

# 2014 - 15 CTEC Activity Outcome Report

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_



**REQUIRED: District requests for reimbursement will not be paid until this form is received from the teacher. Please return this form to your district Business Manager.**

Activity or Equipment Purchased:	Serial Number(s):	Location of items: (Specific building, room #)	
How will this item or activity be used to enhance your Program of Study? What are the benefits for students?			
Total number of students served or that will participate.		Special Populations:	

Teacher's Signature): \_\_\_\_\_ Phone: \_\_\_\_\_

District CTE Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

