

**New Teacher Support Team  
Social Activity Summary**

**Date**\_\_\_\_\_

**Chairperson**\_\_\_\_\_

**Campus**\_\_\_\_\_

**Learning Community**\_\_\_\_\_

**Type of Activity**\_\_\_\_\_

**Attendees**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Summary of Activity**

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**Principal's Signature**\_\_\_\_\_

Keep a copy and fax a copy to the NTSM Department at 972.794.3535.