

Date: _____

Dear

On _____, a Permanency Planning Review was held to review the goals and plans for
Date
_____. As a result of that meeting, the following decisions were made:
Child/youth

Check this box only if there was a decision that a placement change was necessary.

A placement change is necessary for _____ on/by_____.
Child/youth Date
because

Check one:

- Family Time and Contact Plan must be changed. If you are the parent, it is important that we meet prior to your next scheduled visit to modify the Family Time and Contact Plan.
- This does **NOT** affect your Family Time and Contact Plan.

Check one:

- A change of school for _____ is required because
Child/youth
- A change of school is **NOT** required.

Please contact me at _____ by _____ to discuss any decisions made in the Permanency
Phone number Date
Planning Review within 10 days of the date of this letter.

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____