# Integrated Health and Learning Review

|  |  |
| --- | --- |
| Child’s Name |  |
| Child’s DOB |  |
| Child’s age in months |  |
| First language(and any other languages spoken at home) |  |
| Parent/Carer Name(s) |  |
| HCP Practitioner Name |  |
| EY Practitioner Name |  |
| Setting Name |  |
| Date child started at setting |  |
| Number of hours attended each week |  |

|  |  |
| --- | --- |
| Parent/Carer comments, including child’s interests at home |  |

## Summary of interest, progress, strengths, and engagement in learning

|  |  |
| --- | --- |
| Characteristics of Effective Learningincluding engagement, motivation and thinking |  |
| Personal, Social and Emotional |  |
| Communication and Language |  |
| Physical |  |
| Literacy |  |
| Maths |  |
| Understanding the World |  |
| Expressive Arts and Design |  |
| Areas in which I am making progress |  |
| Areas where I need more support |  |
| Outcomes from ASQ: |  |

## Signatures

|  |  |
| --- | --- |
| Parent/Carer’s signature  |  |
| Key Person’s signature |  |
| Health Visitor’s signature |  |
| Date |  |

## Overview

|  |  |
| --- | --- |
| What’s going well? |  |
| Is there anything we are worried about? |  |
| What needs to happen? |  |

## Actions

|  |  |  |
| --- | --- | --- |
| Action | Who is doing this?When will it be done by? | Review of actions. What happened, what impact has this had, any further actions? |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |