



Note-taker Request Policy

I, _____ understand that I must comply with the following requirements in order to receive note-taking as an accommodations at Drexel University. Prior to completing this form, I must be eligible to use a note-taker, as listed in my Accommodation Verification Letter (AVL).

1. I have read and understand the note-taking policy and procedures available at www.drexel.edu/ODR .
2. It is my responsibility to request a note-taker after attending at least two (2) class meetings.
3. I will attend classes, as scheduled. If I miss class, it is my responsibility to obtain notes for the class I missed. Note-takers are not to share their notes for absences not directly related to accommodations I am eligible for, as indicated in my AVL.
4. I understand all note-takers must complete the Note-Taker training and submit the Note-Taker Agreement Form at the beginning of the accommodation period.
5. I will be contacted by ODR as soon as a note-taker has been found. I will also be contacted by ODR in a timely manner if a note-taker cannot be found, and at that point informed of my other accommodation options.
6. I understand that it is my responsibility to communicate to ODR if the notes I receive are unclear, not received within twenty-four(24) hours of the course/program, not appropriate for my needs based on my disability, or if I no longer require the service.
7. Should I choose, I can make myself known to my note-taker and arrange to pick up notes directly from him or her. Otherwise, I may remain anonymous and understand that notes will be available for pickup from the Information Desk at the Creese Student Center on Main Campus, or the Center City Alternate Testing Center found in Conference Room C of the New College Building (next to the Center for Academic Success, Rm 1602).
8. I understand that if I do not follow any of these agreements, ODR may suspend these services until a resolution can be reached.
9. I understand that if I do not pick up my notes within two (2) weeks my note-taking services will automatically be suspended and a letter or e-mail will be sent regarding the policy and procedures of receiving the service. The services will remain suspended until I meet with an ODR Professional.

10. The Creese Student Center Information Desk hours are:

Monday through Friday // 7am - 11pm

Saturday // 10am - 8pm

Sunday // 10am - 10pm

The Center City Testing Center hours are:

Monday through Friday // 8am - 5pm

By signing, I acknowledge that I have read and understand the above requirements.

Student Signature: _____

Date: _____

Student ID# _____

E-mail: _____

Cell Phone: _____

Term & Year: _____

Please see page 2

Note-Taker Request Form

When selecting **Delivery Method** please indicate one of the following: **1** – Note-taker will deliver notes directly to me (depending on the note-taker this may be in the form of photocopy or email); **2** – I will pick up notes at the Information Desk in the Creese Student Center (Main Campus); **3** – I will pick up notes from the Center City Alternative Testing Center (Conference Room C, New College Building of the Center City Hahnemann Campus)

Class 1		Class 2	
Class & Section (Example: PSY 101-001)		Class & Section (Example: PSY 101-001)	
Professor's Name		Professor's Name	
Professor's Email		Professor's Email	
Class Day & Time		Class Day & Time	
Delivery Method # (see above)		Delivery Method # (see above)	
Class 3		Class 4	
Class & Section (Example: PSY 101-001)		Class & Section (Example: PSY 101-001)	
Professor's Name		Professor's Name	
Professor's Email		Professor's Email	
Class Day & Time		Class Day & Time	
Delivery Method # (see above)		Delivery Method # (see above)	
Class 5		Class 6	
Class & Section (Example: PSY 101-001)		Class & Section (Example: PSY 101-001)	
Professor's Name		Professor's Name	
Professor's Email		Professor's Email	
Class Day & Time		Class Day & Time	
Delivery Method # (see above)		Delivery Method # (see above)	

Please return this completed form to the Office of Disability Resources:

3201 Arch Street, Suite 210
Philadelphia, PA 19104

E-mail: disability@drexel.edu
Web: www.drexel.edu/odr

Phone: (215)895-1401
Fax: (215)895-1402