Learning that works for Montana CTE™

Terms of Employment, Accreditation, and Master Schedule (TEAMS) System

Participation Report Worksheet

Teacher: ______________________________ **School:** ______________________________

CTE Area: ______________________________ **Date Completed:** ______________________________

Endorsement(s) Held: ______________________________ **Extended Contract? If yes, enter number of days:** ________

Class Period	Course Code	NCES Course Name	District/School Course Title	Enrollment		Term (Year/Sem1/Sem2)
				Males	Females	