

SCHEDULE

Regulation 3

Unique Pupil Identifier
where applicable

CONFIDENTIAL

Official use: Date of
first CSP
Date on /subsequent
amended versions

Set out name of authority

CO-ORDINATED SUPPORT PLAN

for [insert name of child/young person]

Home address:
Contact telephone number:
Date of Birth:
Gender:
Preferred language/form of communication:

School currently attended: Date of Entry to Current School:

Parental Details

Surname: Forename(s):
Home address:
Contact telephone number:
Relationship to child/young person:

Preferred language/form of communication:

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Surname:	Forename(s):
Home address:	
Contact telephone number:	
Relationship to child/young person:	
Preferred language/form of communication:	

PROFILE
(here set out a summary of the child's/young person's skills and capabilities) and any other relevant information

Factors giving rise to additional support needs
(here set out the factors which give rise to the child's/young person's additional support needs)

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Educational Objectives	Additional Support Required	Persons providing the additional support
(here set out the educational objectives that require co-ordination of support for the child/young person taking account of the factors giving rise to additional support needs)	(here set out the additional support required by the child/young person to achieve each of the educational objectives)	(here specify the persons by whom the additional support should be provided)

<p>NOMINATED SCHOOL</p> <p>Name of School:</p> <p>Address:</p> <p>Telephone Number:</p> <p>Head Teacher:</p> <p>Nature of Placement: (part-time, day, residential, base, joint-placement)</p>
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PARENTAL COMMENT

(here set out the views of the parent on the Plan)

CHILD/YOUNG PERSON'S COMMENTS

(here set out the views of the child or young person on the Plan)

CO-ORDINATED SUPPORT PLAN REVIEW TIMETABLE

Date co-ordinated support plan made/amended:
(delete as applicable)

Date by which review must begin:
(on the expiry of 12 months from the date the plan was made/amended)

Date by which review must be completed:
(within 12 weeks of the date on which the review began)

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EDUCATION AUTHORITY CONTACT POINTS

Additional Support Provision Co-ordinator

This person is responsible, on behalf of the education authority, for co-ordinating the additional support required by the child/young person as detailed in this co-ordinated support plan.

Surname:

Forename(s):

Contact Address:

Contact Telephone Number:

Work Position/Title:

Parental Advice and Information Officer on the Co-ordinated Support Plan

The parent of a child with a co-ordinated support plan or a young person with a co-ordinated support plan may obtain advice and further information from the following person:

Surname:

Forename(s):

Contact Address:

Contact Telephone Number:

Work Position/Title

In accordance with section 11 of the Additional Support for Learning (Scotland) Act 2004 ("the Act") and the Additional Support for Learning (Co-ordinated Support Plan)(Scotland) Regulations 2005 ("the Regulations"), this Co-ordinated Support Plan is made/continued (delete as applicable) by [insert name of education authority] on [insert date] in respect of [insert name of child or young person].

Name:

Work Position/Title:

Signed (authorised officer of the authority)