

TETN Participation Reporting for Region _____

To be filled out for all statewide events!

Event number: _____ *Ex. 12345*

Event date: _____

Event start time: _____

Event title: _____

How many participants:

Work directly for this ESC? _____

Work for other Local Education Agencies (LEA) _____

Other participants (Students, Guests, etc.) _____

Number of districts connected : _____