

Wapsie Valley Community School District

COMMUNICATION RECORD

Names of individuals involved: _____

Names of individuals present: _____

Description of situation being discussed: _____

Individual(s) comments: _____

Plan for resolution or change (to include action steps and follow-up dates): _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Superintendent Signature: _____ Date (received): _____