



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<br>(Type First and Last Names) | Student ID<br>Number | School Student Attends | Student Signature | Current DVR<br>Customer                                  | Consent Form<br>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 |
|  |                      |                        |                   | <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 | <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 |
|  |                      |                        |                   | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                      |                        |                   | <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: |
|--|--|