

# From mountain to sea



**Assessment and Planning Co-ordinated Support Plans Book 3 Writing a CSP**

Supporting all Aberdeenshire’s Learners

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Guidance updated by Inclusion, Equity and Wellbeing Team

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Status | Issue date | Reason |
| 1.0 | Guidance | February 2013 | New guidance following legislation |
| 2.0 | Guidance | September 2016 | Update following revised Code of Practice |
| 2.1 | Guidance | December 2016 | Update due to change of address for ASNTS |
| 2.2 | Guidance | September 2020 | Update due to change of address for ASNTS |
| 2.3 | Guidance | September 2022 | Update to letters and checklist |
| 2.4 | Guidance | July 2023 | Updates to templates |

# What must a CSP contain?

A CSP must contain the following as set out in legislation in the Supporting Children’s Learning Code of Practice (Revised edition) Paragraphs 48/49/51:

* The education authority’s conclusions as to the factor or factors from which the additional support needs of the child or young person arise.
* The educational objectives sought to be achieved taking account of those factors.
* The additional support required to achieve these objectives.
* Details of those who will provide this support.
* The name of the school the child or young person is to attend.
* The details of the person who will co-ordinate the additional support identified in the plan, or details of any person nominated by the education authority

to carry out the co-ordinator function – if not an educational authority official.

* The details of a contact person within the local authority from whom the parents or young person can obtain advice and further information.

The CSP must also contain other details in addition to those required by the Act. These are:

* Specified biographical and contact details of the child or young person (from page 1 of the Individual Education Plan of from SEEMIS).
* Specified contact details for their parent(s) or those adults who have, or share, responsibility for the care of the child or young person
* A profile – the purpose of this is to build a holistic pen picture of the child or young person. It should focus on the positive aspects of the child’s/young person’s life, for example, his/her skills and capabilities. It may also include information about the school attended or curriculum followed, other planning in place, his/her favourite activities, or how he/she likes to learn (from “All about me” and “Your views are important” pro- formas, “Pupil educational development” pro-forma and the IEP itself.)
* Parent and child’s/young person’s comments on any aspects of the Co-ordinated Support Plan process as well as the plan itself.
* A review timetable.

# Key elements of the Co-ordinated Support Plan

Profile of the child/young person

The purpose of the profile is to build up a holistic pen picture of the child/young person. It should focus on:

* The positive aspects of the child/young person’s life – for example – his/her skills and capabilities.
* It may also include information about the type of placement or curricular guidelines he/she follows.
* It may include information from other plans, preferred activities and learning styles.

The profile will be devised by summarising information provided by the child/young person, his/her parents and the other people who know/work with the child or young person. This information can be taken from:

* “All about me”
* “Your views are important”
* “Pupils educational development” pro-formas

The result should be a summary that encapsulates the child/young person.

Factors giving rise to additional support needs

This part of the plan must state the complex factor or factors, or multiple factors giving rise to additional support needs.

The factors may be:

* diagnostic terms such as autism spectrum disorder, learning disability or clinical depression
* more descriptive and related directly to the personal circumstances of the child or young person, and family. Examples include:
* parental mental health problems may be a complex factor which results in difficulties in the family and leads to the child or young person being looked after and accommodated away from home
* a child or young person may have developed behavioural difficulties, because the parents have not been able to exercise sufficient control over his/ her behaviour.

The Support plan overview from the IEP process may also contribute information regarding the required provision to meet additional support needs.

It should be clear from the assessment information which underpins the CSP what the complex and/or multiple factors are and how these are influencing the development of the child or young person and his/ her ability to benefit from school education. All the complex and/or multiple factors involved should be stated.

Educational Objectives

The CSP enables children / young people to work towards achieving their educational objectives. The educational objectives in the plan must take account of the factors giving rise to the child’s or young person’s additional support needs.

**The plan must contain those educational objectives that require co-ordination of multi agency support.**

For example, to improve the communication skills of a child with an autism spectrum disorder, a teacher and speech and language therapist need to ensure that their support is well co-ordinated towards their joint objective.

Within the meaning of the Act, **school education is holistic** - directed towards meeting the child’s full potential by developing their personality, talents, mental and physical abilities.

Educational objectives should therefore:

* be specific to the child / young person and his / her additional support needs
* encompass a holistic view of the child / young person.
* For example, educational objectives could include those required for personal and social development

- learning to travel independently, or learning skills concerned with feeding or dressing.

* ensure that the child or young person benefits from the school education provided.
* Be SMART (specific, measurable, achievable realistic/relevant, timed) and to run for a minimum of 12 months.

It is imperative that the objectives are **specific** and **detailed** following careful consideration. When setting an objective, a question that needs to be answered is “How will we know the objective has been achieved?” Objectives should be those which can be achieved in a year approximately or for which progression milestones will be identifiable within the year as they need to reflect the ability to *“enable the education authority, and other agencies involved in supporting the child or young person, to monitor and review progress over time.”*

(Supporting Children’s Learning Code of Practice,

paragraph 59

Educational objectives should specify four main things:

* **Audience** Who? Who is this aimed at? The objectives should be worded for the child/ young person to achieve
* **Behaviour** What? What do you expect them to be able to do?
* This should be an overt, observable behaviour, even if the actual behaviour is covert or mental in nature. If you can’t see it, hear it, touch it, taste it, or smell it, you can’t be sure your audience really learned it.
* **Condition** How? Under what circumstances will the learning occur? What will the student be given or already be expected to know to accomplish the learning?
* **Degree** How much? Must a specific set of criteria be met?

Do you want total mastery, independence and/or and transference of skills?

This is often called the ABCD’s of objectives, a nice mnemonic aid!

