**My Two Year Old Review**

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| **Early Years Foundation Stage (EYFS) Joint two year old review form** | | | |
| **Child’s name:** |  | **Date of birth:** |  |
| **Parent/Carer names:** |  | **No of hours per week in the setting:** |  |
| **Name of setting:** |  | **Date started in the setting:** |  |
| **Key Person:** |  | **Attendance (good/periods of absence)** |  |
| **Date of completion:** |  | **Other settings attended:** |  |
| **Age at completion in months:** |  | **Child’s home language:** |  |
| **Health Visitor’s/Community Nursery Nurse’s name:** | |  | |
| **Is Early Help in place?** | **If Yes, date registered:** | **Who is the co-ordinator?** |  |

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| **All About me**  ***The information recorded in the following pages should reflect the child’s uniqueness, their personality, characteristics and individual learning journey.*** | |
| **What do I enjoy, like doing and what am I interested in?**  **At home –**  **At the setting -** | **How do I like to learn**  *Playing and Exploring*  *Finding out and exploring; Playing with what they know; Being willing to ‘have a go’*  *Active Learning*  *Being involved and concentrating; Enjoying achieving what they set out to do; Keeping on trying*  *Creating and thinking critically*  *Having their own ideas; Making links; Choosing ways to do things and finding new ways* |

**The Prime Areas of Learning - My strengths - Where I am now and what I like to do**

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| **Communication and Language** | **Personal Social and Emotional development** | **Physical development** |
| **What my key person thinks-**  **What my parents /carers think-** | **What my key person thinks-**  **What my parents /carers think-** | **What my key person thinks –**  **What my parents /carers think-** |

**Health Information- refer to 2 year old assessment and Red Book and summary from parents/carers**

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| **Is your child:** | | |
| Registered with a GP | Registered with a dentist | Under the care of any other health professional |

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| **Do you have any concerns about your child’s:** | | | | |
| Walking | Talking | Hearing | Sight | Happiness |

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| **Would you like help with your child’s:** | | | | |
| Eating and healthy weight | Moving on to toileting | Listening skills | Behaviour | Sight |

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| **Any actions to support my development from my 2 year old Ages and Stages ASQ assessment/1 year review** | Actions identified, please detail: |

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| **Are you receiving support from other professionals, for example: Speech and Language, Portage Worker, Community paediatrics or other Specialist** | Please detail including any additional assessment tools used: |

**My development – Where I am now**

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| **Please tick as appropriate** | **Personal, Social and Emotional Development** | | | **Communication and Language**  **(Refer to the either the Cumbria Speech and Language monitoring tool or the Cumbria Speech Language and Communication Screener – attached Yes/No)** | | **Physical Development** | |
| **According to the statutory EYFS framework** | **Self regulation** | **Managing self** | **Building relationships** | **Listening, attention and understanding** | **Speaking** | **Gross motor skills** | **Fine motor skills** |
| **Progress as expected (on track)** |  |  |  |  |  |  |  |
| **Requires additional support** |  |  |  |  |  |  |  |
| **Emerging significant needs or SEN needs** |  |  |  |  |  |  |  |

Please complete if appropriate

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| **Schedule of Growing Skills II (SOGS) – *GL Assessment\**** | | | | | | |
| **Completed by Health visitor** | |  | **Completed by Area SENCO** | |  | |
| **Date carried out** |  | | | **Chronological age (months)** | |  |

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| **Skills area** | **Age in months** | **Skills area** | **Age in months** |
| Locomotor |  | Speech and language |  |
| Manipulative |  | Interactive social |  |
| Visual |  | Self-care social |  |
| Hearing and language |  | Cognitive |  |
| **Comments:** | | | |

**Next steps to support my learning and development –** This section can be copied and added to the child’s red book or a copy of the whole review can be included

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| **Child name:** | | **Date of Birth:** |
| **In the setting we will….**. | | **At home we could….** |
| **My next steps will be reviewed on:** |  | |

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| **Early help: stopping small issues becoming big problems**  **Would you like:** | | | |
| Advice from your early years’ practitioner | Advice from your health visitor | Referral to your local Children’s and Families support services | Referral to other services |

**Declaration:**

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| ***I have been advised that my child’s Ages and Stages Questionnaire 3 summary and NHS Number will be collected by my childcare provider. I have also been advised that this information will be shared with other staff who may support my child’s future learning and development e.g.my child’s health visiting team, the Local Authority, schools, specialist support services and other health services***  **Parents/carer’s signatures**: | | | |
| **Health Visitor/Community Nursery Nurse signature, if joint review** |  | | |
| **Key person signature:** |  | **Manager’s signature:** |  |