

Listen and take a Message

1. Listen to the message. Fill out the message forms. Use today's date and time.

(Note to instructor: See Script for this page in the teacher's guide)

Message A

Important Message			
For: _____			
Date: _____		Time: _____	
WHILE YOU WERE OUT			
M. _____			
From: _____			
Phone Number: _____			
Telephoned	<input type="checkbox"/>	Please Call	<input type="checkbox"/>
Called to see you	<input type="checkbox"/>	Will Call again	<input type="checkbox"/>
Returned your call	<input type="checkbox"/>	Urgent	<input type="checkbox"/>
Message: _____			

Signed: _____			

Did you include . . . ?	Yes	No
Correctly spelled name of recipient in correct location	<input type="checkbox"/>	<input type="checkbox"/>
Time and Date	<input type="checkbox"/>	<input type="checkbox"/>
Accurate phone number	<input type="checkbox"/>	<input type="checkbox"/>
Correctly spelled name of caller in correct location	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate checked box(es) marked	<input type="checkbox"/>	<input type="checkbox"/>
Summarized message	<input type="checkbox"/>	<input type="checkbox"/>
Signature of person taking message	<input type="checkbox"/>	<input type="checkbox"/>

Message B

Important Message			
For: _____			
Date: _____		Time: _____	
WHILE YOU WERE OUT			
M. _____			
From: _____			
Phone Number: _____			
Telephoned	<input type="checkbox"/>	Please Call	<input type="checkbox"/>
Called to see you	<input type="checkbox"/>	Will Call again	<input type="checkbox"/>
Returned your call	<input type="checkbox"/>	Urgent	<input type="checkbox"/>
Message: _____			

Signed: _____			

Did you include . . . ?	Yes	No
Correctly spelled name of recipient in correct location	<input type="checkbox"/>	<input type="checkbox"/>
Time and Date	<input type="checkbox"/>	<input type="checkbox"/>
Accurate phone number	<input type="checkbox"/>	<input type="checkbox"/>
Correctly spelled name of caller	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate checked box(es) marked	<input type="checkbox"/>	<input type="checkbox"/>
Summarized message	<input type="checkbox"/>	<input type="checkbox"/>
Signature of person taking message	<input type="checkbox"/>	<input type="checkbox"/>