

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? _____

Is the expected duration of this condition 6 months or less? ? Yes No

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

What is the expected duration of this temporary disability? _____

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

List all required standardized assessment accommodations and justification. _____

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

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

Parents _____ Date _____

Student _____ Date _____

Teacher _____ Date _____

Principal/Designee _____ Date _____

504/SBLC Member _____ Date _____

504/SBLC/SAT Chairperson _____ Date _____

Signature is required if student needs accommodations for standardized assessment.

School Test Coordinator _____ Date _____

District Test Coordinator _____ Date _____

Standardized Testing Accommodations (As aligned with above accommodations and disability)

Check assessments to be taken within one year: (1) Grades 3-8 State Assessments (2) EOC (3) ELDA (4) EXPLORE (5) PLAN (6) ACT (7) Other _____

(00) None (Student does not need standardized testing accommodations or has completed all required testing)

Paper		Online		
Grades 3-8 Math and ELA		Grades 3-8 Science and Social Studies	Grades 3-8 Math and ELA	End Of Course
Presentation Accommodations				
Math Read Aloud	ELA Read Aloud	Read Aloud	ELA and Math Read Aloud	Read Aloud Except Reading Comprehension
<input type="checkbox"/> Text to Speech	<input type="checkbox"/> Text to Speech	<input type="checkbox"/> Text to Speech	<input type="checkbox"/> Text to Speech	<input type="checkbox"/> Recorded Voice
<input type="checkbox"/> Human Reader	<input type="checkbox"/> Human Reader	<input type="checkbox"/> Human Reader <input type="checkbox"/> Recorded Voice	<input type="checkbox"/> Human Reader	
Communication Assistance		Communication Assistance	Communication Assistance	Communication Assistance <input type="checkbox"/> Communication Assistance (Script)
			<input type="checkbox"/> Touch screen monitor	<input type="checkbox"/> Touch screen monitor
<input type="checkbox"/> Hearing device		<input type="checkbox"/> Hearing device	<input type="checkbox"/> Hearing device	<input type="checkbox"/> Hearing device
<input type="checkbox"/> Audio Amplification		<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification	<input type="checkbox"/> Audio Amplification
Other Presentation Accommodations				
<input type="checkbox"/> Directions clarified		<input type="checkbox"/> Directions clarified	<input type="checkbox"/> Directions clarified	<input type="checkbox"/> Directions clarified
<input type="checkbox"/> Highlighter		<input type="checkbox"/> Highlighter	<input type="checkbox"/> Highlighting tool	
<input type="checkbox"/> Headphones or noise buffers		<input type="checkbox"/> Headphones or noise buffers	<input type="checkbox"/> Headphones or noise buffers	<input type="checkbox"/> Headphones or noise buffers
<input type="checkbox"/> Redirect to the test		<input type="checkbox"/> Redirect to the test	<input type="checkbox"/> Redirect to the test	<input type="checkbox"/> Redirect to the test
<input type="checkbox"/> Large print		<input type="checkbox"/> Large print	<input type="checkbox"/> Large print	<input type="checkbox"/> Large print
<input type="checkbox"/> Listening device		<input type="checkbox"/> Listening device	<input type="checkbox"/> Listening device	<input type="checkbox"/> Listening device
<input type="checkbox"/> Color overlay		<input type="checkbox"/> Color overlay	<input type="checkbox"/> Change background font/colors	<input type="checkbox"/> Color overlay
			<input type="checkbox"/> Paper form of test	<input type="checkbox"/> Paper form of test
<input type="checkbox"/> Extra white paper		<input type="checkbox"/> Extra white paper	<input type="checkbox"/> General masking	
Response Accommodations				
Communication Assistance				
<input type="checkbox"/> Speech to Text		<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Word processor		<input type="checkbox"/> Word processor	<input type="checkbox"/> Word processor	<input type="checkbox"/> Word processor
<input type="checkbox"/> Alternate keyboard		<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Alternate keyboard	<input type="checkbox"/> Alternate keyboard
<input type="checkbox"/> Communication device		<input type="checkbox"/> Communication device	<input type="checkbox"/> Communication device	<input type="checkbox"/> Communication device
Calculation Devices (except on fluency items)				
<input type="checkbox"/> Calculator		<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator	<input type="checkbox"/> Calculator
<input type="checkbox"/> Manipulatives		<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Manipulatives
<input type="checkbox"/> Multiplication chart		<input type="checkbox"/> Multiplication chart	<input type="checkbox"/> Multiplication chart	<input type="checkbox"/> Multiplication chart
<input type="checkbox"/> 100s chart		<input type="checkbox"/> 100s chart	<input type="checkbox"/> 100s chart	<input type="checkbox"/> 100s chart
<input type="checkbox"/> Number line		<input type="checkbox"/> Number line	<input type="checkbox"/> Number line	<input type="checkbox"/> Number line
Other Response Accommodations				
<input type="checkbox"/> Slant board		<input type="checkbox"/> Slant board	<input type="checkbox"/> Slant board	<input type="checkbox"/> Slant board
<input type="checkbox"/> Blank paper		<input type="checkbox"/> Blank paper	<input type="checkbox"/> Blank paper	<input type="checkbox"/> Blank paper
<input type="checkbox"/> Word prediction		<input type="checkbox"/> Word prediction	<input type="checkbox"/> Word prediction	
<input type="checkbox"/> Adapted grips, writing tools		<input type="checkbox"/> Adapted grips, writing tools	<input type="checkbox"/> Adapted grips, writing tools	<input type="checkbox"/> Adapted grips, writing tools
<input type="checkbox"/> Answers recorded		<input type="checkbox"/> Answers recorded	<input type="checkbox"/> Answers recorded	<input type="checkbox"/> Answers recorded
<input type="checkbox"/> Transferred answers		<input type="checkbox"/> Transferred answers	<input type="checkbox"/> Transferred answers	<input type="checkbox"/> Transferred answers
				<input type="checkbox"/> Dictionary
				<input type="checkbox"/> Thesaurus
Timing & Scheduling Accommodations				
<input type="checkbox"/> Extended time		<input type="checkbox"/> Extended time	<input type="checkbox"/> Extended time	<input type="checkbox"/> Extended time
<input type="checkbox"/> Allow breaks		<input type="checkbox"/> Allow breaks	<input type="checkbox"/> Allow breaks	<input type="checkbox"/> Allow breaks
Setting Considerations				
<input type="checkbox"/> Individual testing		<input type="checkbox"/> Individual testing	<input type="checkbox"/> Individual testing	<input type="checkbox"/> Individual testing
<input type="checkbox"/> Small group testing		<input type="checkbox"/> Small group testing	<input type="checkbox"/> Small group testing	<input type="checkbox"/> Small group testing
<input type="checkbox"/> Specified seating		<input type="checkbox"/> Specified seating	<input type="checkbox"/> Specified seating	<input type="checkbox"/> Specified seating
<input type="checkbox"/> Alternate location		<input type="checkbox"/> Alternate location	<input type="checkbox"/> Alternate location	<input type="checkbox"/> Alternate location