

**CONFIDENTIAL**

**CO-ORDINATED SUPPORT PLAN**

**Name:**

**Date Created: Date of Review:**

**CONFIDENTIALCO-ORDINATED SUPPORT PLAN**

**For:**

**Home Address:**

**Contact Telephone Number:**

**Date of Birth:**

**Gender:**

**Preferred Language/Communication method: School Currently Attended:**

**Date of Entry to Current School:**

**Parental Details:**

*[details of the child’s parent(s) and/or those adults who have or share responsibility for their care, such as foster carers, a relative or social work services should be recorded here.*

*The template only contains 2 boxes but additional boxes can be added as required]*

**Relationship to child/young person:**

**Address:**

*[if different from child’s/young person’s]*

**Contact Telephone Number:**

**Preferred language/communication method:**

**Forename(s):**

**Surname:**

**Parental Details continued:**

**Relationship to child/young person:**

**Address:**

*[if different from child’s/young person’s]*

**Contact Telephone Number:**

**Preferred language/communication method:**

**Forename(s):**

**Surname:**

**Factors giving rise to additional support needs: Disability/health**

**Learning environment Social/emotional Family circumstances**

**PROFILE:**

10

|  |  |  |
| --- | --- | --- |
| **Educational Objectives** | **Additional Support Required** | **Persons Providing the Additional Support** |

**NOMINATED SCHOOL**

**[***this should be the name and address of the school if it is intended that the child or young person will attend]*

**Name of School:**

**Address:**

**Telephone Number:**

**Head teacher:**

**Nature of Placement:**

*[part-time, day, residential, base, joint placement]*

**PARENTAL/CARER COMMENT**

**CHILD’S YOUNG PERSON’S COMMENTS**

**EDUCATION AUTHORTY CONTACT POINTS**

**Date by which review must be completed:**

*[within 12 weeks of the date on which the review began]*

*[on the expiry of 12 months from the date the Plan was made/amended]*

**Amended**

**Made**

**Date Co-ordinated Support Plan**

*[delete as applicable]*

**Date by which review must begin:**

**CO-ORDINATED SUPPORT PLAN REVIEW TIMETABLE**

**Contact Telephone**

**Number:**  01224 472840

**Work Position/Title** Principal Educational Psychologist/ Service Manager

 Inclusion, Equity and Wellbeing

**Forename(s):** Carron

Education and Children’s Services, Woodhill House, Westburn Road Aberdeen AB16 5GB

**Surname:** Douglas

**Contact Address:**

**Parental/Carer Advice and Information on the Co-ordinated Support Plan**

The parent/carer 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 persons:

**Additional Support Provision Co-ordinator**

This person is responsible, on behalf of Aberdeenshire Education and Children’s Services, 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**

**Contact Telephone**

**Number:** 01224 535512

**Work Position / Title** Head of Service & Chief Education Officer

In accordance with section 11 of the Education (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/amended* (delete as applicable) by Aberdeenshire Education and Children’s Services in respect of **pupil name Signed:**

(authorised officer of the authority)

**Date:**

**Forename(s):** Vincent

Education and Children’s Services, Woodhill House, Westburn Road Aberdeen AB16 5GB

**Surname:** Docherty

**Contact Address**

**Authorised officer of the authority**