

Faculty Recommendation Form for Note Taker Applicant

Student: _____ has applied for a position as a note taker for

Please Specify: Fall 20 _____ Spring 20 _____

Course Name and Section: _____

Please respond to the following questions and return this form as indicated at the bottom of the page.

Please check one:

- I recommend this student as a note taker.
 I do not recommend this student as a note taker.

1. **Please rank this student from 5 (excellent) to 1 (poor) on the following characteristics.**
 Select N/A if you are unable to evaluate the student in this area.

Characteristic:	5	4	3	2	1	N/A
Class Attendance						
Attitude						
Completeness/Legibility of Notes						
Ability to Meet Deadlines						

Comments:

Professor Name (Print Please): _____

Signature & Date: _____

Please return this form to: Marisa Evans, MA, LPC, NCC, DCC
 Director of Counseling and Disability Services
 101 St. Joseph's Hall
 Fax: 814-885-6575
 Email: mevans@mtaloy.edu

Date Received by Disability Services: _____

Approved Not Approved