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|  **Two-Year-Old Progress Check** Text BoxChild’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:** |

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| **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)** |
|  |  |  |

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|  **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:** |