCACY			JOB EXPLORATION	POST-SECONDARY GUIDANCE & COUNSELING	TOTAL HOURS			
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DATE	WORKSHOP MODULE	CLASSROOM HOURS	HOMEWORK HOURS	INDIVIDUAL SUPPORT	CLASSROOM HOURS	HOMEWORK HOURS	INDIVIDUAL SUPPORT	INDIVIDUAL SUPPORT	INDIVIDUAL SUPPORT	WORK-READINESS	SELF-ADVOCACY	JOB EXPLORATION	POST-SECONDARY GUIDANCE & COUNSELING

SIGNATURE: _____			

*My signature verifies that I have attended and participated in the MyJOB workshops and received the individual support on the dates and times documented above.

MyJOB WORK-BASED LEARNING ACTIVITIES SIGN-IN SHEET

STUDENT NAME:

STUDENT &/or JR# ID:

INSTRUCTOR:

COMMUNITY FACILITY:

SCHOOL NAME:

DATE	JOB SHADOW	INFORMATIONAL INTERVIEW	JOB SITE TOUR	PROVIDER NAME	REPRESENTATIVE NAME/POSITION

SIGNATURE:

*My signature verifies that I have attended and participated in the MyJOB Work-Based Learning activities on the dates documented above.