###### NOTETAKER SERVICES

Student Responsibilities and Procedures

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE KEEP IN MIND that the notetaker is only supplemental to your own notetaking or audio recording.

**Attendance:**

Attending EVERY class is imperative (other than rare sick days or emergencies). Seeing, hearing and experiencing the class lecture cannot be replaced by reviewing notes that someone else took.

**Contact Information:**

Disability Services will send you an email with your notetaker’s name and college email address. Retain the e-mail address with your notes for future reference.

**Obtaining the Notes:**

* **For in-person classes**-Notes will be provided for lectures, video presentations, and other pertinent classroom activities after each class. Notes will not be provided for test days, cancelled classes, or any activities outside of the classroom.
* **For online classes**- Notes will be provided for Zoom lectures, video presentations, and other material provided in an audio format. Notes will be sent to your College e-mail.
* Notes will not be given for any course content that takes place outside of the normal class time (Example: chapter outlines or homework notes will not be provided to you)

**Extended Absence or Withdrawal from Course:**

If you have an extended absence or withdraw from the class, you must notify Disability Servicesimmediately.

**Support for Notetaking Services: \*\*IMPORTANT INFORMATION\*\***

It is your responsibility to notify the disability services office immediately at 734-384-4167 or [lal@monroeccc.edu](mailto:lal@monroeccc.edu) if you have any problems with the following:

* + No notes received.
  + A delay in receiving notes
  + Notes difficult to read or incomplete

*I understand the above responsibilities and accept the conditions as stated:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Student’s Signature Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Disability Services Counselor Date*

Original: student 2nd copy: student file

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