**2017 - 18 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:

