**Progress Check at 2:**

Child’s name: Age in months: Date:

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| **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: |

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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 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:
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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 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:**

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| **Is your child:** |
| Registered with a GP | Registered with a dentist | Under the care of any other health professional |

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| **Do you have any concerns about your child’s:** |
| Walking | Talking | Hearing | Sight  | Happiness |

|  |
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| **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 |