

**DECLARATION OF THE INDEPENDENT REVIEWING OFFICER (IRO) FOR THE AGENCY DECISION MAKER (ADM)**

**(Independent Reviewing Officer to complete)**

|  |  |
| --- | --- |
| **Name of Child** |  |
| **Date of birth** |  |

**I confirm that:**

1. I am aware of the proposals for (CHILD) and I am/I am not in agreement with the proposed plans for permanency.

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| The reasons I support/do not support these plans is for the following reasons |
|  |

1. I have/have not discussed my views with the social worker.
2. I have/have not discussed my views with the Guardian.
3. If not in agreement with the proposed plan for permanency, please state what your proposed outcome is:

|  |  |
| --- | --- |
| **Signature of IRO** |  |
| **Name (in print)** |  |
| **Date** |  |
|  | |
| **Signature of IRO Service Manager** |  |
| **Name (in print)** |  |
| **Date** |  |