|  |  |
| --- | --- |
| **Child information:**  Full name  Date of birth  Age (in years and months)  Stage of development (Development Matters band/Birth to 5 Matters Range)  Gender  Home language  Any other setting child attends |  |
| **Setting information:**  Date progress check completed  Setting name  Setting address  Email and contact number  Key person completing progress check  Child’s room  Child’s start date  Child’s hours of attendance  Progress check completed by parent and practitioner yes  no |  |
| **Health information:**  Date of ASQ  24m 27m 30m  Information shared by:  (red book/parent/Health Visitor/Community Nursery Nurse)  Significant key points from ASQ for setting to be aware of: |  |

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| Characteristics of Effective Learning Parent and practitioner shared knowledge and understanding- reflecting the child’s individuality e.g. fascinations, interests, how they like to engage, preferred ways of learning etc. | | |
| **Playing and Exploring (Engagement)** | Active Learning **(Motivation)** | **Creating and Thinking Critically (Thinking)** |
|  |  |  |

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| --- | --- |
| Summary of learning and development- parent and practitioner shared knowledge and understanding: | |
| Prime Areas | |
| PSED | Summary of learning and development (parent and setting at the meeting)  Stage of development:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Making Relationships | | Sense of Self | | Understanding Emotions | | | Starting point | Current stage/range | Starting point | Current stage/range | Starting point | Current stage/range |   Setting next steps to support learning and development  Family next steps to support learning and development at home  If concerns are raised based on ongoing assessment and observation from setting and home:  Details of concern  Any contextual information that may have an impact e.g. new sibling)  Agreed actions (including contact with/support from other professionals- parent consent gained) |
| PD | Summary of learning and development (parent and setting at the meeting)  Stage of development:   |  |  |  |  | | --- | --- | --- | --- | | Moving & Handling | | Health & Self-Care | | | Starting point | Current stage/range | Starting point | Current stage/range |   Setting next steps to support learning and development  Family next steps to support learning and development at home  If concerns are raised based on ongoing assessment and observation from setting and home:  Details of concern  Any contextual information that may have an impact e.g. new sibling)  Agreed actions (including contact with/support from other professionals- parent consent gained |
| CL | Summary of learning and development (parent and setting at the meeting)  Stage of development:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Listening & Attention | | Understanding | | Speaking | | | Starting point | Current stage/range | Starting point | Current stage/range | Starting point | Current stage/range |   Setting next steps to support learning and development  Family next steps to support learning and development at home  If concerns are raised based on ongoing assessment and observation from setting and home:  Details of concern  Any contextual information that may have an impact e.g. new sibling)  Agreed actions (including contact with/support from other professionals- parent consent gained) |
| Specific Areas- see optional addition sheet | |

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| Desired outcomes (for family) | | | | | | | | | |
| **Child (child’s thoughts/wishes/plans)**  **Home (family thoughts/wishes/plans)**  **Setting (setting’s thoughts/wishes/plans)** | | | | | | | | | |
| Key person’s Comments | | | | Parents’ Comments | | | | | |
|  | | | |  | | | | | |
| **Shared with Health Visitor** | | | | **Date shared** | | |  | | |
| **Parent permission (signature and date)** | | | |  | | | | | |
| **Other Professionals’ Contributions to Progress Summary:** | | | | | | | | | |
| **Name** |  | | **Role** | |  | | | **Date** |  |
| **Name** |  | | **Role** | |  | | | **Date** |  |
| **Name** |  | | **Role** | |  | | | **Date** |  |
| **Keyperson’s Name** | |  | **Signature** | | |  | | **Date** |  |
| **Parent(s) Name** | |  | **Signature** | | |  | | **Date** |  |
| Senior Leader’s Name | |  | **Signature** | | |  | | **Date** |  |