

Early Years Foundation Stage Progress Check at Age Two

Child's name	Age in months	GIRL / BOY	Date
Name of childcare provider: NIPPERTIME PRESCHOOL	Child's start date	SESSIONS	HOURS
Childcare provider's phone number: 07903 361054	Language(s) spoken at home		
Child mentor's name:	2 year olds (FEET) funding?		
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	Child mentor's comments		
Voice of the child (child's interests, like and dislikes):			
Does the child have either of the following? (HIGHLIGHT 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 to focus:			
Activities, teaching opportunities and strategies required to address the emerging needs above:			
At Nippertime:	At home:		

Personal, social and emotional development

Strengths:

Areas to focus:

Activities, teaching opportunities and strategies required to address the emerging needs above:

At Nippertime:

At home:

Physical development

Strengths:

Areas to focus:

Activities, teaching opportunities and strategies required to address the emerging needs above:

At Nippertime:

At 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.

Child mentor signature:

Date

Checked by Manager / Senior Team Leader

Date

Parent signature (form discussed)

Date

If referral is needed, I give consent to share the information above with the following service(s)

Parent/carer signature:

Date

Once completed we will put this document in your child’s little red book (child’s health record) and complete page 38a 😊