

## TWO YEAR OLD PROGRESS CHECK

To be completed by the setting key person.

A copy must be kept at the setting, in the child's individual file, and a copy is given to the parent/carer and placed inside the red book cover, to share with the health visitor.

Child's name:	Date of progress check:	D.O.B:	
Parent/carer full name:	Home Address & postcode:		
Name of setting:	NHS no:	Age at time of check:	
Name of key person:	Child gender - enter as appropriate	Male	Female
<p><b>A child's learning (an overview):</b>  <b>Playing and exploring</b> - <i>Finding out and exploring; Playing with what they know; Being willing to 'have a go'</i>  <b>Active learning</b> – Being involved and concentrating: Enjoying achieving what they set out to do; keeping on trying  <b>Creating and thinking critically</b> – <i>Having their own ideas; Making links; Choosing ways to do things</i></p> <p><b>Overview statement by key person of observed child's learning. If skills in the sections below are not observed by practitioner, then please state that they are 'parent/carer informed':</b></p>			

Personal, Social and Emotional Development – <i>Self-confidence and self-awareness; making relationships; managing feelings and behaviour</i>			
Self-confidence and self-awareness:			
22-36 months- <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
Making relationships:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
Managing feelings and behaviour:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
Physical Development – <i>Moving and handling; health and self-care</i>			
Moving and handling:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
Health and self-care:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>

<b>Communication and Language – <i>Listening and attention; understanding; speaking</i></b>			
Listening and attention:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
Understanding:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
Speaking:			
22-36 months - <i>enter 'Y' as appropriate</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>

**What's going well:**

**Areas where support is needed:**

***The Parent's story:***

<b>Personal, social and emotional development - <i>Self-confidence and self-awareness; making relationships; managing feelings and behaviour</i></b>
<b>Physical Development - <i>Moving and handling; health and self-care</i></b>
<b>Communication and Language – <i>Listening and attention; understanding; speaking</i></b>

<b>Has your child had their ASQ-3 development health check carried out yet? YES NO</b>					
<b>Initial concerns (enter 'Y' as appropriate)</b>					
1	Visual impairment		11	Asthma/epilepsy/diabetes	
2	Hearing impairment		12	Communication and language skills	
3	Overweight		13	Other learning difficulties	
4	Underweight		14	Emotional and behavioural difficulties	
5	Growth development		15	Disability affecting mobility	
6	Oral health		16	Temporary disability after illness	
7	Social development		17	Self-help – toileting and eating	
8	Motor skills – fine and gross		18	Other physical disability	
9	Immunisations		19	Other	
10	Allergies				

<b>Next steps to support development in the setting:</b>
<b>Actions for parent/carers to support learning and development at home:</b>
<b>Referrals agreed by parent/carers and key person:</b>

**ONLY TO BE COMPLETED 3 MONTHS AFTER THE 2 YEAR PROGRESS REVIEW, IF A CHILD HAS RECEIVED SIGNIFICANT LEVELS OF INTERVENTION SUPPORT**

<b>Is a follow-up of progress required, to measure impact?</b>	<b>YES</b>	<b>NO</b>	<b>Date for follow-up agreed by key person and parent/carer:</b>	
<b>Review of progress and impact of additional support:</b>				
<b>Next steps required to further enhance progress made to date, including any other form of referrals required:</b>				

- I understand that this information is confidential – meaning that it will be stored securely
- I understand that my child’s key person may sometimes need to speak to other professionals or agencies in order to meet the needs of my child. I therefore give my permission for the key person to consult with other such professionals or agencies.
- I confirm that I have received a copy of this document to share with my health visiting team at my child’s 2 year Health Review, via the red book

**Parent/carer’s signature:**  
 .....

**Key person’s signature:**  
 .....

**Setting Manager’s signature:**  
 .....

**Health Visitor’s signature and date report seen:**  
 .....