|  |  |  |
| --- | --- | --- |
|  | Your ref |       |
|  | Our ref |  |
|  |  |  |
| (Professional)Address | email |  |
|  | Tel | 01332 64 |
|  | Fax | 01332 643299 |
|  | Minicom |       |
|  | Date |  |

Dear

**RE: DOB:**

I am the assessing social worker undertaking a Placement with Parents assessment in relation to (child’s name), to live with her mother/father (delete as appropriate) (parents name).

The recommendation from the assessment is that this proposed placement is in (child’s) best interest and recommends that this placement proceeds to a plan of rehabilitation.

As part of the assessment I am seeking your view in relation to the recommendations and would appreciate if you could complete the following and return to me as matter of urgency.

……………………………………………………………………………………………………….

Do you agree with the placement of (child) with her mother (mother’s name)?

YES NO

Please explain why you think this and outline any concerns you may have.

|  |
| --- |
|  |

Name: Signature: Date:

Yours sincerely

Social Worker/Assessor

Exit from Care Team

Peoples Directorate | Children in Care Team, Council House, Corporation Street, Derby DE1 2FS | [www.derby.gov.uk](http://www.derby.gov.uk)