ELSA referral and waiting list request

Parent and carer questionnaire

Thank you for sharing your views. You know your child best, and your answers will help us understand what is difficult, what is already helping and whether ELSA could be the right support.

ELSA stands for Emotional Literacy Support Assistant. It offers planned support for children's emotional wellbeing, including understanding feelings, managing worries, confidence and friendships. It is not counselling.

Short answers are absolutely fine. Please tick the boxes that apply.

Child's full name:	Class and year group:
Parent or carer's name:	Relationship to child:
Contact telephone or email:	Date:

1. What would you like us to know about your child?

Tell us about their strengths, interests and what makes them feel happy or confident.

2. Why are you requesting ELSA support at this time?

Please describe your main concern and give a recent example of what you have noticed.

3. Which areas would you like support with?

Please tick any that apply.

- ☐ Understanding and expressing feelings
- ☐ Confidence and self esteem
- ☐ Coping with frustration or strong feelings
- ☐ Bereavement, loss or family changes
- ☐ Managing change or new situations
- ☐ Managing worries or feeling overwhelmed
- ☐ Friendships and feeling included
- ☐ Feeling sad or withdrawn
- ☐ Separation worries or coming into school
- ☐ Something else: _____

Understanding your child's needs

4. How long has this been a concern, and how often does it happen?

When did you first notice it? _____

How often are you noticing it at the moment?

☐ Less than weekly ☐ Weekly ☐ Several days a week
☐ Daily ☐ It varies ☐ Not sure

Recently, things have been:

☐ Improving ☐ About the same ☐ Becoming harder ☐ Not sure

5. Where and when are the difficulties most noticeable?

We value what you notice at home, even if your child appears settled in school.

☐ At home ☐ At school ☐ In other places ☐ Not sure

Are there particular situations or times of day when things feel harder?

6. How is this affecting your child's everyday life?

For example, their happiness, friendships, learning, sleep, family life or coming to school.

How much is this affecting your child at the moment?

☐ A little ☐ Quite a lot ☐ A great deal ☐ Not sure

7. Are there any changes or experiences that would help us understand?

Share only what feels relevant. You can ask to speak privately rather than write details here.

8. What have you tried, and what helps your child?

Tell us what helps them feel safe, calm or more confident, and anything that has not helped.

Working together to support your child

9. Have you spoken with your child's class teacher about these concerns?

☐ Yes ☐ Not yet

Who have you spoken with, and what support has been tried or agreed?

10. Has your child had any support for these concerns?

This could include previous ELSA sessions or support from another school or service.

☐ Receiving support now ☐ Waiting for support ☐ Had support previously

☐ No previous or current support ☐ Not sure

Please give brief details, including what was helpful. Tick more than one if needed.

11. What has your child shared about how they are feeling?

Share their words or how they show you. What would they like help with? Please tell us about anything that helps them communicate comfortably. It is fine if you have not discussed this yet.

12. What difference would you hope ELSA support could make?

Please suggest one or two small changes that would make everyday life easier for your child.

What happens next?

We will review your request alongside information from your child's class teacher. We will then let you know whether ELSA is suitable and whether your child has been added to the waiting list. Places are prioritised according to need and availability, so completing this form does not guarantee sessions or a start date. We may discuss other support where this would be more helpful.

We will discuss any offer of ELSA support with you and your child before sessions begin. Please keep your child's class teacher informed if your concerns change while you are waiting.

Your information will be handled sensitively and shared only where needed to support your child.

☐ I would like the school to consider my child for ELSA support and contact me about the next steps.

Parent or carer's name: _____ Date: _____

Please return this form to the school office for the attention of Hollie Stallwood, SENDCo.