

**BUCKINGHAMSHIRE COUNCIL**

**CHILDREN’S SERVICES**

**Minutes of the PLO Meeting**

|  |  |
| --- | --- |
| Date of the Meeting |  |
| Name of the Child / Children |  |
| LCS Number |  |
| Allocated Social Worker |  |
| Team Manager/Team |  |
| Legal Representative |  |

|  |  |
| --- | --- |
| Legal Planning Meeting Date |  |
| Date PLO Letter issued to the parents |  |
| First PLO meeting date |  |
| First review meeting date |  |
| Second review meeting date |  |

**Meeting Attendees**

|  |  |
| --- | --- |
| Name | Role |
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| **Reason for Initiating the PLO Process/Key Issues** |

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| **Meeting Minutes****Outcome** |

**PLO Plan** *(e.g. assessments to be completed, DV Programme, FGC, Hair Strand Test, expert assessment, etc)*

|  |  |  |  |
| --- | --- | --- | --- |
| Plan | Who is responsible | By when | Date Achieved/ Remarks |
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Date of the next PLO Review Meeting:

Approved by (Chair/ Manager):

Date Approved :