



St Michael's Preschool

Early Years Foundation Stage Progress check at age two Learning and development summary

Child's name: Name child is known by: Date of birth: Age: years months Male / Female	Name of GP: Name of Health Visitor (if known):
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Date child started at setting: Sessions / hours attended per week:

Name of Key Person: Names of Parents / Carers: Language(s) spoken at home:

Personal, Social and Emotional Development		
Making relationships	Self-confidence and self-awareness	Managing feelings and behaviour
Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months	Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months	Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months

Significant comments:



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Communication and Language		
Listening and attention Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months	Understanding Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months	Speaking Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months
Significant comments:		
Physical Development		
Moving and handling Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months	Health and self-care Birth-11 months, 8-20 months, 16-26 months, 22-36 months, 30-50 months, 40-60+ months	
Significant comments:		
Characteristics of effective learning – how a child learns		



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Playing and exploring (engagement)

- Finding out and exploring
- Playing with what they know
- Being willing to 'have a go'

Active learning (motivation)

- Being involved and concentrating
- Keeping on trying
- Enjoying achieving what they set out to do

Creating and thinking critically (thinking)

- Having their own ideas
- Making links (using what they already know to learn new things)
- Choosing ways to do things

Next steps to support learning and development:

Does a referral need to be / has a referral been made to another agency?

If so, list agencies:

Parents / Carers comment

I / We will take a copy of this form to the Health Visitor.

I / We give / do not give permission for the setting Manager to contact the Health Visitor.

Signature: _____ (Parents / Carers) Date: _____

Signature: _____ (Key Person) Date: _____

Signature: _____ (Manager) Date: _____



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Early Years Foundation Stage

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Child's Individual Needs

Please complete this page if the child has any additional needs.

Main area of need – please circle as appropriate

- Communication and interaction
- Cognition and learning
- Behaviour, emotional and social development
- Sensory and / or physical development

Allergies or dietary requirements:

Medication:

Name of SENCO in setting:

Please attach any relevant information e.g. Individual Education Plans, target setting, details of adaptations.

Early Years Action / Action Plus (circle as appropriate)

Has the child been in receipt of funding to support inclusion? (Please provide dates and level of support)

Has a CAF been completed? Yes / No (If yes, please provide the name of the Lead Professional)

Is the child looked after by a local authority? (A child in care) Yes / No (circle as appropriate)

If yes, please attach a copy of the most recent EYPEP.

Other professionals involved	Name	Contact number
GP		
Paediatrician		
Health Visitor		
Speech and Language Therapist		
Portage		
Physiotherapist		
Dietician		
Social Worker		
Educational Psychologist		
Behaviour Support Team		
Other		

Signature: _____ **(Parents / Carers)** **Date:** _____

Signature: _____ **(Key Person)** **Date:** _____

Signature: _____ **(Manager)** **Date:** _____