

Dear _____ :

The Federal Adoption Assistance and Child Welfare Act of 1980 (PL. 96-272) requires a court review or administrative review every six months for all children in alternate care placements. The reviews are intended to determine the appropriateness of placement, services needed to meet the special needs of the child, the extent of compliance to case plan, progress toward obtaining a permanent placement, appropriateness of the plan and the circumstances which prevent the child from being placed for adoption.

This is to notify you that we will conduct an administrative review for _____ at _____ on _____ at _____. The review will last approximately 15 minutes. Although it is not mandatory for you to attend, you are always welcome to participate.

_____ panel will be reviewing the following:

1. _____ the continuing necessity for and the appropriateness of the placement.
2. _____ The extent of compliance with the permanency plan by the agency and other service providers, the child's caretakers and the child.
3. _____ The extent of any efforts to involve appropriate service providers in addition to the agency's staff in planning to meet the special needs of the child.
4. _____ The date by which it is likely that the child will be placed for adoption, adopted or otherwise permanently placed.

Attached is an outline of these issues with spaces for your comments as well as for general remarks. Please feel free to use this form and add any pages you wish.

You are invited to submit written comments not less than 10 working days before the review. Your comments will be reviewed by panel members and may be included in the Administrative Review report.

The review will be held in a handicapped accessible facility. If any special access, vision or hearing arrangements are necessary for your attendance, please call _____.

Please return the enclosed form to _____ no less than 10 days prior to the scheduled hearing indicating whether you plan to attend the Administrative Review.

Sincerely,

Adoption and Consultation Unit
Division of Children and Family Services

Attachment

**PERMANENCY PLAN / ADMINISTRATIVE REVIEW
ADOPTION AND CONSULTATION UNIT**

Name - Child (Last, First, MI)

Date - Scheduled Administrative Review

Foster / Adoptive Parent(s)

Yes No Do you plan to attend the Administrative Review on _____ ?

Current Permanency Plan

Adoption

COMMENTS ON ISSUES TO BE REVIEWED:

Please comment on the continuing necessity for and appropriateness of the present placement.



Please comment on the extent of compliance with the case permanency plan by the agency and other service providers, the child and the child's caretakers.

Please comment on the extent of any efforts to involve appropriate service providers in addition to the agency's staff in planning to meet the special need(s) of the child.

Please comment on the date by which it is likely that the child will be placed for adoption, adopted, or otherwise permanently placed, discuss any barriers.

Other comments or areas for discussion:

Name

Date Signed

Please return to _____ within 10 working days prior to review date with any additional comments.

Adoption and Consultation Unit
Division of Children and Family Services