**Tip: Never use the word *understand* in an objective. It is too vague, and does not specify a measurable behaviour.**

Examples of educational objectives from the Supporting Children’s Learning Code of Practice annexe C

Mark will be able to:

* improve his self-help skills by becoming more independent with feeding
* develop his communication and language by using symbols
* improve fine motor skills, including writing
* learn to use his walking frame to walk longer distances on his own

Aberdeenshire Examples:

Erica will make choices and communicate her needs with those around her by:

* Choosing, using photographs, at circle time, snack time and during targeted learning activities
* responding to stories using a big mac switch

Angela will maintain her level of mobility and prevent deterioration in her balance, gait, posture and range of movement by:

* Moving around school using equipment to promote her balance in walking
* Maintaining a good sitting posture and standing posture to protect her spine and help minimise muscle and joint contractures.

Typical Problems Encountered When Writing Objectives

|  |  |  |
| --- | --- | --- |
| Problem | Error Type | Solution |
| Too vast/complex. | The objective is too broad in scope or is actually more than one objective. | Simplify/break apart to detail objectives that are achievable within 12 months. |
| False/missing behaviour, condition, or degree. | The objective does not list the correct behaviour, condition, and/or degree, or they are missing. | Be more specific, make sure the behaviour, condition, and degree are included. |
| Only topics listed. | Describes instruction, not conditions. That is, the instructor may list the topic but not how he or she expects the students to use the information. | Simplify, include ONLY ABCDs. |
| False performance. | No true overt, observable performance listed. | Describe what behaviour you must observe. |

* Please refer to the proformas submitted by the agencies when writing the educational objectives. The educational objectives must reflect what the agencies are doing to support the child/young person to access their education.



**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:**

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|  |  |  |
| --- | --- | --- |
| **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 and 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):**

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

**Surname:**

**Contact Address**

**Authorised officer of the authority**



**CONFIDENTIAL**

**CO-ORDINATED SUPPORT PLAN**

**Name: Jane Goodfellow**

**Date Created: 3rd April 2016 Date of Review: 3rd April 2017**

**Example of Co-ordinated Support Plan CONFIDENTIAL CO-ORDINATED SUPPORT PLAN**

**Date of Entry to Current School:** xx.xx.xxxx

Highfields

**School Currently Attended:**

English (spoken) and Makaton signing

**Preferred Language/Communication method:**

Female

**Gender:**

26th October 2010

**Date of Birth:**

xxxxx xxxxxx

**Contact Telephone Number:**

**Home Address:** Bright Street, Anytown

Jane Goodfellow

**For:**

**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]

**Preferred language/communication method:** Spoken English

xxxxx xxxxxx

**Contact Telephone Number:**

Same

**Address:**

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

Mother

**Relationship to child/young person:**

**Forename(s):** Rachel

Goodfellow

**Surname:**

**Parental Details continued:**

**Preferred language/communication method:** Spoken English

xxxxx xxxxxx

**Contact Telephone Number:**

Same

**Address:**

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

Father

**Relationship to child/young person:**

**Forename(s):** Robert

Goodfellow

**Surname:**

**PROFILE:**

Jane is a happy, cheerful girl who enjoys spending time in the company of other children.

Jane’s understanding of what is said to her is much better than her spoken language, which is restricted to single words.

Jane is an enthusiastic little girl who enjoys taking part in all early learning activities. She is at the early stages of letter and sound recognition and recognises the Jolly Phonics signs for the first set of letters (s,a,t,n,i,p). She can count to 5 naming the numbers and match numbers 1-10. She is able to follow a short sequence of instructions to complete an activity. Jane likes to work independently but in order for her to persevere with tasks she sometimes needs an appropriate level of challenge and encouragement.

Communication through work on paper is an important development for Jane. She has good hand-eye coordination and enjoys using a pencil. She loves art-work and her drawings show a good level of detail. She can form most of the letters of the alphabet and is able to write her name clearly.

Jane particularly enjoys activities which are sensory and tactile such as water play, shaving foam and playdough.

Jane loves music and dancing and attends a local dance class with friends. She is also a member of the Rainbow Brownies pack, and is learning to swim at classes on a Saturday morning.

###### Factors giving rise to additional support needs:

**Disability / health**

Jane has a diagnosis of Achondroplasia. She also has:

* + Severe communication difficulty and very little spoken language. Her expressive language skills are significantly poorer than her level of comprehension. This potentially could lead to a high level of frustration for Jane when trying to make herself understood as well as a sense of isolation from her peers and the world around her.
  + Uses Makaton - adults working with her need to be trained in order to communicate with her and, at times translate for her.
  + Has reflux and a sensitive gag reflex which sometimes causes her to be sick at mealtimes, needs supervision in the dinner hall and support for cleaning at these times.
  + Difficulty with some physical tasks. Jane is able to feed and toilet herself independently when given a little prompting and encouragement, and when supported with appropriate equipment.

**Learning environment**

Physical needs due to Achondroplasia

* + Assistance with access to the school building or go upstairs by herself.
  + Help her open doors and use the lift if she needs to go upstairs for certain lessons.
  + Support to access the main school playground.
  + Additional support is required with seating and equipment to access the curriculum e.g. step for SMART board.
  + Use of Makaton to assist communication

**Family circumstances**

* Jane has an older brother with Autism spectrum disorder.

**Social and/or emotional**

* On rare occasions Jane gets frustrated with her communication difficulties and mirrors some of her brother’s behaviours such as hiding under a table when she doesn’t wish to engage.

|  |  |  |
| --- | --- | --- |
| **Educational Objectives** | **Additional Support Required**  Planned language development programme   * Targeted support to develop language skills with programme devised and supplied by the SLT based on the Derbyshire Language approach and supported by use of Makaton signing * SLT support for blocks of therapy, each of 6-8 weeks duration and twice over the academic year, working on an individual basis * SLT to share strategies and programme with class teacher, PSAs and parents. * formal and informal opportunities for practice of developing skills with peers * Safe use of stairs skills to be taught by occupational therapist and termly review (or earlier if required) of equipment used to increase independence. Occupational therapist to share information with class teacher, PSAs and parents. Occupational therapist support is available on an as required basis in response to needs * Occupational therapist to review equipment, adjust and advise staff on a termly basis (or earlier if required) | **Persons Providing the Additional Support** |
| 1. Jane will develop her receptive and expressive language skill to 2-3 word level | Class teacher  Pupil support assistants Speech and language therapist |
| 2. Jane will access all areas of the school building independently. | Class teacher PSA  Occupational therapist |

