

## STUDENT RESPONSIBILITIES WHEN USING A NOTETAKER

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

NOTETAKERS have been approved for the following class(es):

\_\_\_\_\_  Paper  E-Mail  Supplement/Copied  Other

\_\_\_\_\_  Paper  E-Mail  Supplement/Copied  Other

\_\_\_\_\_  Paper  E-Mail  Supplement/Copied  Other

\_\_\_\_\_  Paper  E-Mail  Supplement/Copied  Other

### YOUR RESPONSIBILITIES:

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

- *Your 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 address with your notes for future reference.

- *Obtaining the Notes:*

If you are receiving notes via carbonless paper, please remain after class to meet your notetaker. It should take a short amount of time for the notetaker to break apart the sheets. You should receive the original (white) copy. This is also a good time to give the notetaker feedback. (For example: Are the notes clear? Do they seem complete? Do they include homework or board work?)

- *Dropping the class*

If you have an extended absence or withdraw from the class, you must notify a Disability Services Counselor immediately.

### TRANSCRIPTION NOTES ONLY:

1. It is your responsibility to make sure that the notes are accurate. If not, ask instructor for clarification.
2. Transcription notes are the property of the instructor. At no time may you share, give or sell the notes.

**IT IS YOUR RESPONSIBILITY TO NOTIFY THE DISABILITY SERVICES OFFICE IMMEDIATELY (734-384-4167 or [lal@monroecc.edu](mailto:lal@monroecc.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

2<sup>nd</sup> copy: student file

.w/note taker services packet