



DIVISION OF VOCATIONAL REHABILITATION (DVR)
Highline Community College, PETS
Student Summary Report

EXHIBIT G

REPORTING PERIOD		TOTAL NUMBER OF STUDENTS SERVED THIS PERIOD		
to				
Student Demographics				
STUDENT'S NAME OR IDENTIFIER		STUDENT'S DISABILITY IF KNOWN		
HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.
STUDENT'S NAME OR IDENTIFIER		STUDENT'S DISABILITY IF KNOWN		
HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.
STUDENT'S NAME OR IDENTIFIER		STUDENT'S DISABILITY IF KNOWN		
HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.
STUDENT'S NAME OR IDENTIFIER		STUDENT'S DISABILITY IF KNOWN		
HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.
STUDENT'S NAME OR IDENTIFIER		STUDENT'S DISABILITY IF KNOWN		
HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.
STUDENT'S NAME OR IDENTIFIER		STUDENT'S DISABILITY IF KNOWN		
HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.
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HIGH SCHOOL Choose one.	<input type="checkbox"/> IEP <input type="checkbox"/> 504	STUDENT'S AGE Choose one.	PHASE OF PARTICIPATION Choose one.	PHASE COMPLETED Choose one.

Attach additional sheets as necessary.



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Invoice attached: Yes No

Attach additional sheets as necessary.