**EYFS - Progress check at age two**

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| **Name of setting:**  | **Date child started:** |
| **Child’s full name:** | **Length of time child has been attending the setting:** |
| **Child’s date of birth:** | **Number of hours per week in setting:** |
| **Attendance: good levels/ periods of absence:** | **Other setting(s) attended:** |
| **EAL / SEND / Premature Birth / EHCP / Terrific 2’s Funded / Working with agencies (add details):** |
| **Date of summary:**  | **Key Person:**  |

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| **Characteristics of effective teaching & learning**  |
| **Playing and exploring:** children investigate and experience things, and ‘have a go’**Active learning:** children concentrate and keep on trying if they encounter difficulties, and enjoy achievements**Creating and thinking critically:** children have and develop their own ideas, make links between ideas, and develop strategies for doing things |

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| **Communication and Language**  |
| How the child is speaking and listening.How the child is supported to develop his / her communication. |
| **Birth to Three:** Meeting development milestones / Working towards Any checkpoints (from Development Matters) the practitioner would like to talk about |

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| **Personal, Social & Emotional Development**  |
| How the child is playing with other children, starting to share and take turns, and getting more independent.How the child is supported when feeling sad, angry, or feeling shy. |
| **Birth to Three:** Meeting development milestones / Working towards Any checkpoints (from Development Matters) the practitioner would like to talk about |

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| **Physical Development**  |
| How the child is using his / her large muscles and small muscle skills.How the child is supported to be physically active, like running and scooting, and develop his / her co-ordination, like kicking a ball or using a paint brush. |
| **Birth to Three:** Meeting development milestones / Working towards Any checkpoints (from Development Matters) the practitioner would like to talk about |

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| **The child’s voice (I like….I am good at…)** |

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| **(if applicable)****Consent from parents and/or carers to share information: Yes / No****Date of meeting held with other setting:****Other settings contribution to the progress summary:** |

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| **Does the child need SEN support (if not already in place)?****(if applicable)****What additional support is needed?****The child has the following special educational need or disability:** |

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| **(if applicable)****Additional information from other professionals working with the child e.g., health visitor, Area SENCO, doctor etc**  |

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| **Next steps to support learning and development (including changes to the setting or special equipment for the child to use, special programmes for the child to take part in):** |
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| **Suggested home learning activities:** |
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| **Parent (s) / Carer (s) comments:** |

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|  I confirm that I have received a copy of this document. I understand that I should share my child’s progress check with their Health Visitor (insert to my child’s Red Book). I understand that this information is confidential; I understand that my child’s key person may need to speak to other professionals or agencies in order to meet the needs of my child. I am happy for this to happen. Health: Ages and Stages Questionnaire shared with key person: Yes/No **Key Person signature: Print name:****Parent’s signature: Print name:** **Date:**Please share any relevant information following the health and development two-year-old review completed by the health visitor or a member of their team.**Review date:** |