**Early Years Foundation Stage Progress Check at Age Two 2024**Completed by my child’s childcare provider

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| Child’s name: |
| Age in months: |
| Gender: |
| Date competed: |
| Number of hours and session attending per week: |
| Name of childcare provider: |
| Child’s setting start date: |
| Childcare provider’s phone number: |
| Language(s) spoken at home |
| Key person’s name |
| Does the child receive Funded Early Education for Two year olds (FEET) funding?  Yes / No |
| Does the child have any health needs? |
| Date of Health Visiting 27 month health and development review (2 year check):  For more information about this review please use the below link  <https://childrenshealthsurrey.nhs.uk/services/27-month-reviews>  If this review has not yet taken place please take this document along and share with the health professional carrying out the review. |
| Parent’s comments: |
| Key person’s comments: |
| Voice of the child (child’s interests, like and dislikes): |
| Does the child have either of the following? (Circle yes or no.) |
| Special Educational Needs and/or Disabilities?  Yes  No  Early help assessment?  Yes  No |
| Do any other professionals support the child? Yes / No If yes please write their names/job titles below. |
| If the child goes to another childcare provider, have you contacted them?  Yes / No / Not applicable |
| Please see below a short summary of your child’s developmental progress and main strengths, and (if applicable) where progress is less than expected within each of the prime areas. |
| Communication and language development |
| Strengths : |
| Areas where progress is less than expected: |
| Activities, teaching opportunities and strategies required to address the emerging needs above: |
| In the setting:  In the home: |

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| Personal, social and emotional development |
| Strengths: |
| Areas where progress is less than expected: |
| Activities, teaching opportunities and strategies required to address the emerging needs above: |
| In the setting:  In the home: |
| Physical development |
| Strengths: |
| Areas where progress is less than expected: |
| *If you have identified areas that you wish to raise with Health Vising as part of the integrated review, please call the 0-19 Advice line on 01883 340 922. You will need parents’ consent to call.* |
| Activities, teaching opportunities and strategies required to address the emerging needs above: |
| In the setting:  In the home: |
| Characteristics of effective teaching and learning |
| Strengths within playing and exploring, active learning, creating and thinking critically: |
| Planning for development within the characteristics above: |
| If significant emerging needs have been identified within any of the prime areas above a targeted plan should be developed to support the child’s future learning and development involving parents and/or carers and other professionals. |

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| Key person signature:  Date: | |
| This form has been checked by: (print name and position)  Date: | |
| Parent signature: (form discussed)  Date: | |
| If referral is required, I give consent to share the information above with the following service(s)  ……………………………………………………………………………………………………………………………… | |
| Parent/ Carer signature: | Date |

**Once completed, please put this document into the child’s personal child health record (red book) and complete pg 38a.**