

Memorandum

Date: Fall Semester 2007
To: Instructors and Students
From: Access Center Accommodations Coordinator
Brei Esser: mscd-accesscenter@mscd.edu
Office Phone: 303-556-8387/**Fax:** 303-556-6852
RE: Notetaker Agreement Form

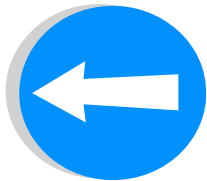
The following are instructions on how to complete the Classroom Notetaker Agreement Form.

Students: Please read the form and fill out the top portion. Once the top portion is complete, give this form to your professor. The ACCESS Center encourages you to submit this form along with your Faculty Accommodation Letter to your professors at the beginning of the semester during your first class. If you encounter any difficulty with this process, contact the ACCESS Center immediately. At the end of the semester, come to the ACCESS Center to verify that your notetaker has fulfilled their volunteer services in order for them to receive a letter of commendation.

Instructors: The student who provided you this form requires a peer notetaker. Please read the announcement below at the beginning of today's class. **PLEASE KEEP THE STUDENT'S NAME CONFIDENTIAL.**

ANNOUNCEMENT: **A FELLOW STUDENT WHO UTILIZES PEER NOTETAKER ACCOMMODATIONS FROM THE ACCESS CENTER WOULD APPRECIATE YOUR ASSISTANCE BY PROVIDING HIM/HER COPIES OF YOUR NOTES. AS A THANK YOU FROM THE ACCESS CENTER, YOU WILL RECEIVE A CERTIFICATE OF COMMENDATION AND A \$20 GIFT CARD FROM THE AURARIA BOOKSTORE. PLEASE SEE ME AFTER CLASS TO COORDINATE EXCHANGING OF NOTES. THE ACCESS CENTER GREATLY APPRECIATES YOUR VOLUNTEER SERVICES.**

After class, please give this form to the student who volunteers. Ask him/her to read and fill out the bottom portion of this form and return it to the ACCESS Center, Auraria Library, Suite 116. If no one volunteers, please contact our office at 303-556-8387 for assistance. Thank you for your assistance in this important matter. Brei Esser, ACCESS Center Student Services Coordinator



SEE REVERSE SIDE FOR FORM



CLASSROOM NOTETAKER AGREEMENT

ACCESS CENTER STUDENT 900#: _____

THIS SECTION TO BE COMPLETED BY VOLUNTEER NOTETAKER

PLEASE PRINT CLEARLY!

The ACCESS CENTER appreciates your volunteer services for a student with a disability. Notes can be supplied to the student with photocopies of your notebook, or the ACCESS CENTER will supply carbonless duplicate paper for your use.

Please complete this Agreement Form and return it as soon as possible to our office, located in the Library, Suite 116. This Agreement will be held in the ACCESS CENTER until the end of the semester when the student will sign and verify the notes were received. When you successfully complete a semester of notetaking, a certificate of commendation will be generated and sent to your mailing address.

PLEASE NOTE: If the student does not show up for 3 consecutive classes and you are not contacted by the ACCESS CENTER, please contact the office. You will be notified if services are cancelled. Please complete the section below for your contact information.

Thank you! We appreciate your assistance!

NOTETAKER'S NAME _____ 900 # _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT# _____ E-MAIL _____

FALL SPRING SUMMER YEAR _____

COURSE _____ CLASS TIME _____ AM PM CLASS

DAYS M T W R F S (ROOM# _____)

I am registered for the above-referenced class. I agree to provide, to the above-named student, a complete set of **class notes within 2 days of each classroom session.**

NOTETAKER SIGNATURE

DATE

TO BE SIGNED BY RECIPIENT AT THE END OF THE SEMESTER

RECIPIENT'S SIGNATURE

DATE