

Student Disability Services Student Academic Success Services

5155 Gullen Mall / 1600 U.G.L. Detroit, Michigan 48202 (313)577-1851 Office (313)577-3365 TTY (313)577-4898 FAX

Classroom CART Reporter/Interpreter/Note Taker VERIFICATION FORM -REPORT OF SERVICE-

Responsibility of the student who is receiving the service: Instructions:

This form must be completed and signed daily by the classroom note taker/CART reporter or Interpreter on the day/s of their assignment/s. At the end of the week, the student must read and then sign the work verification form before turning it into the SDS office. This form must be turned in no later than Friday, 9:00 a.m., either delivered, scanned and sent as an email attachment or by fax.

If sent as an email attachment, please send it to the Program Specialist, fmarlowe@wayne.edu and copy jdeprie@wayne.edu and rskruman@wayne.edu.

DAY	DATE	CLASS	TIME – (START- FINISH)	LOCATION	SERVICE PERSONNEL'S SIGNATURE
MONDAY					
TUESDAY					
WEDNESDAY					
WEDNESDAI					
THURSDAY					

AY	DATE	CLASS	TIME- (START- FINISH)	LOCATION	SERVICE PERSONNEL'S SIGNATURE
RIDAY					
ATURDAY					
PECIAL SSIGNMENT					
301011111111					
I CERIFY T	HAT THE A	AROVE INTE	RPRETING/NO	TE-TAKERS/REF	PORTING
				AND TIMES INDI	
ABOVE. I U	NDERSTA	ND THAT IF	THIS FORM IS	S NOT COMPLET	ED AND
TURNED IN	BY FRIDA	Y, 9:00 A.M.,	AND OTHER A	ARRANGEMENTS	S HAVE NOT
BEEN MAD	E, PERSON	NEL WILL N	OT BE PAID F	OR SERVICES R	ENDERED
AND SERVI	CE PERSO	NNEL MAY B	BE WITHDRAW	'N.	