

**Early Years Foundation Stage**

**Two Year Old Learning and Development Summary**

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| Setting name: | | |  | | | | | | | | | | | | |
| Child’s name: | | |  | | | | | | | | | | | | |
| Date of birth: | | |  | | | Age in months: | | |  | | | | | | |
| Date completed: | | |  | | | Is child in receipt of 2 year-old funding? Yes 🞎 No 🞎 | | | | | | | | | |
| Start date: | | |  | | | Hours attended per week? | | | | | |  | | | |
| **Your child’s learning**  **Playing and exploring** – f*inding out and exploring, playing with what they know, being willing to have a go*  **Active learning** – *being involved and concentrating, enjoying achieving what they set out to do, keeping on trying*  **Creating and thinking critically** – *having their own ideas, making links, choosing ways to do things* | | | | | | | | **Personal, social & emotional development**  Self-confidence and self-awareness; making relationships; managing feelings and behaviour | | | | | | | |
| **Next steps** | | | | | | | |
| **Self-confidence and self-awareness (in months)** | | | | | | | |
| 0-11 | | 8-20 | 16-26 | | 22-36 | 30-50 | 40-60+ |
| **Communication and Language**  Listening and attention; understanding; speaking | | | | | | | | **Making relationships** | | | | | | | |
| 0-11 | | 8-20 | 16-26 | | 22-36 | 30-50 | 40-60+ |
| **Managing feelings and behaviour** | | | | | | | |
| 0-11 | | 8-20 | 16-26 | | 22-36 | 30-50 | 40-60+ |
| **Physical Development**  Moving and handling; health and self-care | | | | | | | |
| **Next steps** | | | | | | | |
| **Next steps** | | | | | | | |
| **Listening and attention (in months)** | | | | | | | |
| 0-11 | 8-20 | 16-26 | | 22-36 | 30-50 | | 40-60+ |
| **Understanding** | | | | | | | | **Moving and handling (in months)** | | | | | | | |
| 0-11 | 8-20 | 16-26 | | 22-36 | 30-50 | | 40-60+ | 0-11 | | 8-20 | 16-26 | | 22-36 | 30-50 | 40-60+ |
| **Speaking** | | | | | | | | **Health and self-care** | | | | | | | |
| 0-11 | 8-20 | 16-26 | | 22-36 | 30-50 | | 40-60+ | 0-11 | | 8-20 | 16-26 | | 22-36 | 30-50 | 40-60+ |
| **Parent / Carers Declaration:** I agree for the information contained within this form to be shared with relevant professionals in order to enable appropriate support, if required, for my child both within the setting and from partner agencies. | | | | | | | | | | | | | | | |
| Parent/carer’s comment: (please continue on back of sheet if required)  Parent/carer signature Date | | | | | | | | | | | Key Person name and signature  Manager name and signature | | | | |