

**IN-PERSON DVR WORKPLACE READINESS TRAINING SIGN-IN SHEET**

STUDENT NAME: \_\_\_\_\_

STUDENT &/or JR# ID: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

COMMUNITY FACILITY: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

		WORK-READINESS			SELF-ADVOCACY			JOB EXPLORATION	POST-SECONDARY GUIDANCE & COUNSELING	TOTAL HOURS			
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.