**Re-engagement Unit referral form**

**Please email to** [**joseph.metcalf-mcqueeney@hackney.gov.uk**](mailto:joseph.metcalf-mcqueeney@hackney.gov.uk) **&**

[**reu@hackney.gov.uk**](mailto:reu@hackney.gov.uk)

**Pupil details**

| **School** |  | | |
| --- | --- | --- | --- |
| **Name** |  | | |
| **D.O.B** |  | **Year Group** |  |
| **Address** |  | | |
| **Parent/guardian name** |  | **Parent/guardian Phone number** |  |
| **Have you got parent consent?** |  | **Did the pupil start the academic year at your school?** |  |
| **Is the child entitled to Pupil Premium?** |  | | |
| **Ethnicity**  ***Please highlight in BOLD*** | African English/Scottish/Welsh  All Other Ethnic Groups Indian  Bangladeshi Mixed Heritage  Caribbean Turkish/Cypriot/Kurdish  Mixed Heritage | | |
| **Is this child currently open to Children’s Social Care? Please indicate which team**   * **A&A** * **Child in Need** * **Child Protection** * **Looked After Child** * **SGO** * **Family Support Worker** | Are they open to Children’s social care?  Y/N  If the child is currently open to Children’s Social Care, please provide the name and contact details for the child’s social worker: | | |

**School Details and professionals involved?**

| **Member of SLT who will have oversight** |  |
| --- | --- |
| **Educational psychologist?** | Y/N **Name:** |
| **Speech and Language therapist?** | Y/N **Name:** |
| **Specialist teacher** | Y/N **Name:** |

**Behaviour and learning details**

| **Has the pupil had a previous placement at New Regents college?** | Y/N | **Is the pupil’s attendance below 85%?** | Y/N |
| --- | --- | --- | --- |
| **Does this pupil have an Education, Health and Care Plan?**  **Does this child have any diagnoses that you are aware of (such as ADHD, ASD)?** | Y/N  Y/N if so, what are they: | | |