**A red and blue circle with blue letters

Description automatically generated**

**You may wish to include your setting logo or name here**

**Early Years Foundation Stage - Progress Check at Age Two**

**Was this Progress Check discussed with the link Health Visitor to make it an Integrated Review? YES / NO (*Circle or delete)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **DOB:** | | **Age:** *(in months)* |
| **Date started at the setting**: | **Sessions per week:** | | **Date of progress check:** |
| **Early Years Provider Name:** | | **Contact Number:** | |
| **Other Early Years Provider I attend** *(If applicable)***:** | |  | |
| **Other professionals who help me are**: *(In this section detail any professionals who are supporting the child, providing their name, job title and contact details)* | | | |
| **Summary of Development - Prime Areas of Learning**  *In these sections you should reflect on your knowledge of the child, highlighting strengths and noting where the child is progressing well. Celebrate what the child can do and identify sensitively any areas where progress is less than expected, ensuring positive language is used throughout.*  *Use your knowledge of child development – observational check points can be found in the Development Matters non-statutory guidance for the EYFS* | | | |
| **Communication and Language**  On Track *(At expected stage of development)*  Not on Track *(May need additional support)* | **Physical Development**  On Track *(At expected stage of development)*  Not on Track *(May need additional support)* | | **Personal, Social and Emotional Development**  On Track *(At expected stage of development)*  Not on Track *(May need additional support)* |
| **Making relationships:**  **Sense of self:**  **Understanding feelings:** | **Moving and handling:**  **Health and self-care:** | | **Listening and attention:**  **Understanding:**  **Speaking:** |

|  |  |
| --- | --- |
| **Next steps to support my learning and development in the setting.**  *In this section identify the child’s next steps and describe what you intend to do to support their learning and development. Ensure that there is a focus on any areas in which the child has been identified as not reaching typical development for their chronological age as outlined in the sections above.* | **What my family can do to support my Learning and Development at home**  *‘Family’ includes parents/grandparent’s carers/siblings and other constant people in a child’s life.* |
|  |  |
| **This is what my Key Person in the setting knows about my progress.**  *In this section write a summary outlining a holistic picture of the child’s progress. Comment about what they can do and what they like to do – provide examples to make it unique to the child.* | **Are there any identified areas where further support is needed?**  *Has this been discussed with parents – do they agree? You may need to refer to any previous conversations if no parental consent has been gained to make a referral for further support.* |
| **Name:**  **Date:** | **Yes / No**  **If yes, what further support has been agreed?**  **Date to be reviewed:** |
| **This is what my family knows about my progress.**  *It’s okay to record any feedback on behalf of the parents, with their permission, and then ask them to sign the form afterwards.* | |
| **Parental consent: I give my consent for this form to be shared with other professionals involved with my child.**  **Name:**  **Parent/Carer**  **Signature:** **Date:** | |
| **Name of Health Professional:**  **Contact number:**  **Comments following today’s progress check:**  **Signature:**  **Date:** | |
| **Additional information**  ***This section is optional and can be used by anyone who wishes to record additional information about the child.*** | |
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