**Two Year Integrated Review**

**Revised January 2022**

**Integrated Health and Education Review at Age 2**

|  |  |
| --- | --- |
| Date and time of integrated review |  |
| ASQ Questionnaire used (tick one) | 24 months |  | 27 months |  | 30 months |  |

**Child and Family Information**

|  |  |
| --- | --- |
| Name of Child |  |
| Gender |  |
| Date of Birth |  |
| Gestational age at birth |  |
| Home language |  |
| Ethnicity code (see codes on reverse) |  |
| NHS number |  |
| Postcode |  |
| Parent(s) Name(s) |  |
| Mother’s date of birth |  |

**Early Education Information**

|  |  |
| --- | --- |
| Early years setting name |  |
| Name of key person/childminder |  |
| Setting manager |  |
| No. of months at setting |  |
| Local Children’s Centre |  |
| Registered at the children’s centre? |  |

**Health Information**

|  |  |
| --- | --- |
| Health Visiting Team |  |
| Health Visitor / Family Health Advisor name |  |
| GP practice |  |
| Dental practice |  |
| Immunisations outstanding, missed appointments |  |

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| **DfE ethnic origin list for Peterborough** |
| Code | Description | Code  | Description |
| WBRI | White – British | AIND | Asian/Asian British – Indian |
| WIRI | White – Irish | APKN | Asian/Asian British – Pakistani |
| WIRT | White – Irish Traveller | ABAN | Asian/Asian British – Bangladeshi |
| WITA | White – Italian | AAFR | African Asian |
| WPOR | White – Portuguese | AOTA | Other Asian |
| WROM | Gypsy/Roma | BCRB | Black/Black British – Caribbean |
| WEUR | White European | BAFR | Black/Black British – African |
| WOTW | White Other | BOTH | Black/Black British – Any Other Black Background |
| MWBC | Mixed – White and Black Caribbean | CHNE | Chinese |
| MWBA | Mixed – White and Black African | OOTH | Any Other Ethnic Group |
| MWAS | Mixed – White and Asian | REFU | Parent/Pupil Preferred Not to Say |
| MOTH | Mixed – Any Other Mixed Background | NOBT | Information Not Obtained |

**Progress Check**

**(Boxes in green to be completed by the Key Person prior to the meeting)**

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| --- |
| **How the child demonstrates the Characteristics of Effective Teaching & Learning via Active Learning, Playing and Exploring**, **Creating and Thinking Critically** |
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| **Communication and Language Development** **Comment on Listening, Attention & Understanding and Speaking** |
| Education – Current progress (to be completed by key person prior to the meeting ) |
|  |
| Additional Comments - Parent/Carer and Health (include behaviour, temperament, sleep routine)  |
|  |
| Areas for development |
| What parents/carers can do at home: |
| How the child will be supported at the education setting: |
| Actions for Health Visiting (if applicable): |

|  |
| --- |
| **Personal, Social and Emotional Development****Comment on Self- Regulation, Managing Self (Include feeding, dressing and toileting) and Building Relationships** |
| Education – current progress (to be completed by key person prior to the meeting ) |
|  |
| Additional Comments - Parent/Carer and Health (include hearing)  |
|  |
| Areas for development |
| What parents/carers can do at home: |
| How the child will be supported at the education setting: |
| Actions for Health Visiting (if applicable): |

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| --- |
| **Physical Development****Comment on Gross Motor Skills and Fine Motor Skills**  |
| Education – current progress (to be completed by key person prior to the meeting ) |
|  |
| Additional Comments – Parent/Carer and Health (to include vision, height and weight, toilet training, physical activity, vitamins, vitamin D, healthy diet and nutrition, Hospital and A&E admissions)  |
|  |

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| Physical Development - (Completed by Health Visitor during the meeting) |
| **Child’s height:** |  | **Child’s weight:** |  |
| Areas for Development |
| What parents/carers can do at home: |
| How the child will be supported at the education setting: |
| Actions for Health Visiting (if applicable): |

Additional Notes (where necessary)

**………………………………………………………………………………………………………………………………**

Please Leave Blank

**To be discussed during the meeting:**

|  |  |
| --- | --- |
| **Family and Environmental Context and Health Promotion****Include:** | **Additional Comments - include household members, relationships and changes in the family** |
| Early years education and community activitiesIncome/housingSmoking in household & brief health promotionHome safety Road safetyImmunisations at three yearsDental careAccident preventionManagement of minor ailments Attending children’s centres Outdoor activitiesLibrary – ReadingInclude Have you received a Bookstart pack from your health visitor? **(Yes/ No/ Don’t recall)** …. If Yes, How has it been used? Safety around pets  |  |

………………………………..…Tear off slip below if necessary……………………………………………………..

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| --- |
| Additional information to be discussed confidentially between Parent and Health Visitor Child’s Name ………………………………… Date of Birth …………………………………….. |
| Domestic AbuseMaternal MoodFamily Well-being alcohol and drugs |  |

**Summary Information (to be completed by Health Visitor)**

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| --- |
| ASQ Summary |
|  |
| Area | Total score | Summary (delete as appropriate) |
| Communication |  | On schedule / Monitor & review / Assess further |
| Gross Motor |  | On schedule / Monitor & review / Assess further |
| Fine Motor |  | On schedule / Monitor & review / Assess further |
| Problem Solving |  | On schedule / Monitor & review / Assess further |
| Personal-social |  | On schedule / Monitor & review / Assess further |
|  |
| Summary of the child’s development *(tick one box)* |
| Significantly below typical development | ☐ | Below typical development | ☐ | In line with / exceeding typical development | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| Support needed  | ☐ | Support not needed | ☐ |

|  |
| --- |
| Level of support required or already in place *(tick one box)* |
| Universal  | ☐ | Universal Plus | ☐ | Universal Partnership Plus | ☐ |

|  |
| --- |
| Support already in place, if applicable |
| Targeted support now in place: |  |
| Specialist support now in place: |  |

|  |
| --- |
| Future plans for support |
| Referral needed? | ☐ |  |

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| --- |
| Any actions to be taken by professionals, if applicable (e.g. referrals to other agencies): |
| Action (Referral or service needed) | Who will be responsible | When will this be done |
|  |  |  |

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| --- |
| **Names of professionals with input into this assessment:** |
| Name: | Job Title: | Signature: |
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| For Parent:I consent to information from this review being shared with the Local Authority Early Years Team, the Early Years Setting and Health: |  |
| I’m happy to be contacted about the process (please tick the box) : |  |
| Parents Signature: |  |

|  |  |
| --- | --- |
| Review date, if applicable: |  |
| Review organiser: |  |

**Following signed parent’s permission above, a copy of this document should be marked CONFIDENTAL and sent to:**

Early Childhood Specialist

Early Years & Childcare Team

Peterborough City Council

Ground Floor,

Sand Martin House,

Bittern Way,

Fletton Quays,

Peterborough,

PE2 8TY