Clear Form

IN-PERSON MyJOB WORKPLACE READINESS TRAINING & SELF-ADVOCACY 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.