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|  |  |  |
| --- | --- | --- |
| **Educational Objectives** | **Additional Support Required**  Development of programmes to support increased personal skills to include:   * SLT to work with class teacher, PSAs and parents to assist with eating and drinking routines. SLT will be available on request for some lunchtime sessions * SLT to share information and strategies with class teacher, PSA and parents. PSA and parents to implement strategies for practice at school and home * Occupational therapist to work with PSAs and parents to improve independence for toileting, and to advise school on equipment * Toileting routines providing support and development of independence to be shared with class teacher / PSAs and parents * Occupational therapist support as/when required | **Persons Providing the Additional Support** |
| 3. Jane will develop personal independence skills to manage eating, drinking and toileting with minimal support | Speech and language therapist Class teacher  PSA |
|  | Occupational therapist Class teacher  PSA |

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

Mrs Simmons

Day

**Head teacher:**

**Nature of Placement:**

**Telephone Number:** xxxxx xxxxx

Cherrybank, Anytown

**Address:**

Highfields

**Name of School:**

**NOMINATED SCHOOL**

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

**PARENT / CARER COMMENT**

Parents fully agreed and endorsed the proposed intervention on Jane’s behalf.

They are pleased with the way in which Jane has settled into the routine of primary 1, and grateful for the support given by school and by NHS.

**CHILD’S YOUNG PERSON’S COMMENTS**

Jane is very happy at Highfields school. *Insert photo of Jane enjoying activities (using the stairs with support from an adult / signing in Makaton) as her expressive language is not sufficient as yet to communicate fully her comments.*

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

**Date by which review must be completed:** 26th June 2017

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

3rd April 2017

**Made** 3rd April 2016 **Amended**

**Date Co-ordinated Support Plan**

*[delete as applicable]*

**Date by which review must begin:**

**CO-ORDINATED SUPPORT PLAN REVIEW TIMETABLE**

**EDUCATION AUTHORTY CONTACT POINTS**

**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:** Simmonds **Forename(s):** Sheila **Contact Address:** [Simmonds.g@hollyfield.net](mailto:Simmonds.g@hollyfield.net) **Contact Telephone Number:** 01350 394206

**Work Position/Title** Head teacher

01224 472840

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: Contact Telephone Number:**

**Work Position/Title**

**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:

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 by Aberdeenshire Education and Children’s Services in respect of **Jane Goodfellow**

**Signed:**

(authorised officer of the authority)

**Date:**

01224 535512

Head of Service and Chief Education Officer

**Forename(s):** Vincent

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

**Surname:** Docherty

**Contact Address Contact Telephone Number:**

**Work Position / Title**

**Authorised officer of the authority**

Appendix 1 - CSP STYLE LETTERS AND FORMS



In using these style letters and forms please note:

* + - Replace the text in **bold** with the pupil's name, date etc.
    - Adapt text in *italics* to suit individual circumstances.

Delete all text in *italics* which is unnecessary e.g. where there is a choice *his/her* or where the text is there to provide guidance e.g. *here state the reason for the decision.* Such guidance should not appear in the final version of the letter.

For pupils over the age of 16 and still in education adapt the styles where the pupil requiring the CSP is a young person, as all correspondence should be with the young person and not the parent unless the young person lacks capacity.

**Contents**

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| --- | --- |
| **Letter Title** | **Reference** |
| Letter to Parent/Carer to acknowledge the request for a CSP | 1A |
| Email template to send to agencies to request proformas to be completed and they will  be invited to a Child’s Plan meeting to discuss the proformas submitted | 1B |
| Letter to Agencies reminding of them of their responsibility to adhere to the request for a  Proforma to be completed | 1C |
| Letter to Parent/Carer stating decision to draft a CSP | 2A |
| Letter to Agency stating decision to draft a CSP | 2B |
| Letter to Parent/Carer stating the decision NOT to draft a CSP | 3A |
| Letter to Agency stating the decision NOT to draft a CSP | 3B |
| Letter to Parent/Carer stating a Review of CSP is required | 4A |
| Email template to send to agencies to request proformas to be completed and they will  be invited to a Child’s Plan meeting to discuss the proformas submitted | 4B |
| Letter to Parent/Carer to accompany draft CSP | 5A |
| Letter to Agency to accompany draft CSP | 5B |
| Letter to Parent/Carer to accompany final signed CSP | 6A |
| Letter to Agency to accompany final signed CSP | 6B |
| Letter to Parent/Carer with notification of a delay in a decision being made about the CSP | 7A |
| Letter to Parent/Carer with notification of a delay in the CSP process | 7B |
| Letter to Agencies- Final Request for the proforma to be completed | 7C |
| Letter to Parent/Carer to discontinue a CSP | 8A |
| Letter to Agency to discontinue a CSP | 8B |
| Information checklist for Co-ordinated Support Plan |  |
| PROFORMA 1 Information and Assessment Evidence form |  |
| PROFORMA 2 Parent/Carer’s Views form |  |
| PROFORMA 3 Child/Young Person’s Views form |  |

*PARENT/YOUNG PERSON LETTER 1A*



School Address Date

**Parent / Carer / Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

**Education (Additional Support for Learning) (Scotland) Act 2004**

**Decision regarding a request to consider the need for a Co-ordinated Support Plan**

Pupil’s Name: Date of Birth:

Following a request that **(pupil name)** may require a Co-ordinated Support Plan it has been agreed that the CSP process will be initiated to establish whether a plan is required.

I am writing to the agencies involved with **(pupil name)** to seek their views. I will invite youto a multi-agency meeting once the information from agencies is collatedto discuss **(pupil name)** additional support needs and whether *he/she* appears to meet the criteria for a Co-ordinated Support Plan.

