**Progress Check at 2:**

Child’s name: Age in months: Date:

|  |
| --- |
| **Communication and language** |
| 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 small muscle skills: |
| How the adults are helping me to be physically active, like running and scooting, and developing my co-ordination, like kicking a ball or using a paint brush: |

|  |
| --- |
| **(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 some 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 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: |

|  |  |
| --- | --- |
| **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 carer is going to help me: |
| Review date: | |

Parent carers’ signature ………………………………………………. Date:………………….

Key Person’s signature ………………………………………………… Date:…………………

**Health summary for parent 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 concerns about your child’s:** | | | | |
| Walking | Talking | Hearing | Sight | Happiness |

|  |  |  |  |
| --- | --- | --- | --- |
| **Would you like help with your child’s:** | | | |
| Eating and healthy weight | Toilet training | Hearing | Sight |

|  |  |  |
| --- | --- | --- |
| **Early Help: stopping small issues from becoming big problems**  **Would you like:** | | |
| Advice from your early years’ practitioner | Advice from a Health Visitor | Referral to a local Family Hub |