

STUDENT EVALUATION OF NOTE-TAKING SERVICES

Please take a few minutes to evaluate your note-takers for the semester. The Office of AccessABILITY welcomes your comments and opinions in order to help better serve you. Please note that parts of the evaluations will be shared with the note-taker so that they can strengthen their note-taking abilities. **Your name will be kept confidential.**

A. Circle the response that best reflects your opinion of the notes taken by this note-taker.

1. Clear language
2. Includes all topics covered by the class
3. Legible handwriting
4. Correct spelling of content words
5. Well organized
6. Important information is indicated
7. Able to follow the flow of the class from the notes

B. Circle the response that best reflects your opinion.

1. Arrives to class on time.
2. Notifies me if he/she will be late or absent to class.
3. If the note-taker is absent, he/she will get a copy of the notes they missed for me.
4. Gives me the notes within the time-frame agreed to.

C. Overall, I would rate this note-taker as:

Please Note: The note-taker will not see this part of the evaluation form. This part is kept confidential.

D. Please indicate how you would feel if you were assigned this note-taker again.

- "Yes, absolutely"
- "Alright with me"
- "Rather not, please find someone else if possible"
- "Not under any circumstance"

Please give your reason for this choice: _____

E. Please add any comments you have about this note-taker, or note-taking services in general.

Note-takers Name: _____ **Student's Name:** _____

Course: _____ **Semester:** _____ **Year:** _____