

ORLEANS PARISH SCHOOL BOARD

**EXIT NOTIFICATION OF
TEMPORARY ACCOMMODATION PLAN**

Date: _____

Dear _____

This is to notify you that _____'s Temporary Accommodation Plan (TAP) is being discontinued due to the temporary nature of your child's illness/injury/disabling condition.

If you have any questions, please do not hesitate to call.

Sincerely,

Principal: _____

School: _____

SAT /504 Chairperson's Signature

Parent's Signature