

Early Years Foundation Stage

Progress Check at Age Two

Name:	Date:	DOB:	Age: (in months)
Date started at the setting:	Sessions per week:		
Setting Name:	Contact Number:		
Other settings I attend (If applicable):			
Other professionals who help me are: Provide name, job title and contact details			
Characteristics of effective teaching and learning <i>Playing and Exploring, Active Learning, Creating and Thinking Critically</i>			
Communication and Language			
Observation Check Points			



Physical Development
Observation Check Points
Personal, Social and Emotional Development

Observation Check Points

Next steps to support my learning and development in the setting:

What parents /carers can do to support my learning and Development at home:

This is what my Key Person in the setting feels about my progress:

Name: _____ Signature: _____

Date: _____

Agreed by Manager/Leader: _____

Are there any identified areas where further support is needed?

Yes / No

If yes, what further support has been agreed?

EHA	Yes / No
Graduated approach	Yes / No
Health Visitor	Yes / No
SEND	Yes / No
EAL	Yes / No
Other	Yes / No

*Please provide further information within the additional information section.

This is what my family feels about my progress:

Parental consent: I give my consent for this form to be shared with other professionals involved with my child.

Name: _____ Parent/Carer

Signature: _____ Date: _____

Designation of 0-19 Practitioner - Job Title: _____ Contact number: _____

Name: _____ Signature: _____ Date: _____

Additional information: