

Name



Date of Check

Early Years Foundation Stage Progress Check

Age in Months

DOB

Key Person

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 or known by any other agencies?			
Her shild head O years and development review with Health Visiting	Nowed Health		
Has child had 2 year old development review with Health Visiting Team?	Named Health Visitor		
Yes/No			
Comments/ Any concerns highlighted	Setting Link		
Type of Integration	Locality		
Face to face/ paper sharing/ phone call			
Personal, social and emotional development			
How I am playing with other children, starting to share and take turns, and	d getting more		
independent:			
How the adults are helping me when I am sad, angry or feeling shy:			
Are there any identified areas for further support? Voc/No. If you are held	A/		
Are there any identified areas for further support? Yes/No If yes see below	/V		





Communication and Language					
How I am speaking and listening:					
How the adults are helping me to develop my communication:					
Wellcomm Assessment complete? Yes/No If yes by Setting/Hea	alth Visiting/Startwell				
Outcome: Green Amber Red	aim violing/otal twoll				
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					
How I am using my large muscle and my small muscle skills:					
	and anation and development				
How the adults are helping me to be physically active, like running a co-ordination, like kicking a ball or using a paint brush:	ind scooting, and develop my				
co-ordination, like kicking a ball or using a paint brush:					
Are there any identified areas for further support? Yes/No If yes see	below				
Feedback actions	Person(s) Responsible				
Review Date					
This is how my setting or my key person is going to help me					
\checkmark					
\checkmark					
✓					





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This is how my	parer	nt or c	arer is	going to help	o me:						
✓											
✓.											
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v											
Parental comments											
							.				
Parent's signature			Key person's signature				CNN/HV signature or name				
Date			Date				Date	Date			
Manager/Child	minde	r sign	ature								
Health Summary for parents to fill in											
Is your child:											
						1					
Registered with a GP							Under the care of any other health professional				
			pro			rologololiai					
Do you have co	ncern	s abo	ut vou	r child's:							
Do you have o	3110011	io abo	at you	omia o.							
Walking	Talkir	ng	Hearing			Vision			Happiness		
Would you like	help v	with y	our chi	ld's:							
Eating and healthy Toile		et training Hearin		ng S		Sight	Sight				
weight			· ·								
Early help: sto	pping	small	issues	from becom	ing big	pro	blems. Wo	ould y	ou like:		
Advice from your early			Advice from your health F				Referral to your local Start Well				
years practitioner							Family Centre				