Much of the assessment information relating to your child is likely to be available already. However, you have the right to ask for an educational, psychological, medical or other assessment or examination if you think it would help establish whether a Co-ordinated Support Plan is required. Any such request should be in writing and should explain why you think the assessment is necessary. If you wish to make such a request, please do so by **(date before meeting)** to allow the assessment to be completed within the timescale.

As you may know, a Co-ordinated Support Plan is a statutory document which sets out educational objectives for a child or young person, who meets the criteria, and the way in which various agencies will co-operate in helping a child or young person achieve these objectives. The plan is subject to regular monitoring and review. A child or young person requires a Co-ordinated Support Plan if all of the undernoted criteria is met.

* The education authority is responsible for the school education of the child or young person;
* The child or young person has additional support needs arising from one or more complex factors or multiple factors;
* Those needs are likely to continue for more than a year;
* Those needs require significant additional support to be provided by one or more appropriate agencies as well as by the education authority.

You are entitled to have another person with you to provide support or to conduct discussions or make representations on your behalf at any discussions or meetings about your child’s educational needs. A decision by the CSP advisory group for Aberdeenshire Council may be expected within 4 weeks of the date of the multi-agency meeting.

Yours sincerely

**Head teacher / Representative**

**Email to Agencies When Requesting the Completion of a Proforma as Part of the CSP Application** Template 1B

Dear Agency:

A request for the consideration of a Coordinated Support Plan (CSP) has been made for **PUPIL, DOB**. Can you please complete the attached proforma so that an informed decision can be made on whether **PUPIL** meets / continues to meet the criteria for a CSP. As you know a CSP is a legal document bound by a timescale. Please can you return the completed proformas to me by **(give 4 weeks)**.

The specific information I need you to include within the proforma is:

The nature of the support you are offering **PUPIL X** (direct, consultative, clinic appointments, managing SDS?)

The frequency of the support you are offering **PUPIL X** (weekly, monthly, annual?)

Do you envisage this level of support you are offering **PUPIL X** continuing for the next 12 months?

Do you regard the support you are offering **PUPIL X** as significant?

Once all proformas are collated I will be inviting you to a CSP review meeting to consider whether **PUPIL** meets the criteria for a CSP.

Education and Children’s Services

*AGENCY LETTER 1C*

### **School Address**

**Date**

### **Agency Address**

Dear **Agency**

### **Education (Additional Support for Learning) (Scotland) Act 2004**

**Information gathering for consideration of a Co-ordinated Support Plan**

Pupil’s Name: Date of Birth:

The Council is considering whether **pupil name** may require a Co-ordinated Support Plan. I am in receipt of information which suggests that you may have relevant advice or information which would assist the Council in determining the matter.

I should be obliged if you would complete the enclosed pro-forma 1, detailing the type, frequency, nature, intensity and duration of support you provide, together with a clear educational objective to be achieved in the next 12 months, for which coordination would be required.

As you know a CSP is a legal document on which decisions require to be made within a statutory timescale. In terms of section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004, agencies are under a duty to respond to such requests for information.

Once all proformas are collated you will be invited to attend the multi-agency meeting which will include all professionals currently involved with the support of this child and *his/her* parents.

Yours sincerely

**Head teacher / Representative**

*PARENT/YOUNG PERSON LETTER 2A*



**School Address Date**

**Parent / Carer / Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

**Education (Additional Support for Learning) (Scotland) Act 2004 Decision regarding the need for a Co-ordinated Support Plan**

##### Pupil’s Name: Date of Birth:

The Co-ordinated Support Plan Advisory Group has agreed with the recommendation to draft a Co-ordinated Support Plan for **(pupil name)**, which should be completed within *16* weeks of the date of the recent multi-agency meeting

All agencies involved will be invited to inform the draft of the Co-ordinated Support Plan. Your views and the views of **(pupil name)** as to what should be included in the Co-ordinated Support Plan are important. Your views may be given to me verbally, by letter or email for inclusion at your earliest convenience if you have not already submitted them.

Once the draft Co-ordinated Support Plan has been written, it will be sent out to you for your comments.

Independent mediation services are available to parents who are dissatisfied with the Council’s response to their child’s additional support needs. If you wish to discuss mediation please contact Carron Douglas, Principal Educational Psychologist/ Service Manager Inclusion Equity and Wellbeing,Education and Children’s Services, Woodhill House, Westburn Road, Aberdeen, AB16 5GB or telephone 01224 472840.

Parents who disagree with the decision of the Council not to prepare a Co-ordinated Support Plan may refer the matter to the First Tier Tribunal for Scotland Health and Education Chamber, Glasgow Tribunals Centre, 20 York Street, Glasgow G2 8GT, Tel: 0141 302 5860 e-mail: [ASNTribunal@scotcourtstribunals.gov.uk](mailto:ASNTribunal@scotcourtstribunals.gov.uk), within 2 months of the date of this letter. You are also eligible for free advice, support and assistance from the national advocacy service ‘Let’s Talk ASN’, who can be contacted by telephone: 0141 445 1955 or email: [letstalkasn@edlaw.org.uk](mailto:letstalkasn@edlaw.org.uk). The service is independent and funded by the Scottish Government.

Yours sincerely

**Head teacher / Representative**

*AGENCY LETTER 2B*



School Address Date

**Address**

Dear **Agency**

## Education (Additional Support for Learning) (Scotland) Act 2004 Decision regarding the need for a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

The Co-ordinated Support Plan Advisory Group has agreed with the recommendation to draft a Co-ordinated Support Plan for **(pupil name)**, which should be completed within *16* weeks of the date the recent multi-agency meeting.

Please ensure that all relevant information for the drafting of the CSP has been communicated to me. Any outstanding information is required by **(date)** for inclusion in the draft. As you are aware, a Co-ordinated Support Plan is a statutory document, and we are bound by the strict timescales in the 2004 Act and associated regulations.

An initial draft will be emailed to you for your comments / amendment. Please reply in a timely

manner in order to ensure that we comply with the required timescale.

