

**Quality & Safeguarding Service**

**Looked After Child Review Consultation Form – Adopters**

**Please provide the Independent Reviewing Officer (IRO) with information relating to your child’s progress since they have been placed with you or the last review meeting. One form should be completed for each child.**

**Return this form to the IRO service prior to the review via email** **irunit.duty@surreycc.gov.uk**

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| **Child’s name:****Adoptive Mother’s name:****Adoptive Father’s name:** **Date of the review:**  |

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| **Date of last health assessment:****Date of last dental appointment:****Other key appointments:****Date of the last Personal Education Plan:****Does the child have an Education, Health and Care Plan (EHCP): Yes/No****If yes what date was it last reviewed?**  |

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| **What is working well?**  *Education/ Health/ Friendships/ Safeguarding/ Welfare of the child/ Self-esteem\*3/ Rewards/ Amendments made to Care Plan/ Celebration of Achievements/ Family life/Key events, achievements.***From your child’s perspective?** **From your perspective?** |

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| **What are you worried about?**  *Education/ Health/Mental Health/ Friendships/ Safeguarding/ Welfare of the child/ Self-esteem/Amendments made to Care Plan/ Family Life/ Any form of Exploitation***From your child’s perspective?****From your perspective?** |  |

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| **What needs to happen next?** *Please reflect back on the previous headings, be realistic in requesting changes that will make a difference to your family's home life.* **From your child’s perspective?****From your perspective?** |

**Questions you may need to consider while filling out this form and around the review.**

* **Do you feel that there will be discussions at the review that should not be spoken about in front of the child for their own wellbeing?**
* **Is there any feedback from the child about why they do or do not want to attend their review?**
* **Do you have an update copy of the care plan and was this explained to you?**
* **If this isn’t the first review for the child, how have changes in the care plan impacted on the child or your home?**
* **Is there any form of contact outside your close family home, that needs to be monitored or that the child is requesting?**
* **As the child's main care giver, are there any sports, hobbies, therapeutic or agency support that would help to give the child a more fulfilling future?**

**Please use this form to make the reviews more effective for your child. If you would like to discuss anything with the IRO before the review, please provide your contact details below**

