**9.15a Progress check at age two form**

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

* Communication
* personal, social and emotional development
* physical development

My early years setting has lots of fun activities in these three 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.

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| **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: |
| **Physical development** |
| How I am using my large muscle and my 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: |

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| **(If applicable)** |
| My early years practitioner would like to talk about this checkpoint (from Development Matters) with you: |
| My early years practitioner would like to talk to you about giving me extra help: |
| My early years practitioner would like to bring in another professional to help me: |
| **(If applicable)** |
| I have the following special educational need or disability: |
| This is how my early years practitioner is helping me to take part in all the play and learning (the early years curriculum):   * Changes to the room or special equipment for me to use: * Extra help or special programmes for me to take part in: |

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| **Comment from the child’s parent or carer** |
| Right now, it is important for me to: |
| This is how my early years practitioner is going to help me:  This is how my parent or carer is going to help me: |
| Review date: |

Health summary for parents to fill in

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is your child:** Please tick | | | | | | | | | |
| Registered with a GP | | | Registered with a dentist | | | | Under the care of any other health professional | | |
| **Do you have any concerns about your child’s:** Please tick | | | | | | | | | |
| Walking | Hearing | | | Happiness | | Talking | | | Sight |
| **Would you like help with your child’s:** Please tick | | | | | | | | | |
| Eating and healthy weight | | Sight | | | Toilet training | | | Hearing | |
| **Early help: stopping small issues from becoming big problems**  **Would you like:** Please tick | | | | | | | | | |
| Advice from your early years practitioner | | Advice from your health visitor | | | Referral to your local Sure Start Children’s Centre | | | Referral to your local Family Hub | |

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Rosalind Hambidge (Director) Date: 15/2/2023

Signed on behalf of Little Oak Pre-school (Witney) Ltd Policy review due: October 2023