|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Two-Year-Old Progress Check** Text Box  Child’s Name: ……………………………………………………... Age in Months (at time of completion) ……………..…...  Date completed …………………………………………………... | | | | |
| **DOB** |  | | **Languages Spoken at Home** |  |
| **Setting/ childminder Name** | |  | **Key Person**  **(Name and signature)** |  |
| **Date Started** |  | | **Sessions booked per week:** | **Average weekly attendance over the last 4 weeks:** |
| **Parent Comments:**  **Signed:** | | | **Review of previous next steps/interventions:** | |
| **Other Settings Attended:** | | | **Professionals currently working with the Family:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **My Summary: Prime Areas of Development** | | | |
| **COMMUNICATION & LANGUAGE – (Listening, Attention & Understanding and Speaking skills)** | **PERSONAL SOCIAL & EMOTIONAL - (Self-Regulation, Managing Self and Building Relationships)** | | **PHYSICAL**  **– (Gross Motor and Fine Motor skills)** |
|  |  | |  |

|  |  |
| --- | --- |
| **My interests & strengths / Identified needs** | |
| **Interests and strengths** | **Identified needs at home and in setting / Further support needed** |
|  |  |
| **Characteristics of Effective Learning displayed:** | |
| **Next steps to support child’s learning and development:** | |