Education and Children’s Services

**Information Checklist for Co-ordinated Support Plan**

**Date of request/ letter/ review:**

**Pupil Name: DOB:**

**Address:**

**School:**

**Description of Additional Support Needs:**

**Planning Documents already in place:**

**Agencies Involved:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency** | **name** | **Reason** | **Length / Frequency** | **Impact on Learning** |
| Education |  |  |  |  |
| Health |  |  |  |  |
| Health |  |  |  |  |
| Health |  |  |  |  |
| Other |  |  |  |  |

Pupil Name:

**Criteria for Co-ordinated Support Plan**

**Enduring:** Additional Support Needs are likely to last for longer than 1 year.

**Complex:** A complex factor is one that has, or is likely to have, a significant adverse effect on the school education of the child or young person.

**Multiple:** Multiple factors may not by themselves be complex but taken together have, or are likely to have, a significant adverse effect on the school education of the child or young person.

**Need for Co-ordination:** Where there is substantial and continuing intervention from Education and another agency in order to benefit from school education.

* Need for co-ordination due to substantial and

continuing intervention from Education and

another agency YES / NO

* One or more **complex** factors YES / NO

*Please specify*

* **Multiple** factors YES / NO

*Please specify*

* **Enduring** (lasting more than one year) YES / NO

Pupil **appears** to meet the criteria for a CSP YES / NO

**Recommended for CSP?**

**Reasons for recommendation:**

**cc:** Pupil, Parent, relevant Professionals, CSP Advisory Group.

Consent to share information agreed by parents/pupil YES/NO

Lead Person will be ……………………………………………………………

**Date** …………………………………