



FOR ALL EMPLOYEES TO COMPLETE

Name of Client: _____
Please Print Full Name

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Please Print Full Name

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SERVICE PROVIDED: CHECK ONE ONLY

Prep Time	
Notetaking	
Tutoring	
Proctoring	
Organization	
Remediation	
Supervision	
Reading	

Client No Show (Tutoring)	
Client No Show (Proctoring)	
Client No Show (Supervision)	
Client No Show (Remediation)	
Client No Show (Organization)	
No Notes (Test)	
<small>circle which one</small> No Notes (Speech, Presentation)	
<small>circle which one</small> No Notes (Absent, Class Cancelled)	

Date Service Provided: _____ / _____ / _____ Start Time: _____ am/pm End Time: _____ am/pm
Month Day Year

Service Provided By: _____ Staff Number: _____
Please Print Full Name

Location Service Provided: _____

FOR NOTETAKERS ONLY

Class: _____ Section: _____ Instructor: _____

FOR AUDIOBOOKS READERS ONLY

Name of Book: _____ Book Returned? YES NO
Circle One

Number of Tapes Completed and Returned: _____

OR

Filename(s) and Total Pages Read per File: _____ Staff Initial: _____

FOR AUDIOBOOKS OFFICE STAFF ONLY

Date Tapes/Files/CD's Provided: _____ / _____ / _____ Course Department (Abbreviation) and Number: _____
Month Day Year

Number of Tapes/Files/CD's Provided: _____ Staff Initial: _____