

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): Dorothy Sanders (Childminder)																	
Other professionals who help me are: <i>Provide name, job title and contact details</i>																	
Characteristics of effective learning (Learning and Cognitive Development) <i>Playing and exploring, Active learning, Creating and thinking critically</i>																	
Communication and Language <i>Listening and attention, Understanding, Speaking</i>																	
Listening and attention						Understanding						Speaking					
0-11	8-20	E-16-26	22-36	30-50	40-60	0-11	8-20	D-16-26	22-36	30-50	40-60	0-11	8-20	D-16-26	22-36	30-50	40-60
E = Emerging -just accessing a few elements within this age and stage D = Developing -accessing a large number of elements within this age and stage S = Securing -competent in most elements of this age and stage																	
Physical Development (Physical Development and Self Care) (Physical Health) <i>Moving and handling, Health and self-care</i>																	
Moving and Handling									Health and self-care								
0-11	8-20	16-26	E- 22-36	30-50	40-60	0-11	8-20	S-16-26	22-36	30-50	40-60						
Personal, Social and Emotional Development <i>Self-confidence and self-awareness, Managing feelings and behaviour, Making relationships</i>																	
Self-confidence and self-awareness						Managing feelings and behaviour						Making relationships					
0-11	8-20	D- 16-26	22-36	30-50	40-60	0-11	8-20	D - 16-26	22-36	30-50	40-60	0-11	8-20	16-26	S-22-36	30-50	40-60

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Early Years Services / March 2019 / Version 1

Next steps to support my learning and development in the setting:	What parents /carers can do to support my learning and Development at home:
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This is what my Key Person in the setting feels about my progress:	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*
Name:	Signature:
Date:	*Please provide further information within the additional information section.
Agreed by Manager/Leader:	Date to be reviewed:

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:	Date:

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Additional information:

In partnership with

