



Request Form for Peer Note-Taking Support

Student Accessibility Services (SAS)

Full Name: _____ Student Number: _____

For remote courses you may not need notes for the following reasons:

- Courses are offered asynchronously and can be paused/rewind to review information.
- Most course videos will be captioned and the transcripts can be available to you.

Please consider whether you require the additional support of a Peer Note-Taker before completing this form.

Please Read This Section Carefully:

please check

1. I have met with my primary advisor and note-taking support is an approved academic accommodation.	<input type="checkbox"/>
2. I understand that the SAS will e-mail a link to my OCAD University email account where I can access the notes via a SharePoint folder.	<input type="checkbox"/>
3. If I am experiencing difficulties with the shared notes, I will contact my SAS advisor as soon as possible, so the issue can be addressed.	<input type="checkbox"/>
4. I understand note-taking support is primarily approved for lecture-based courses unless otherwise discussed with my accessibility advisor.	<input type="checkbox"/>
5. I understand that the recruitment of a peer note-taker may take time and there could be several factors impacting note-taker recruitment and retention.	<input type="checkbox"/>
6. I understand that note-taking is to supplement my existing learning approach and will contact my SAS advisor to discuss options should there be any unforeseen barriers.	<input type="checkbox"/>
7. I will let my SAS advisor know if I no longer require notes (e.g. If I drop a class, notes are posted in Canvas, if I feel I don't need them, etc.)	<input type="checkbox"/>
8. I understand that notes acquired from this service are for my personal academic use only. Notes may not be distributed or shared.	<input type="checkbox"/>

Signature: _____

Date: _____
(mm/dd/yyyy)



Please let us know which courses you require notes for by providing the information below:

I am requesting notes for the following academic term (select **only one**):

Fall	Winter	Spring (May to June)	Summer (July to August)
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Course One

Course Code and Section (e.g. VISD-2002-001): _____

Course Instructor: _____

Course Two

Course Code and Section (e.g. VISD-2002-001): _____

Course Instructor: _____

Course Three

Course Code and Section (e.g. VISD-2002-001): _____

Course Instructor: _____

Course Four

Course Code and Section (e.g. VISD-2002-001): _____

Course Instructor: _____

Course Five

Course Code and Section (e.g. VISD-2002-001): _____

Course Instructor: _____