# **Early Years Foundation Stage – Learning and Development Summary at the age of 2**

Summary of prime areas of learning, to be shared with the child's Health Visitor.

Please insert this summary into the child's 'red book'

Has the health visitor completed the child's Healthy Child Programme development review with parents? **Y/N**

Are any concerns to be shared with the with Child’s Health visitor via the portal **Y/N**

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| **Date of summary** |  | **Child's name** |  |
| **Date of birth** |  | **Age at summary** |  |
| **Name of setting** |  | **Key person** |  |
| **Contact telephone number** |  | **Contact email address** |  |

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| **Playing and exploring** - Children investigate and experience things and ‘have a go’. |  |
| **Active learning** - Children concentrate and keep on trying if they encounter difficulties and enjoy achievements |  |
| **Creating and thinking critically** - Children have and develop their own ideas, make links between ideas, and develop strategies for doing things. |  |

## Observations

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| **Personal, Social and Emotional Development**  Self -Regulation, Managing Self, Building Relationships |
| **Observations by key person and parent/carer:** |
| **To help your child they may need further support at home and in setting with:** |

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| **Physical Development**  Gross Motor Skills, Fine Motor Skills |
| **Observations by key person and parent/carer:** |
| **To help your child they may need further support at home and in setting with:** |

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| **Language and Communication**  Listening, Attention and Understanding, Speaking |
| **Observations by key person and parent/carer:** |
| **To help your child they may need further support at home and in setting with:** |

## Child’s views

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| **Child’s View**  What your child says and shows |
| **I am doing well at…** |
| **I like to…** |
| **I may need help with…** |
| **Parents’ Views** |
| **What does your child enjoy doing?** |
| **Is there anything you feel they need help with?** |

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| **Are there any concerns that need to be shared with the Health Visitor via the Children’s Secure Portal?** |
| Hearing Speech Toileting Sleeping Dental Diet Home safety  (ring or embolden those that apply)  **Other concerns:**  **Has your child had any involvement with other professionals?** |

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| **Your child’s attendance and any support needed** |
| **Your child’s attendance in setting is** (please circle): **On track Not on track**  **How do you feel about your child’s attendance?**  **Do we need to consider any issues that may influence your child’s attendance?** |

## Permissions to share information

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| **Permissions to share information** |
| **Please ensure you get written permission from parents to share any information contained in this document in line with your settings GDPR policy.** |
| **My child’s Health Visitor is:** |

**Do you give permission for us to contact your Health Visitor and other agencies to share information contained in this progress check?**

|  |  |  |
| --- | --- | --- |
| **Signatures** | **Date** | **Permission to share:** |
| **Parent’s/Carer’s signature** | **Date** | **Yes / No** |
| **Key Person Signature** | **Date** | **Yes / No** |
| **Manager’s Signature** | **Date** | **Yes / No** |

**Weblinks to support your children’s learning at home:**

[**Tiny Happy People**](https://www.bbc.co.uk/tiny-happy-people)

[**Hungry Little Minds**](https://hungrylittleminds.campaign.gov.uk)

[**NSPCC Look, say, sing, play**](https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/look-say-sing-play)