

## EYFS Progress Check at age two template

Child's name:	Date of birth:  Age – in months	Home address (including postcode)
Family present today:  Home language:	Staff member's name and role:	Two Year Entitlement?  Yes                      No
Today's date:	Date started at EYFS Provider:	Pattern of attendance:

<b>Family Input and Child's Voice:</b> Tell us all about your child. What do they enjoy doing? What makes your family unique? Is there anything they currently need support to do? Would you like to send a video of them playing and learning at home? (e.g. Using Tapestry)	Comments
<b>Child as a learner:</b> 1. Consider the Characteristics of Effective Teaching and Learning	Comments
2. Communication and Language Development Specific comments:	Please select one: Expected progress is being made OR Less than expected progress is being made.
3. Physical Development Specific comments:	Please select one: Expected progress is being made OR Less than expected progress is being made.
4. Personal, Social and Emotional Development Specific comments:	Please select one: Expected progress is being made OR Less than expected progress is being made.

### Note:

If expected progress is being made, we will continue with the care and education currently provided. Where less than expected progress is being made remember to write CONCERNS in the subject box when emailing this form to the health team hub. We will endeavour to work together to support you.

Signed consent from the family to share this information with other relevant professionals including the Health Visiting Team:				
Name		Signature		Date

## Targeted Plan and Strategies to support the child's future learning and development

What have you already done or are planning to do to support learning at home?	Useful sources of information for parents and carers:
What have you already done or are planning to do to support learning in the setting?	Possible links or referrals with other agencies:
Comments from the family	Date
Comments from the EYFS Provider	Date

Signed consent from the family to share this information with other relevant professionals including the Health Visiting Team:

Name		Signature		Date	
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