Clear Form

IN-PERSON DVR WORKPLACE READINESS TRAINING & SELF-ADVOCACY TIMESHEET

STUDENT NAME:	STUDENT ID:	INSTRUCTOR:
HIGH SCHOOL:		
SCHOOL DISTRICT:		

		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**

STUDENT SIGNATURE:

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