

The EYFS progress check at age two focuses on the 3 prime areas of learning:

- 1. Communication
- 2. Personal, Social and Emotional Development
- 3. Physical Development

My early years setting has lots of fun activities in these prime areas of learning (their curriculum). Sometimes I play independently. Sometimes the adults sensitively get involved to develop my play and learning or teach me something new.

Childs name:	Age (in months):	Attendance:	%		
Start date:	Number of sessions allo	Number of sessions allocated per week:			
Date completed:	My keyworker is:	My keyworker is:			
This form was completed by	and				

Communication
How I am speaking and listening:
How the adults are helping me to develop my communication:
Personal, Social and Emotional Development
How I am playing with other children, starting to share and take turns, and getting more independent:
How the adults are helping me when I am sad angry or feeling shy:



Child's Name:
Physical Development
How I am using my large muscle and small muscle skills:
How the adults are helping me to be physically active, like running and scooting, and develop my co-ordination, like kicking a ball or using a paint brush:
(If applicable)
My key worker would like to talk to you about this checkpoint (from development matters) with you:
My keyworker would like to talk to you about giving me extra help:
My keyworker would like to bring in another professional to help me:



Child's Name:
(If applicable)
I have the following special educational need or disability:
This is how my early years practitioners are helping me to take part in all the play and learning (the early years
<ul><li>curriculum):</li><li>Changes to the room or special equipment for me to use:</li></ul>
<ul> <li>Extra help or special programmes for me to take part in:</li> </ul>
Extra help of special programmes for the to take part in.
Comment from the child's parent or carer



Child's Name:

Right now, it is important for me to:	
This is how my early years practitioners are going to help me:	This is how my parent or carer is going to help me:
Review date:	





Child's Name:								
Health summary for p	arents	or carers	to fill in					
Is your child:								
Registered with a GP		Registered with a dentist			Under the care of any other health professional			
Do you have any con	cerns a	bout your	child's:					
Walking	Talk	ing		Hearing		Sight		Happiness
						1		1
Would you like help	with yo	ur child's:						
Eating and healthy weight Toilet tr		raining		Hearing		Si	ght	
Early help: stopping s	mall is	sues from	becomi	ng big probl	ems			
Would you like: Advice from your chi Keyworker	ld's	Advice f	rom a h	ealth	Referral to Futures fo	_		eferral to your local Sure eart Children's Centre
Parents/Carers name:						Date:		
Signature:								
2-year progress check								(Name of Health Visitor)
On:	(Dat	e) By:						(Name of Practitioner)