Yours sincerely

Head teacher / Representative

*PARENT/YOUNG PERSON LETTER 3A*



School Address Date

**Parent / Carer / Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

## Education (Additional Support for Learning) (Scotland) Act 2004 Decision regarding the need for a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

It has been agreed by the CSP advisory group that there is no requirement for a Co- ordinated Support Plan at this time, the statutory criteria are not met.

In particular:

o *the Council is not responsible for the school education of* ***(pupil name)***

* ***(pupil name)*** *does not have additional support needs arising from one or more complex factors or multiple factors which have a significant adverse effect on his/her school education and/or*
* ***(pupil name’s)*** *additional support needs are not likely to continue for more than a year*
* ***(pupil name’s)*** *additional support needs do not require significant additional support to be provided by one or more appropriate agencies or another service of the Council as well as the Education Authority).*

However, I would like to assure you that **(pupil name’s)** progress will continue to be monitored in school, and the Council’s procedures for supporting children with additional support needs will be followed.

Independent mediation services are available to parents who are dissatisfied with the Council’s response to their child’s additional support needs. If you wish to discuss mediation please contact Carron Douglas, Principal Educational Psychologist/ Service Manager Inclusion Equity and Wellbeing,Education and Children’s Services, Woodhill House, Westburn Road, Aberdeen, AB16 5GB or telephone 01224 472840.

Parents who disagree with the decision of the Council not to prepare a Co-ordinated Support Plan may refer the matter to the First Tier Tribunal for Scotland Health and Education Chamber, Glasgow Tribunals Centre, 20 York Street, Glasgow G2 8GT, Tel: 0141 302 5860 e-mail: [ASNTribunal@scotcourtstribunals.gov.uk](mailto:ASNTribunal@scotcourtstribunals.gov.uk), within 2 months of the date of this letter. You are also eligible for free advice, support and assistance from the national advocacy service ‘Let’s Talk ASN’, who can be contacted by telephone: 0141 445 1955 or email: [letstalkasn@edlaw.org.uk](mailto:letstalkasn@edlaw.org.uk). The service is independent and funded by the Scottish Government.

Yours sincerely

**Head teacher / Representative**

*AGENCY LETTER 3B*



School Address

**Date**

**Agency Address**

Dear **Agency**

## Education (Additional Support for Learning) (Scotland) Act 2004 Decision regarding the need for a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

It was agreed by the CSP advisory group that there is no requirement for a Co-ordinated Support Plan at this time, as the statutory criteria are not met.

In particular:

o *the Council is not responsible for the school education of* ***(pupil name)***

* ***(pupil name)*** *does not have additional support needs arising from one or more complex factors or multiple factors which have a significant adverse effect on his/her school education and/or*
* ***(pupil name’s)*** *additional support needs are not likely to continue for more than a year*
* ***(pupil name’s)*** *additional support needs do not require significant additional support to be provided by one or more appropriate agencies or another service of the Council as well as the Education Authority).*

However, I would like to assure you that **(pupil name’s)** progress will continue to be monitored in school, and the Council’s procedures for supporting children with additional support needs will be followed.

Yours sincerely

Head teacher / Representative

*PARENTAL/YOUNG PERSON LETTER 4A*



School Address Date

**Parent/Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

## Education (Additional Support for Learning) (Scotland) Act 2004 Review Process for a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

As part of the review process for the consideration of a Co-ordinated Support Plan, I can confirm that information is being gathered to enable a decision to be made on whether or not a CSP is still required for **PUPIL**.

Much of the assessment information relating to your child is likely to be available already. However, you have the right to ask for an educational, psychological, medical or other assessment or examination if you think it would help establish whether a Co-ordinated Support Plan is still required. Any such request should be in writing and should explain why you think the assessment is necessary. If you wish to make such a request, please do so by (date before meeting) to allow the assessment to be completed within the timescale.

As you may know, a Co-ordinated Support Plan is a statutory document which sets out educational objectives for a child or young person, who meets the criteria; and describes the way in which various agencies will co-operate in helping a child or young person achieve these objectives.

The plan is subject to regular monitoring and review. A child or young person requires a Co-ordinated Support Plan if all of the undernoted criteria are met:

* The education authority is responsible for the school education of the child or young person;
* The child / young person has additional support needs arising from one or more complex factors or multiple factors;
* Those needs are likely to continue for more than a year;
* Those needs require significant additional support to be provided by one or more appropriate agencies as well as by the education authority.

Once all information from agencies is collated you will be invited to a multi-agency meeting to discuss **PUPIL’S** additional needs and whether **he/ she** continues to meet the criteria for a CSP.

A decision by the CSP Advisory Group for Aberdeenshire Council may be expected within 4 weeks of the date of the multi-agency meeting.

Yours sincerely

**Head teacher / Representative**

**Email to Agencies When Requesting the Completion of a Proforma as Part of the CSP Review Application** Template 4B

Dear Agency:

The review of the Coordinated Support Plan (CSP) for **PUPIL, DOB** is now required. Can you please complete the attached proforma so that an informed decision can be made on whether **PUPIL** meets / continues to meet the criteria for a CSP. As you know a CSP is a legal document bound by a timescale. Please can you return the completed proformas to me by **(give 4 weeks)**.

The specific information I need you to include within the proforma is:

The nature of the support you are offering **PUPIL X** (direct, consultative, clinic appointments, managing SDS?)

The frequency of the support you are offering **PUPIL X** (weekly, monthly, annual?)

Do you envisage this level of support you are offering **PUPIL X** continuing for the next 12 months?

Do you regard the support you are offering **PUPIL X** as significant?

Once all proformas are collated I will be inviting you to a CSP review meeting to consider whether **PUPIL** meets the criteria for a CSP.

