



CONTRACT FOR STUDENT NOTE TAKERS

I, _____, agree to provide a copy of my notes to the Accessibility Services Office. I will be taking notes for the following classes for the _____ semester:

1. _____
2. _____

B#: _____ Phone: _____

BridgeValley Email: _____

Mailing Address: _____

- I understand I will be paid _____ for the semester listed above for being a note taker (\$50 per course).
- If there is more than one student who needs copies of my notes, I will receive an additional \$10 per student.
- I agree to attend class on a regular basis, take notes to the best of my ability, and provide a copy to the student within 24 hours of the class. If I miss a class, I am responsible for arranging to get a copy of the notes from another student in class.
- If I have any questions or problems regarding this agreement or difficulties interacting with the student, I am responsible for contacting the Accessibility Services Office to ask for information or assistance.
- If the student who is in need of a note taker misses class, I am not required to share the class notes from that session unless so directed by the Assistant Director of Accessibility Services.
- I will notify the Accessibility Services Office immediately if either the student in need of the note taker or I withdraw from the class.
- Payment for note taking services will be mailed to the address I have provided after the semester has ended. In order to be paid I must submit a report of the notes I took to the Assistant Director of Accessibility Services by _____.
- I understand that I report to Accessibility Services in South Charleston or The Student Success Center in Montgomery where a staff member will make copies of the notes.

I understand and agree to all of the aforementioned statements.

Student Signature: _____ Date: _____