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

Teacher: _____ **School:** _____

CTE Area: _____ **Date Completed:** _____

Endorsement: _____ **Extended Contract Days:** _____

Course Code	**NCES Course Name**	**District Course Name**	**Section**	**Total HS Students**	**Term** (Year, Sem 1, Sem 2)	**Minutes**	**Males**	**Females**