*PARENT/YOUNG PERSON LETTER 5A*



School Address

**Date**

**Parent / Young person Address**

Dear **Parent / Carer/ Young person** (as appropriate)

## Education (Additional Support for Learning) (Scotland) Act 2004 Draft Co-ordinated Support Plan for:

Pupil’s Name: Date of Birth:

Enclosed please find the draft copy of the Co-ordinated Support Plan for **(pupil name)**. As you know the CSP must include

* the factor or factors from which the additional support needs of the child or young person arise
* the educational objectives for the pupil
* the additional support required to achieve these objectives
* details of those who will provide this support

The Plan must also contain

* the name of the school the pupil is to attend
* The details of the person who will co-ordinate the different bodies in providing the additional support identified in the plan
* The details of a contact person within the local authority from whom parents can obtain advice and further information

The CSP also contains sections to record your views and (**pupil name’s**) views and I hope that I have represented those accurately.

If you have any comments to make on the contents of the Plan, please let me know by

**(date)**, either in writing or by telephone.

Yours sincerely

Head teacher / Representative

*AGENCY 5B*



School Address

**Date**

**Agency Address**

Dear **Agency**

## Education (Additional Support for Learning) (Scotland) Act 2004 Draft Co-ordinated Support Plan for:

Pupil’s Name: Date of Birth:

Enclosed please find the draft copy of the Co-ordinated Support Plan for **(pupil name)**. As you know the CSP must include

* + the factor or factors from which the additional support needs of the child or young person

arise

* + the educational objectives for the pupil
  + the additional support required to achieve these objectives
  + details of those who will provide this support

The Plan must also contain

* + the name of the school the pupil is to attend
  + The details of the person who will co-ordinate the different bodies in providing the additional support identified in the plan
  + The details of a contact person within the local authority from whom parents can obtain advice and further information

If you have any comments / amendments to make on the contents of the Plan, please let me know by **(date)**, either in writing or by telephone.

Yours sincerely

Head teacher / Representative

*PARENT/YOUNG PERSON LETTER 6A*



School Address

**Date**

**Parent/Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

## Education (Additional Support for Learning) (Scotland) Act 2004 Final, signed Co-ordinated Support Plan for:

Pupil’s Name: Date of Birth:

I enclose herewith a signed copy of the Co-ordinated Support Plan (CSP) which has been prepared on behalf of (**pupil name**).

I hope you will find that the CSP is a help to you in understanding how we plan to meet the additional support needs of your child. If you have any questions, please discuss them with your lead person, **(name and details of lead person as per the CSP).**

The Education (Additional Support for Learning) (Scotland) Act 2004 requires the Council to keep under consideration the adequacy of the CSP and to formally review the plan at least every 12 months. Before proceeding with any review, you will be notified and asked for your views. In the meantime, (**named pupil’s**) progress will continue to be monitored.

Independent mediation services are available to parents who are dissatisfied with the Council’s response to their child’s additional support needs. Information about resolving disputes by external independent adjudication may be obtained from the Carron Douglas, Principal Educational Psychologist/Service Manager Inclusion, Equity and Wellbeing, Education and Children’s Services, Woodhill House, Westburn Road, Aberdeen, AB16 5GB, Tel 01224 472840.

Parents who are dissatisfied about decisions of the Council in connection with the preparation or content of a CSP may refer the matter to the First Tier Tribunal for Scotland Health and Education Chamber, Glasgow Tribunals Centre, 20 York Street, Glasgow G2 8GT, Tel: 0141 302 5860 e-mail: [ASNTribunal@scotcourtstribunals.gov.uk](mailto:ASNTribunal@scotcourtstribunals.gov.uk), within 2 months of the date of this letter. Parents who consider that additional support is not being provided in terms of the CSP may refer the matter to the Additional Support Needs Tribunal at any time.

You are also eligible for free advice, support and assistance from the national advocacy service ‘Let’s Talk ASN’, who can be contacted by telephone: 0141 445 1955 or email: [letstalkasn@edlaw.org.uk](mailto:letstalkasn@edlaw.org.uk). The service is independent and funded by the Scottish Government.

Yours sincerely

Head teacher / Representative

*AGENCY LETTER 6B*



School Address

**Date**

**Agency Address**

Dear **Name**

## Education (Additional Support for Learning) (Scotland) Act 2004 Final, signed Co-ordinated Support Plan for:

Pupil’s Name: Date of Birth:

I enclose herewith a signed copy of the Co-ordinated Support Plan in respect of the above child. As you know this is a confidential document and should not be disclosed to anyone other than those authorised to see it or have copies or extracts from it.

In the event that your Service ceases to provide support for **(pupil's name)** the Co- ordinated Support Plan should either be returned to **(name of school)** or destroyed by you with confirmation to **(name of school)** that you have done so.

The Education (Additional Support for Learning) (Scotland) Act 2004 requires the Council to keep under consideration the adequacy of the CSP and to formally review the plan at least every 12 months. Before proceeding with any review, you will be notified and asked for your views including further assessments and information available to you. In the meantime, **(pupil name)** progress will continue to be monitored.

Yours sincerely

Head teacher / Representative

*PARENT/YOUNG PERSON LETTER 7A*



School Address Date

**Parent/Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

## Education (Additional Support for Learning) (Scotland) Act 2004 Co-ordinated Support Plan – Timescale

Pupil name: Date of Birth:

Head teacher / Representative

Following your request for the consideration of a Co-ordinated Support Plan, I can confirm that information is being gathered to enable a decision to be made on whether or not to consider if a CSP is required.

As you may know, a Co-ordinated Support Plan is a statutory document which sets out educational objectives for a child or young person, who meets the criteria; and describes the way in which various agencies will co-operate in helping a child or young person achieve these objectives.

The plan is subject to regular monitoring and review. A child or young person requires a Co-ordinated Support Plan if all of the undernoted criteria are met:

* The education authority is responsible for the school education of the child or young person;
* The child / young person has additional support needs arising from one or more complex factors or multiple factors;
* Those needs are likely to continue for more than a year;
* Those needs require significant additional support to be provided by one or more appropriate agencies as well as by the education authority.

