

Reunification Monitoring Form



Identification Stage

Child's Information

ID

Name

Date of Birth

Gender

Disability

Address

Religion

Ethnicity

Name of Social Worker

Decision 1 - To progress to assessment to explore possibility of reunification

Name of Team Manager

Date of decision to progress to reunification assessment.

Analytical Chronology, Return Home Assessment and Risk Classification 1 and 2

Analytical Chronology

Name of worker

Date Analytical Chronology started

Date Analytical Chronology completed

Return Home Assessment

Name of worker

Date return home assessment started

Date return home assessment completed

Decision 2 - to confirm level of risk and whether to progress with reunification

Risk classification 1

Decision on progression with reunification following Risk Classification 1

Date of decision following Risk Classification 1

Name of SDM

Decision 3 - decision whether to progress to Reunification

Risk Classification 2 if risk needs to be reviewed because previously medium or high

Date of Risk Classification 2

Decision on whether to progress to Reunification at decision point 3

Date of decision **whether to progress to Reunification**

Permanence Panel and Placement with Parents Regulations

Was the reunification plan agreed at Permanence Panel?

Yes No

If required. Have the Placement with Parents Regulations been adhered to for this plan?

Yes No

Date of permanence panel where plan agreed

Return Home

Date of actual return

Risk classification 3
(6 months post reunification)

Date of risk clarification 3

Outcome of Reunification Activity

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Other reason for exit - If reunification activity exited part way through state exit reason.

If other please give detail below

Date of exit part way through