



## COAHOMA COMMUNITY COLLEGE

### Disability Support Services

3240 Friars Point Road Clarksdale, MS 38614 Ph: (662) 621-4853 Fax: (662) 624-6424

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## NOTE-TAKER APPLICATION

Thank you for your interest in serving as a note-taker for the Office of Disability Support Services (ODSS) at Coahoma Community College. Please complete this form for our records.

*As a note-taker, I, \_\_\_\_\_, hereby agree to the following understanding: \_\_\_\_\_*  
*(Print Name)*

1. I understand the importance of note-taking for students who have disabilities (blind, hearing impaired, learning disabled, mobility impaired, etc.) and I will make every effort to provide thorough, legible notes to the student for whom I am taking notes.
2. I will provide notes to the student (or instructor) after class, shortly thereafter, or as mutually agreed upon.
3. I will attend all classes except in cases of illness and emergencies. I will notify the student at least 24 hours in advance when absences are predictable. I will pre-arrange for a substitute note-taker for days that I will be absent.
4. I will keep note-taking assignments confidential.
5. I will request feedback from the student with regard to the quality of my notes and make adjustments accordingly.
6. I am responsible for meeting with the Work Study Counselor to complete the necessary paperwork in order to receive payment for note-taking services. I will maintain an accurate time sheet and meet with the ODSS at the end of each month to have my time sheet approved and signed.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

ID# \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone # \_\_\_\_\_  
(Home) (Cell)

Course \_\_\_\_\_ Period \_\_\_\_\_

Instructor's/Supervisor's Name \_\_\_\_\_