|  |  |
| --- | --- |
| **Child information:** Full nameDate of birthAge (in years and months)Stage of development (Development Matters band/Birth to 5 Matters Range)GenderHome languageAny other setting child attends  |   |
| **Setting information:**Date progress check completedSetting nameSetting addressEmail and contact numberKey person completing progress check Child’s roomChild’s start dateChild’s hours of attendanceProgress 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 LearningParent 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 developmentFamily next steps to support learning and development at homeIf concerns are raised based on ongoing assessment and observation from setting and home:Details of concernAny 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 developmentFamily next steps to support learning and development at homeIf concerns are raised based on ongoing assessment and observation from setting and home:Details of concernAny 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 developmentFamily next steps to support learning and development at homeIf concerns are raised based on ongoing assessment and observation from setting and home:Details of concernAny 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** |  |