TWO YEAR OLD PROGRESS CHECK

To be completed by the setting key person A copy must be kept at the setting, in the parent/carer and placed inside the red body.	he child's individu			
Child's name:	Date of progress check: D.O.B:			D.O.B:
Parent/carer full name:	Home Address & postcode:			
Name of setting:	NHS no: Age at time of check:			of check:
Name of key person:	Child gender - enter a appropriate	Child gender - enter as appropriate Male		Female
A child's learning (an overview): Playing and exploring - Finding out and exploring; Playing with what they know; Being willing to 'have a go' Active learning - Being involved and concentrating: Enjoying achieving what they set out to do; keeping on trying Creating and thinking critically - Having their own ideas; Making links; Choosing ways to do things				
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':				
Personal, Social and Emotional Development – Self-confidence and self-awareness; making relationships; managing feelings and behaviour Self-confidence and self-awareness:				
	merging [Developii	ng :	Secure
Making relationships:				
	merging [Developi	ng :	Secure
Managing feelings and behaviour:				
		Developi	ng :	Secure
Physical Development – Moving and handling Moving and handling:	; nealth and self-care			
	merging [Developi	ng	Secure
Health and self-care:				



22-36 months - enter 'Y' as appropriate

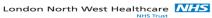




Emerging



Developing



Secure

Communication and Language – Liste	ening and attention: u	nderstanding: speaking	
Listening and attention:	ming and according, a	naciotalianig, opoattilig	
_			
			
22-36 months - enter 'Y' as appropriate	Emerging	Developing	Secure
Understanding:			
22-36 months - enter 'Y' as appropriate	Emerging	Developing	Secure
Speaking:	<u> </u>		
			
22-36 months - enter 'Y' as appropriate	Emerging	Developing	Secure
What's going well:			
What 3 going wen.			
Areas where support is needed:			
• •			
The Parent's story:			
Personal, social and emotional deve	lonment - Self-con	fidence and self-awarenes	s· making relationships·
managing feelings and behaviour	Jopinent Sen-con	nuence and sen-awarenes.	s, making relationships,
Physical Development - Moving and har	ndling, booth and ool	f core	
Friysical Development - Moving and har	iuing, nealth and sen	i-care	
Communication and Language - Liste	ening and attention; u	nderstanding; speaking	

Has your child had their ASQ-3 development health check carried out yet? YES NO					
Initia	al concerns (enter 'Y' as appropriate)				
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				







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

ONLY TO BE COMPLE HAS RECEIVED SIGNIF			THE 2 YEAR PROGRES RVENTION SUPPORT	S REVIEW, IF A CHILD
Is a follow-up of progress required, to measure impact?	YES	NO	Date for follow-up agreed by key person and parent/carer:	
Review of progress and impact of additional support:			•	
Next steps required to further enhance progress made to date, including any other form of referrals required:				

- 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:





