Note Taking Tool for Conferences
and Phone Conversations

**Department of Special Education and Student Services**
**HOWARD COUNTY PUBLIC SCHOOL SYSTEM**
**Ellicott City, MD 21042**

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

Student Name: _____  Phone Number: __(_____)_____-_____

Participants:_____Grade:_____ Today's Date: ___/___/___

School: _____Date of Birth: ___ /___/___

Initiated By:

Purpose:

Points discussed, decisions, agreements, or recommendations:

_____/_____

Signature                          Date

Distribution:  Student Record (*Miscellaneous* folder)

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