



**Communication and Language – *Listening and attention; understanding; speaking***

Listening and attention:

Range 4 (24-36 months) - <i>enter 'X'</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
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Understanding:

Range 4 (24-36 months) - <i>enter 'X'</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
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Speaking:

Range 4 (24-36 months) - <i>enter 'X'</i>	<b>Emerging</b>	<b>Developing</b>	<b>Secure</b>
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**What's going well:**

**Areas where support is needed:**

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

**Personal, social and emotional development - *Sense of Self; making relationships; understanding feelings***

**Physical Development - *Moving and handling; health and self-care***

**Communication and Language – *Listening and attention; understanding; speaking***

**Has your child had their ASQ-3 development health check carried out yet? YES NO**

**Initial 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				

<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**

Is a follow-up of progress required, to measure impact?	YES	NO	Date for follow-up agreed by key person and parent/carer:	
<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
- **Setting manager - a copy of this document should be forwarded to [cnw-tr.harrowhealthvisiting@nhs.net](mailto:cnw-tr.harrowhealthvisiting@nhs.net)**

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

**Key person's signature:**  
 .....

**Setting Manager's signature:**  
 .....

**Health Visitor's signature and date report seen:**  
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