



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-TAKING AGREEMENT FOR STUDENTS WITH DISABILITIES**

I, \_\_\_\_\_, understand that I must comply with the following requirements in order to receive note-taking assistance as an accommodation at Coahoma Community College.

*Since I am permitted note-taking assistance because of my disability, I hereby agree to the following understanding:*

1. I will attend classes, as scheduled, and take my own notes to the best of my ability. If I miss class, it is my responsibility to obtain notes for the class I missed. Note-takers are not required to share their notes on days that I miss unless the absence is directly related to my disability.
2. I will be responsible for communicating to the Office of Disability Support Services (ODSS) if the notes are not clear or appropriate for my needs due to my disability. I understand if I experience problems with the quality of the notes, or the dependability of a note-taker, I am responsible for notifying the ODSS.
3. I can receive notes either directly from the note-taker or, if I wish to remain anonymous, the note-taker can give the notes to the instructor, who then will give them to me. In the accommodation meeting, I will state my preference about how I prefer to transfer notes.
4. Note-takers will be responsible for obtaining NCR paper (a carbonless notebook paper) from the ODSS. Should I choose to, I may elect to pick up NCR paper from the ODSS and share it with my note-taker, unless another method of sharing notes is used.
5. I understand if I abuse any of these agreements, the ODSS may suspend these services until a resolution can be reached.

\_\_\_\_\_  
(Student's Signature)

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

**For Office Use Only**

**Approved By:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

**Note-taker Name and ID:** \_\_\_\_\_