

Note Taker Request Form

Student Name		DSS Staff Name	
Student Phone #		Date Requested	
Student Email		Semester	

Course Information					
Course #	Section #	Course Name	Instructor Name	Days	Times
1					
2					
3					
4					
5					

Note Taker Coordinator:

This is an appropriate accommodation for the student to receive this service with DSS: Yes No

Entered into the Excel system: 1 2 3 4 5

Instructor letter was sent: 1 2 3 4 5

Note taker was given hiring packet: 1 2 3 4 5

Note taker returned hiring packet: 1 2 3 4 5

Hiring Packet and Memo were sent to Human Resources: 1 2 3 4 5

Note Taker returned the online note taking training certificate: 1 2 3 4 5

Note Taker Coordinator Signature and Date: _____