

P.O. Box 3300 • Somerville, New Jersey 08876-1265

Phone: 908-526-1200 x8921 • Fax: 908-526-3494

Email: Disabilityservices2@raritanval.edu

## **Note-taker Request Form**

**INSTRUCTIONS:** Students are advised to meet with each professor to determine the need for note taking during the first week of class. Please complete and submit this form along with the attached agreement as soon as possible, as the process of coordinating note taking support can take up to two-three weeks. If you have any difficulty with this process, contact Disabilities Services, College Center room c-143 or email disabilityservices2@raritanval.edu

Student Name			<del></del>	
Student ID# <u>(</u>	<u>i</u>		<del></del>	
Email				
Indicate how yo	ou like to receive	notes (check o	ne):	
☐ Anonymously	y. I prefer to (cir	cle one): pio	ck up my notes	have notes emailed to me
☐ Directly. I pre	efer to coordinat	te with the note	e-taker directly.	
	T		T 2 2	
Course Title	Course CRN	Course Day	Course Time	Instructor's Name
i.e. BIOL 120	i.e. 12838	i.e. MTWTHFS	i.e. 12:00p2:00p	First and Last
				Date:
******	******	*****	******	*********
For office use or	nly:			
Course Title		Note-taker Assigned		Note Taker Email



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## **Note-taking Services Agreement**

In accepting note-taking support, I agree to the following terms and conditions:

	I will pick up my accommodation letters from DS at the start of the semester and will present my
	professors with my accommodation letters soon after.
	It is my responsibility to request a note-taker after attending class, presenting my
	accommodation letter to my professors, and determining if there is a need for note taking
_	support.
	Note-takers are approved for one semester. I acknowledge that I am required to renew my
	request each semester by completing the Note-taker Request Form and Agreement. I
	understand that I will not receive note-takers until both forms are submitted to Disability
_	Services (DS).
	I will notify DS immediately if I drop or add a course requiring note-taking.
	I understand that it takes two-three weeks to identify note-takers and that if I add a course after
_	the start of the semester there will likely be a delay before a note-taker is in place.
	Should I choose, I can make myself known to my note-taker and arrange to pick up notes
	directly from him or her. Otherwise, I may remain anonymous and understand that notes will
_	be available to pick up or via email.
	If I find that I no longer need notes I will let DS know immediately so that note- taking support can be cancelled.
	If a note-taker is absent, or a note-taker has not yet been identified, I may use a recording
	device until the note-taker returns or is hired.
	Note-takers are only available for taking in-class notes. I will not request anything additional of
_	my note-taker(s), such as organizing notes, or typing papers.
	I will notify DS immediately if there are any problems with the quality or timing of notes taken
	for me.
	If applicable, I will pick up notes from DS on at least a weekly basis; I acknowledge that failure to
	pick up notes for three consecutive weeks, without a reasonable and timely explanation, may
	result in cancellation of note-taking support.
I agree	to the above terms and conditions of the note-taking support being provided to me.
Studen	t signature: Date: