

SCHEDULE

Regulation 3

Unique Pupil Identifier  
where applicable

SCHEDULE  
CONFIDENTIAL

Regulation 3

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**Status:** This is the original version (as it was originally made).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)

**Status:** This is the original version (as it was originally made).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

<b>Educational Objectives</b>	<b>Additional Support Required</b>	<b>Persons providing the additional support</b>
<p>(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)</p>	<p>(here set out the additional support required by the child/young person to achieve each of the educational objectives)</p>	<p>(here specify the persons by whom the additional support should be provided)</p>

<p><b>NOMINATED SCHOOL</b></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>
--

*Status: This is the original version (as it was originally made).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

**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)

*Status: This is the original version (as it was originally made).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

## 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)