

Louisiana Department of EDUCATION

TEMPORARY ACCOMMODATION PLAN (TAP)

Local Educational Agency (LEA)

Student Last First DOB Grade School SBLC/504 Chairperson

What date was the Temporary Accommodation Plan (TAP) developed?

What is the implementation date of the Temporary Accommodation Plan?

Was the student identified with a disability prior to this incident? Yes No

If yes, note the identified disability and any services received. Disability

Section 504 IAP IEP

What is the temporary illness, injury, or disabling condition?

List documentation to support the condition and need for these accommodations.

What is the expected duration of this temporary disability?

Select or note all necessary accommodations below:

- Individualized instruction/testing, Recorder, Note-taker/Scribe, Photocopies of teacher/peer notes, Peer tutor/work buddy, Frequent breaks, Simplified tasks into smaller chunks, Assistance during transitions, Modified schedule (attach), Other (specify)

Indicate standardized assessments expected to be taken while student is receiving these accommodations.

List all required standardized assessment accommodations and a provide justification.

Note: The TAP is not intended for use as an interim or Section 504 plan.

Signatures of SBLC/SAT Members participating in development Temporary Accommodation Plan

Teacher / Date

*Parent(s) / Date

*Principal / Designee / Date

504/SBLC Member / Date

*504/SBLC /SAT Chairperson / Date

Student / Date

*Required Signature

Box containing required signatures for School Test Coordinator and District Test Coordinator.