



Early Years Foundation Stage Progress Check

Name	DOB	Age in Months	Key Person	Date of Check

Name of current setting	Date child started at setting
Name of all previous setting	
Has the child got any existing health conditions?	
Is the child being supported by any other agencies?	
Has child had 2 year old development review with Health Visiting Team? Yes/No Comments/ Any concerns highlighted	Named Health Visitor Setting Link Locality
Type of Integration Face to face/ paper sharing/ phone call	

Personal, social and emotional development
Are there any identified areas for further support? Yes/No If yes see below

Communication and Language



Wellcomm Assessment complete? Yes/No If yes by **Setting/Health Visiting/Startwell**

Outcome: Green Amber Red

Intervention shared with parent? Yes/No

Date of re-assessment:

Other Comments:

Are there any identified areas for further support? Yes/No If yes see below

Physical Development

Are there any identified areas for further support? Yes/No If yes see below

Feedback actions

Person(s) Responsible

Review Date

What is my setting or my key person doing to help me?

- ✓
- ✓
- ✓

Something to try at home:

- ✓
- ✓
- ✓
- ✓

Parental comments

Parent's signature

Key person's signature

CNN/HV signature or name

Date

Date

Date



Manager/Childminder signature