



09.15a 2 Year Progress Check

The EYFS progress check at age two focuses on the 3 prime areas of learning:

1. Communication
2. Personal, Social and Emotional Development
3. Physical Development

My early years setting has lots of fun activities in these prime areas of learning (their curriculum). Sometimes I play independently. Sometimes the adults sensitively get involved to develop my play and learning or teach me something new.

Childs name:	Age (in months):	Attendance:	%
Start date:	Number of sessions allocated per week:		
Date completed:	My keyworker is:		
This form was completed by		and	

Communication

How I am speaking and listening:

How the adults are helping me to develop my communication:

Personal, Social and Emotional Development

How I am playing with other children, starting to share and take turns, and getting more independent:

How the adults are helping me when I am sad angry or feeling shy:



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Child's Name:

Physical Development

How I am using my large muscle and small muscle skills:

How the adults are helping me to be physically active, like running and scooting, and develop my co-ordination, like kicking a ball or using a paint brush:

(If applicable)

My key worker would like to talk to you about this checkpoint (from development matters) with you:

My keyworker would like to talk to you about giving me extra help:

My keyworker would like to bring in another professional to help me:



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Child's Name:

(If applicable)

I have the following special educational need or disability:

This is how my early years practitioners are helping me to take part in all the play and learning (the early years curriculum):

- Changes to the room or special equipment for me to use:

- Extra help or special programmes for me to take part in:

Comment from the child's parent or carer



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Child's Name:

Right now, it is important for me to:

This is how my early years practitioners are going to help me:

This is how my parent or carer is going to help me:

Review date:





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Child's Name: _____

Health summary for parents or carers to fill in

Is your child:

Registered with a GP	Registered with a dentist	Under the care of any other health professional

Do you have any concerns about your child's:

Walking	Talking	Hearing	Sight	Happiness

Would you like help with your child's:

Eating and healthy weight	Toilet training	Hearing	Sight

Early help: stopping small issues from becoming big problems

Would you like:

Advice from your child's Keyworker	Advice from a health visitor	Referral to Brighter Futures for Children	Referral to your local Sure Start Children's Centre

Parents/Carers name: _____ Date: _____

Signature: _____

2-year progress check shared with: _____ (Name of Health Visitor)

On: _____ (Date) By: _____ (Name of Practitioner)