9.14a Progress check at age two form

Child's Name: _____ DOB: _____ Age: (in months) _____

Key person: _____ Date: _____

Personal, social and emotional development

Self-regulation	**Managing self**	**Building relationships**
Developmental stage: _____	Developmental stage: _____	Developmental stage: _____

Communication and language

Listening, attention and understanding	**Speaking**
Developmental Stage: _____	Developmental Stage: _____

Physical development

Gross motor skills	**Fine motor skills**
Developmental stage: _____	Developmental stage: _____

Please use this space to comment on ‘how’ the child learns (characteristics of effective learning)

Playing and exploring:

Active learning:

Creative and critical thinking:

Is (insert name of child) meeting developmental milestones?

Are there any specific areas of concern?

Parents/carers’ comments including further information about (insert name of child)’s interests, achievement:

What next?

Date shared with parents/carers: _____

Further actions agreed (if required)