

Georgia Vocational Rehabilitation Agency Pre-FTS Student Sign-In Roster

ACTIVITY DATE:	AUTHORIZATION/GROUP AUTHORIZATION NUMBER:
ACTIVITE BATE.	AOTHORIZATION/OROOF AOTHORIZATION NOMBER.
ACTIVITY LOCATION:	ACTIVITY TITLE:
ACTIVITY PROVIDED BY:	AMOUNT OF TIME SPENT DELIVERING ACTIVITY:
ACTIVITY PROVIDED BY.	AMOUNT OF TIME SPENT DELIVERING ACTIVITY.
DESCRITDION OF DRE ETS ACTIVITY:	

Pre-ETS Student Sign-In Roster Name of Student Participant (First and Last Name) ID Number			
Name of Student First and Last Name)	ID Number	School Student Attends	Student Signature