**Progress Check at Two Years Old: **

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| **Name of Setting:** |  | | |
| **Name of Child:** |  | | |
| **Date of Birth:** |  | **Age in Months:** |  |
| **Date Completed:** |  | **In receipt of 2-year-old funding?** |  |
| **Start Date at Setting:** |  | **Hours attended per week:** |  |

|  |  |
| --- | --- |
| **Communication and Language - strengths:** | **Area for development: if additional support is required, please outline planned activities and strategies:** |
|  |  |
| **Personal Social & Emotional Development - strengths:** | **Area for development: if additional support is required, please outline planned activities and strategies:** |
|  |  |
| **Physical Development - strengths:** | **Area for development: if additional support is required, please outline planned activities and strategies:** |
|  |  |
| **Have strategies and activities been shared with parent/carer? Yes / No** | |
| **Does the child have an Individual Learning and Development Plan? Yes / No** | |

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| **Parent Carer’s comments:** | |
| **Parent/Carer’s declaration: ‘***I agree for the information contained within this form to be shared with relevant professionals, including any safeguarding concerns, in order to enable appropriate support for my child both within the setting and from partner agencies.* | **Parent/Carer’s signature & date:** |
| **Practitioner’s signature & date:** |