



## NOTETAKER AGREEMENT FORM

I agree to work with the Office of Specialized Services / Center for Collegiate Deaf Education as a:  
       \_\_\_\_\_ Paid classroom note taker       \_\_\_\_\_ Volunteer classroom note taker

As part of my responsibilities, I agree to:

- ◆ Submit all necessary payroll paperwork to appropriate staff **and I understand that I cannot be paid unless all paperwork is properly completed and submitted.**
- ◆ Attend class regularly, and arrange for a back-up notetaker if absent from class.
- ◆ Set up my notes in a clear and concise manner according to the format described in the *Notetaker's Handbook*.
- ◆ Highlight assignments, tests, and all important information.
- ◆ Have the instructor review my notes periodically if he/she requests it.
- ◆ Submit a copy of the notes for the Notetaking Coordinator to review.
- ◆ Deliver notes within an appropriate time frame as determined on the onset of the semester.
- ◆ Hand in time ON TIME according to the payroll schedule.
- ◆ Behave in a courteous and professional manner as a member of the educational team.
- ◆ Type notes as needed for student receiving accommodation

I agree to do all these things to the best of my ability so that the student receiving my notes may benefit fully from the classroom experience.

Notetaker's Signature \_\_\_\_\_

Notetaker's Name (print) \_\_\_\_\_

Semester \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Are you on Financial Aid? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Have you worked as a notetaker before for Bergen Community College? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Name of students receiving notetaking accommodations	Class/Room #	Professor

Note taking Coordinator's Signature: \_\_\_\_\_