A decision by the CSP Advisory Group on whether or not the CSP process is to be initiated will be communicated to you as soon as possible.

Yours sincerely

**Head teacher / Representative**

Education and Children’s Services

*PARENT/YOUNG PERSON LETTER 7B*

**School Address**

**Date**

**Parent/Young person Address**

Dear **Parent / Carer / Young person** (as appropriate)

### **Education (Additional Support for Learning) (Scotland) Act 2004**

**Co-ordinated Support Plan – Timescale**

**Pupil name: Date of Birth:**

I refer to my letter (**date)** and regret to inform you that the Council is unable to prepare a Co-ordinated Support Plan (CSP) for **(pupil name)** within the *12/16* week period set out in the Additional Support for Learning (Co-ordinated Support Plan) (Scotland) Amendment Regulations 2005.

#### The reason for the delay is

**(Summary of reason for failing to meet the 12/16 week deadline)**

The date by which I expect the Plan to be prepared is now **(date)**

I hope that you understand the reasons for the delay. If you wish to discuss the matter further please contact me.

Independent mediation services are available to parents who are dissatisfied with the Council’s response to their child’s additional support needs. Information about resolving disputes by external independent adjudication may be obtained from the Carron Douglas, Principal Educational Psychologist/ Service Manager Inclusion, Equity and Wellbeing, Education and Children’s Services, Woodhill House, Westburn Road, Aberdeen, AB16 5GB, Tel 01224 472840

Should you be dissatisfied about the decision of the Council to discontinue the CSP you may refer the matter to the First Tier Tribunal for Scotland Health and Education Chamber, Glasgow Tribunals Centre, 20 York Street, Glasgow G2 8GT, Tel: 0141 302 5860 e-mail: [ASNTribunal@scotcourtstribunals.gov.uk](mailto:ASNTribunal@scotcourtstribunals.gov.uk), within 2 months of the date of this letter. You are also eligible for free advice, support and assistance from the national advocacy service ‘Let’s Talk ASN’, who can be contacted by telephone: 0141 445 1955 or email: [letstalkasn@edlaw.org.uk](mailto:letstalkasn@edlaw.org.uk). The service is independent and funded by the Scottish Government.

Yours sincerely,

**Head teacher / Representative**

TEMPLATE 7C



**School Address**

**Date**

**Agency Address**

**Dear (as appropriate)**

## Education (Additional Support for Learning) Scotland) Act 2004 Review Process

## for a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

Further to a request on (**DATE**) for the attached proforma to be completed as part of the application / review of the Coordinated Support Plan (CSP) for **PUPIL, DOB,** no response has been received to date.

As you know a CSP is a legal document on which decisions require to be made within a statutory timescale. In terms of section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004, agencies are under a duty to respond to the requests for information.

Can you therefore please complete the attached proforma by return so that an informed decision can be made on whether **PUPIL** meets / continues to meet the criteria for a CSP.

The specific information I need you to include within the proforma is:

* The nature of the support you are offering **PUPIL X** (direct, consultative, clinic appointments, managing SDS?)
* The frequency of the support you are offering **PUPIL X** (weekly, monthly, annual?)
* Do you envisage this level of support you are offering **PUPIL X** continuing for the next 12 months?
* Do you regard the support you are offering **PUPIL X** as significant?

If a response is not received by (**ONE WEEK FROM DATE OF LETTER**), the CSP Advisory Group for Aberdeenshire Council will be informed that no information has been provided by your agency.

Should you wish to discuss this request for information further I am happy for you to contact me. Alternatively if you wish to discuss the request with someone from your own agency, the contacts are noted below.

Anne Brockman, Lead Allied Health Professional, Royal Aberdeen Children’s Hospital

Emma Louise MacPherson, Lead Speech and Language Therapist, Aberdeenshire Health and Social Care Partnership, Staff Home, Inverurie Hospital

Elexes McAlpine, Social Work Manager, Stonehaven Family Resource Centre

Yours sincerely

**Head teacher / Representative**

*PARENT/YOUNG PERSON LETTER 8A*



School Address Date

**Parent / Young person Address**

Dear **Parent /young person** (as appropriate)

## Education (Additional Support for Learning) (Scotland) Act 2004: Discontinuation of a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

It was agreed following a review of the Co-ordinated Support Plan for **(pupil’s name)** on **(date)**, that there is no longer a requirement for a Co-ordinated Support Plan at this time, as the statutory criteria are not met.

In particular (delete as appropriate):

o *the Council is not responsible for the school education of* ***(pupil name)***

* ***(pupil name)*** *does not have additional support needs arising from one or more complex factors or multiple factors which have a significant adverse effect on his/her school education and/or*
* ***(pupil name’s)*** *additional support needs are not likely to continue for more than a year*
* ***(pupil name’s)*** *additional support needs do not require significant additional support to be provided by one or more appropriate agencies or another service of the Council as well as the Education Authority).*

As such, the Council has the intention to discontinue the Co-ordinated Support Plan in 2 months from the date of this letter. However, I would like to assure you that **(pupil name’s)** progress will continue to be monitored in school, and the Council’s procedures for supporting children with additional support needs will be followed. In the event of changed circumstances, the Council can consider again whether the statutory criteria are met and whether **(pupil name)** requires a Co-ordinated Support Plan.

The discontinued plan must be preserved for a period of 5 years by the Council from the date of discontinuance. The Council will also notify all appropriate agencies and request that their copies of the Co-ordinated Support Plan are destroyed. At the end of the 5 year period the Co-ordinated Support Plan held by the Council must also be destroyed and you will be notified that this has happened as soon as reasonably practicable. It may be that after 5 years your whereabouts are not known. If that is the case, the Council will take reasonable steps to obtain contact details.

Independent mediation services are available to parents who are dissatisfied with the Council’s response to their child’s additional support needs. Information about resolving disputes by external independent adjudication may be obtained from the Carron Douglas, Principal Educational Psychologist/ Service Manager Inclusion, Equity and Wellbeing, Education and Children’s Services, Woodhill House, Westburn Road, Aberdeen, AB16 5GB, Tel 01224 472840.

