

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	<div style="display: flex; justify-content: space-between;"> Male Female </div>

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 – *Sense of Self; making relationships; understanding feelings*

Sense of Self:

Range 4 (24-36 months)- enter 'X'	Emerging	Developing	Secure
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Making relationships:

Range 4 (24-36 months) - enter 'X'	Emerging	Developing	Secure
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Understanding feelings :

Range 4 (24-36 months) - enter 'X'	Emerging	Developing	Secure
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Physical Development – *Moving and handling; health and self-care*

Moving and handling:

Range 4 (24-36 months) - enter 'X'	Emerging	Developing	Secure
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Health and self-care:

Range 4 (24-36 months) - enter 'X'	Emerging	Developing	Secure
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Communication and Language – *Listening and attention; understanding; speaking*

Listening and attention:

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

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

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

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 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:	
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
- Setting manager - a copy of this document should be forwarded to 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:
