Clear Form

DVR WORK-BASED LEARNING EXPIERENCES TIMESHEET

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

DATE	JOB SHADOW	INFORMATIONAL INTERVIEW	JOB SITE TOUR	MENTORING OPPORTUNITIES IN THE COMMUNITY	PROVIDER NAME	REPRESENTATIVE NAME/POSITION

STUDENT SIGNATURE:

*My signature verifies that I have attended and participated in the DVR Pre-ETS Work-Based Learning Expierences on the dates documented above.