**Cease CLA Form**

**Assistant Director’s agreement form for children returning home after a period of more than 20 days being a looked after.**

Name of child/young person:

Date of Birth:

Name of Social Worker:

Name of Team:

Reason for child being looked after and reason for return home:

Date of CLA period:

Views of young person:

Date CFA completed:

Views of IRO:

Ongoing plan of support:

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**Agreement to de-accommodate:**

---------------------------------------------------------(Name)

-------------------------------------------------------- (Signature and date)

**Assistant Director Children’s Social Care**