| Unique Pupil Identifier: | Official use: |
|---|---|

# CONFIDENTIAL

**Set out name of authority:**

**CO-ORDINATED SUPPORT PLAN**

**for**

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: | Other names: |
| | |
| Home address: | |
| | |
| | |
| Contact telephone number: | |
| | |
| Relationship to child/young person: | |
| Preferred language/form of communication: | |
| | |

| Surname: | Other names: |
|---|---|
| | |
| Home address: | |
| | |
| | |
| Contact telephone number: | |
| | |
| Relationship to child/young person: | |
| Preferred language/form of communication: | |
| | |

**PROFILE**

| |
|---|
| |

| **FACTORS GIVING RISE TO ADDITIONAL SUPPORT NEEDS** |
|---|
| |
| |

| LEARNING PLAN | | |
|---|---|---|
| | | |
| **Educational Objectives** | **Additional Support Required** | **Persons providing the additional support** |
| | | |
| | | |

| **NOMINATED SCHOOL** |
| --- |
| |
| |
| Name of school: |
| |
| Address: |
| |
| Telephone number: |
| Headteacher: |
| Nature of Placement: |
| (part-time, day, residential, base, joint-placement) |
| |

| **PARENTAL COMMENT** |
| --- |
| |
| |

| **CHILD'S/YOUNG PERSON'S COMMENTS** |
| --- |
| |

| **CO-ORDINATED SUPPORT PLAN REVIEW TIMETABLE** |
|---|
| |
| Date Co-ordinated Support Plan made/amended:<br>(delete as applicable) |
| |
| Date by which review must begin:<br>(on the expiry of 12 months from the date the Plan was made/amended) |
| |
| Date by which review must be completed:<br>(within 12 weeks of the date on which the review began) |
| |

| **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 or Title: | |
| | |

| **Parental Advice and Information 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 Education (Co-ordinated Support Plan)(Scotland) Regulations 2005 ("the Regulations"), this co-ordinated support plan is made by North Lanarkshire Council on in respect of . | |
| | |
| Name: Aileen Hart | Work Position or Title: Education Officer Inclusion |
| | |
| Signed (authorised officer of the authority) | |