**REQUEST FROM SOCIAL WORKER TO ADM TO RESCIND PREVIOUS DECISION THAT A CHILD(REN) SHOULD BE PLACED FOR ADOPTION**

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Social Worker |  |
| Team Manager |  |
| Date Placement Order made (if applicable) |  |
| Date ADM decision made (if no placement order) |  |

|  |  |
| --- | --- |
|  |  |

**TRIGGER 1: WHERE COURT HAS NOT MADE A PLACEMENT ORDER(S)**

**TRIGGER 2: RESCINDING ADM DECISION THAT A CHILD(REN) SHOULD BE PLACED FOR ADOPTION WHERE PLACEMENT ORDER HAS BEEN MADE, BUT THERE IS NOW A PROPOSED CHANGE OF PLAN**

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| **Reason for proposed change of care plan** |
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| **Child(ren)’s Wishes and Feelings** |
|  |
| **Views of birth mother and father** |
|  |
| **Views of IRO/Children’s Guardian** |
|  |
| **Summary of decision to rescind plan for adoption** |
|  |

Signed:

Dated:

Team:

Signed…………………………………………, Supervising Manager

Dated: Team: