Dear Professor:

The student listed below is entitled to receive note taking academic adjustments. Traditionally, note taking academic adjustments takes on one of the following:

1. The Office of AccessABILITY provides a note taker (depending upon staffing availability)
2. Professors allow the student to tape/digitally record lectures
3. Professors assist the student to confidentially identify an individual from the class to provide a copy of his/her class notes to the student
4. Professors provide the student with a copy of their notes for each lecture

Once the professor and student have made a tentative note taking agreement, the professor is asked to complete the attached form. The student must return the completed form to Office of AccessABILITY by the second week of the semester. This agreement will remain on file for the duration of the semester. Should changes occur to this agreement a new form will be issued to the student. The change in note taking accommodation agreement must be completed by the professor and returned by the student to Office of AccessABILITY as soon as possible.

Should the Office of AccessABILITY be able to find an appropriate note taker during the semester, all parties will be notified. If you have any questions, please contact Gwen Little at 212-772-4883. Your assistance is sincerely appreciated.

STUDENT’S LAST NAME: _______________________ STUDENT’S FIRST NAME: __________________________

COURSE and SECTION NUMBER: _________/_________

Please circle THE NUMBER next to the note taking arrangement that you and the Student have agreed upon:

1) The student has agreed to use a tape/digital recorder for each lecture
2) An in class note-taker has been identified

Please provide the name of the note taker, and email address, and refer her/him to our office to arrange payment. Name and email address: ________________________________________________________________

3) I will provide the student with a copy of my notes.
4) We have agreed on an alternate note-taking method.

Please describe the method you have agreed to below and/or back of this sheet:
_______________________________________________________________________________________

REQUIRED SECTION:

Professor’s Name: ______________________________ Professor’s Signature _________________________

Student’s Name: _______________________________ Student’s Signature: _________________________