## Individual Progress Review and Planning

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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** |

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| **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** |  |  |  |

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| **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** |  |  |  |  |