Should you be dissatisfied about the decision of the Council to discontinue the CSP you may refer the matter to the First Tier Tribunal for Scotland Health and Education Chamber, Glasgow Tribunals Centre, 20 York Street, Glasgow G2 8GT, Tel: 0141 302 5860 e-mail: [ASNTribunal@scotcourtstribunals.gov.uk](mailto:ASNTribunal@scotcourtstribunals.gov.uk), within 2 months of the date of this letter. You are also eligible for free advice, support and assistance from the national advocacy service ‘Let’s Talk ASN’, who can be contacted by telephone: 0141 445 1955 or email: [letstalkasn@edlaw.org.uk](mailto:letstalkasn@edlaw.org.uk). The service is independent and funded by the Scottish Government.

Yours sincerely

**Head teacher / Representative**

*AGENCY LETTER 8B*



School Address

**Date**

**Agency Address**

Dear **Agency**

## Education (Additional Support for Learning) (Scotland) Act 2004: Discontinuation of a Co-ordinated Support Plan

Pupil’s Name: Date of Birth:

It was agreed following a review of the Co-ordinated Support Plan for **(pupil’s name)** on **(date)**, that there is no longer a requirement for a Co-ordinated Support Plan at this time, as the statutory criteria are not met.

In particular (delete as appropriate):

o *the Council is not responsible for the school education of* ***(pupil name)***

* ***(pupil name)*** *does not have additional support needs arising from one or more complex factors or multiple factors which have a significant adverse effect on his/her school education and/or*
* ***(pupil name’s)*** *additional support needs are not likely to continue for more than a year*
* ***(pupil name’s)*** *additional support needs do not require significant additional support to be provided by one or more appropriate agencies or another service of the Council as well as the Education Authority).*

As such, the Council has the intention to discontinue the Co-ordinated Support Plan in 2 months from the date of this letter. However, **(pupil name’s)** progress will continue to be monitored in school, and the Council’s procedures for supporting children with additional support needs will be followed. In the event of changed circumstances, the Council can consider again whether the statutory criteria are met and whether **(pupil name)** requires a Co-ordinated Support Plan.

Please comply with this request that your copies of the Co-ordinated Support Plan are destroyed.

Yours sincerely

Head teacher / Representative

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



**Date of CSP 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 |  |  |  |  |
| Social Work |  |  |  |  |
| Health |  |  |  |  |
| Other (please specify) |  |  |  |  |
| Other (please specify) |  |  |  |  |

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  *Please specify* | YES / NO |
|  | **Enduring** (lasting more than one year) | YES / NO |

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

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

Yes/No

**Recommended for CSP?**

**Reasons for recommendation:**

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

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

**Date** …………………………………

**Signed**…………………………………………………………………………………

Education and Children’s Services

PRO FORMA 1

**Education (Additional Support for Learning) (Scotland) Act 2004**

**INFORMATION AND ASSESSMENT EVIDENCE**

|  |  |
| --- | --- |
| **Details of Person Completing the proforma:** | |
| **Agreement to information sharing obtained from:** | |
| Name |  |
| Agency |  |
| Position Held |  |
| Date |  |
| Signature |  |

|  |  |
| --- | --- |
| **Details of Child / Young Person** | |
| Date of request |  |
| Head Teacher/ Representative |  |
| Child’s name |  |
| Date of Birth |  |
| Home Address |  |
| School Attended |  |

|  |  |  |
| --- | --- | --- |
| 1. Does the child / young person have additional support needs likely to have a significant adverse effect on their school education and arising from: | | |
|  | **Please select:** | |
| **Yes** | **No** |
| 1. One or more **complex** factors, please specify: |  |  |
| 1. **Multiple** factors, please specify: |  |  |
| 1. Are these needs likely to continue for **more than a year**? |  |  |
| 1. In order for the child / young person to **benefit** **from school education**, do those needs require **significant** additional support to be provided by your agency? |  |  |

**PROFILE**

|  |
| --- |
| **Please insert information regarding child’s / young person’s abilities, strengths etc. from your perspective** |
|  |

### **FACTORS WHICH GIVE RISE TO ADDITIONAL SUPPORT NEEDS**

|  |
| --- |
| **Please detail the factors that give rise to the child’s additional support needs** |
|  |

**YOUR AGENCY’S INVOLVEMENT IN SUPPORTING EDUCATIONAL OBJECTIVES**

|  |  |
| --- | --- |
| **Educational objective(s) / aim (s) of agency support** | |
|  | |
| **Nature**  Please describe the nature/type of support that your agency is providing to help meet the above educational objective(s) / aim(s) (e.g., clinic appointments, manage SDS, direct work with child, advice and consultation to parent / school staff). Please note this is not an exhaustive list. | |
|  | |
| **Support**  How often is the support provided? e.g., daily, weekly, monthly, as required | |
|  | |
| **Duration:**  How long for? over weeks / terms / years? | |
|  | |
| **Will support at this level be maintained for 12 months?** | **Please tick √**  **Yes No** |

**Please attach any relevant reports and assessments.**

**This form and supporting information should be returned, electronically if possible, to the person who asked you to complete this form.**

PRO FORMA 2

**PARENT’S / CARER’S VIEW**



**Pupil’s Name: D.O.B.**

**Address:**

**School Attended:**

What are your views about your child's school and the education provided?

What difficulties does your child experience in school?

Do you have any concerns about the provision currently made for your child?

Signature of parent: - Date:

**CHILD / YOUNG PERSON’S VIEW**



PRO FORMA 3

**Pupil Name: D.O.B.**

**Address:**

**School Attended:**

What do you do well in school?

Is there anything that stops you doing as well as you can at school?

What has helped you in the past?

What help do you think you might need in the future?

Anything else about school you would like to say?

Signature of pupil: Date:

Signature of helper: Date:

54 Produced by Aberdeenshire Council GDT24278 November