ONTARIO COLLEGE OF ART & DESIGN

Center for Students with Disabilities

NOTE TAKING FEEDBACK FORM (2010-2011)

CONTACT INFORMATION

Date: _____

Student Name: _____ Student Number: _____

Email Address: _____

FEEDBACK:

Course Name & Code: _____

Professor: _____

Note Taker Name: _____

Note Taker Email: _____

Feedback:

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PLEASE ATTACH A SAMPLE OF THE NOTETAKER'S NOTES IN YOUR EMAIL/SUBMISSION.

Email to slindo@ocad.ca or drop it off at the CSD to Sabrina.

CSD ONLY: Edited: 09/08/2010 Location: CSD Drive/Accommodations