Clear Form

DVR WORK-BASED LEARNING ACTIVITIES SIGN-IN SHEET

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