

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Status: This is the original version (as it was originally made).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

Status: This is the original version (as it was originally made).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

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)

NOMINATED SCHOOL

Name of School:

Address:

Telephone Number:

Head Teacher:

Nature of Placement:

(part-time, day, residential, base, joint-placement)

Status: This is the original version (as it was originally made).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