

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"/>