Classroom Note-taker Agreement
Return to Ruffatto Hall, Room 443

Student Receiving Notes:_________________________________
Course name/number____________________________________
Year_________ fall ☐ winter ☐ spring ☐ summer ☐

You have been asked to supply classroom notes for a student, or students, with a disability. The Disability Services Program (DSP) greatly appreciates any person who volunteers to take notes. The following is an Agreement between DSP, the note-taker and students receiving notes.

➤ Note-takers may receive a credit of $40 for the DU bookstore (loaded on your Pioneer Card) for their services. **This is considered a “scholarship” and reported to Financial Aid.** It is the student note-takers responsibility to check with Financial Aid regarding eligibility for scholarship funds.

➤ **Credit must be used by June 15, 2016 or it will be forfeited.**

➤ The credit will be awarded per note-taker for each class regardless of how many students with disabilities receive the notes.

➤ Carbonless paper is available at the DSP office (Ruffatto Hall, 4th Floor), notes may be photocopied in the DSP office at no charge or electronic notes may be emailed directly to the student needing notes.

➤ Agreements must be returned to DSP within two (2) weeks after completion of quarter/semester.

➤ This Agreement is VOID if:
  o the note-taker misses more than 2 classes without making arrangements with the student for whom notes are being taken or if note-taking problems can’t be resolved,
  o or if the student receiving the notes does not attend three (3) consecutive classes and/or drops the course.

*Please print legibly!*

Note-taker Name: _________________________________
Student ID number:____________________________________
E-mail address: _______________________________________

I agree to provide a complete set of class notes within 48 hours of each class meeting.

___________________________________ Date_______  ___ I accept Bookstore credit
Note-taker Signature  ___ I waive Bookstore credit

___________________________________ Date_______
Student Receiving Notes Signature

DSP Use Only
Date processed: ____________________________
Staff: ____________________________