

#### DATE: / /

### ALL ABOUT ME

**My favourite things at home are:**

(This might include toys, games, comfort objects, stories, places …)

**Meaningful or special relationships in my life are:**

(This might include family members, friends, people who look after me, other people involved in my life, even pets! Photos are lovely to see and share – and it helps us to know who everyone is!)

### ALL ABOUT ME

**My routines are:**

(This might include eating and sleeping routines, the kind of cup I use, my toileting habits, my routines, and who will usually bring and collect me.)

**How I communicate:**

(This might include special words or gestures, home language or any other types of communication I use.)

### ALL ABOUT ME

**My feelings:**

(This might include what makes me happy, sad, angry or scared and how I show these feelings.)

**When I am feeling … it helps me if …**

### ALL ABOUT ME

**Anything else you might need to know about me:**

(This might include any health care needs, other people who are involved in my well-being, or any other information I would like to share with you.)

### ALL ABOUT ME

**Ongoing observations and discussions:**

**2 Year Old Progress Check for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_ (in months) Date of 2 Year Health Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Characteristics of Effective Learning** including engagement, motivation and thinking |
| **Learning and Development summary** |
| **Personal, Social and Emotional** | **Communication and Language** | **Physical** |
| **Areas in which I am making progress** |
| **Areas where I need more support** (including any areas where I am not yet at an expected level) |
| **Together we will…** (including who is responsible and review date) |
| **Parent’s signature Key Person’s signature Date** |

**Individual Progress Review and Planning for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_Months**

|  |
| --- |
| **Child’s Voice** |
| **Parent/Carers comments** |
| **Key Person comments** |
| **Characteristics of Effective Learning** including how I engage in learning experiences, what motivates me and my thinking skills |
| **Strengths and Interests** |
| **Any Worries** |
| **Parent’s signature Key Person’s signature Date** |

**Individual Progress Review and Planning – Prime Areas of Learning**

Name: Date of Birth:

|  |  |  |  |
| --- | --- | --- | --- |
| **Terms** | **Personal, Social and Emotional Development** | **Physical Development** | **Communication and Language** |
| **Term 1 -** Date:-**Strengths**  |  |  |  |
| **Next steps** |  |  |  |
| **Term 2** Date:-**Strengths**  |  |  |  |
| **Next Steps** |  |  |  |
| **Term 3**Date:-**Strengths** |  |  |  |
| **Next Steps** |  |  |  |

**Individual Progress Review and Planning – Specific Areas of Learning**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Terms** | **Literacy** | **Mathematics**  | **Understanding the World** | **Expressive Arts & Design** |
| **Term 1 -** Date:-**Strengths**  |  |  |  |  |
| **Next steps** |  |  |  |  |
| **Term 2** Date:-**Strengths**  |  |  |  |  |
| **Next Steps** |  |  |  |  |
| **Term 3**Date:-**Strengths** |  |  |  |  |
| **Next Steps** |  |  |  |  |