A picture containing drawing

Description automatically generated**Adult and Children’s Directorate**

**Children, Young People & Families Services (CYPFS)**

Review Permanence Planning

Meeting (PPM)

|  |  |  |  |
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| **Date and Time:** |  | | |
| **Venue and Location:** |  | | |
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| **Present:** | | | |
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| **Minute Taker:** | | | |
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| --- | --- | --- | --- | --- | --- |
| **Child’s Name:** |  | | | | |
| **Date of Birth:** |  | | | **Age:** |  |
| **Electronic Record ID:** |  | **Legal Status:** |  | | |
| **Ethnicity:**  **Disability:** |  | | | | |
| **Placement Provider Details:**  **Name: Address:** |  | | | | |
| **Allocated Social Worker:**  **Practice Manager:**  **Team Manager:** |  | | | | |
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| **Review of Actions / Outcomes** | |
| **Current Legal Context** | |
| **Current Assessments in Progress with Probable Outcome** | |
| **Child(ren)’s Health** | |
| **Child(ren)’s Education / Geographical Needs** | |
| **Child(ren)’s Wishes and Feelings** | |
| **Views of Parents and Other Significant Adults** | |
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| --- | --- | --- | --- | --- | --- | --- |
| **Views of the IRO** | | | | | | |
| **Name of IRO:** |  | | **Date of Next LAC Review:** | | |  |
| **Discussions of Relevant Options / Likely Outcomes** | | | | | | |
| **ACTION** | | | | | | |
| *Details of Actions* | | | | *Who will do this* | *By When* | |
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| **Review Date** | | | | | | |
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| **Chair’s Comments** | | | |
| **Chair’s Signature:** |  | **Date:** |  |
| **Service Manager Comments** | | | |
| **Service Manager Signature:** |  | **Date:** |  |

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