



### Note Taking Support Accommodation Form (Please print legibly)

#### Student Information

Student Name: \_\_\_\_\_ 000 \_\_\_\_\_  
*Last name* *First name* *Student ID number*

Contact Info (\_\_\_\_\_) \_\_\_\_\_@live.esu.edu  
*Phone* *Email*

#### Note Taking Support Process

Students that are determined to be eligible by OASIS for Note Taking Support Services may be granted **one** of the following accommodations depending upon availability: a copy of the professor’s notes, recordings of lectures, peer note taker, use of a laptop, mobile devices, and recorders. Note Taking Support supplements the student’s personal notes and are not a substitution for classroom attendance, participation or personal notes.

In order to assist us in determining the type of note taking support that will be needed, all students requesting note taking support **must** complete this form and return it to OASIS. **Requests for the Note Taking Support accommodation will be processed ONLY after OASIS has received this completed form.**

Processing this accommodation may take up to fourteen (14) business days from receipt of this completed form. *When the Note Taking Support Services is determined, students will be notified via their ESU email.*

#### Course Information

(Please print legibly)

Professor/Instructor: \_\_\_\_\_  
*Last Name* *First Name*

Course: \_\_\_\_\_  
*CRN #* *Course name - e.g. CHEM 234-2 Organic Chemistry II*

Contact Info: (\_\_\_\_\_) \_\_\_\_\_@esu.edu  
*Phone* *Email*

**OFFICE USE**

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**TO BE COMPLETED BY THE PROFESSOR/INSTRUCTOR**

**What is provided to support students learning in the classroom? (Check all that apply)**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> PowerPoints | <input type="checkbox"/> Lecture Notes | <input type="checkbox"/> Group Activities |
| <input type="checkbox"/> Handouts    | <input type="checkbox"/> Guided Notes  | <input type="checkbox"/> Recorded Lecture |
| <input type="checkbox"/> Video       | <input type="checkbox"/> Study Guide   | <input type="checkbox"/> Other _____      |

**What materials are provided digitally that can be referenced outside the classroom?**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> PowerPoints | <input type="checkbox"/> Lecture Notes | <input type="checkbox"/> Group Activities |
| <input type="checkbox"/> Handouts    | <input type="checkbox"/> Guided Notes  | <input type="checkbox"/> Recorded Lecture |
| <input type="checkbox"/> Video       | <input type="checkbox"/> Study Guide   | <input type="checkbox"/> Other _____      |

**Other student support available**

- |  |  |
|--|--|
| <input type="checkbox"/> Large Classroom Assistant | <input type="checkbox"/> Department sponsored study groups |
| <input type="checkbox"/> SI Sessions               | <input type="checkbox"/> Other _____                       |

**TO BE COMPLETED BY STUDENT**

**Based upon the support provided by the professor in this course, do you feel you still need a peer note taker? If yes, please explain why.**

Yes  No

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**My signature below signifies the information above is correct. I may be granted one of the following note taking support services based on my needs determined by OASIS; professor's notes, recordings of lectures, peer note taker, use of a laptop, mobile devices, and recorders. I will be granted one of these options based upon availability. Processing can take up to fourteen (14) business days.**

Professor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_