



Progress Check at Age Two Form

Childs Name: _____ DOB: _____ Age: (in months) _____
Key person: _____ Date: _____

Personal, social and emotional development

Self-regulation

Managing self

Building relationships

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Developmental stage: _____ Developmental stage: _____ Developmental stage: _____

Communication and language

Listening, attention and understanding

Speaking

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Developmental Stage: _____ Developmental Stage: _____

Physical development

Gross motor skills

Fine motor skills

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Developmental stage: _____ Developmental stage: _____

Please use this space to comment on 'how' the child learns (characteristics of effective learning)

Playing and exploring:

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Active learning:

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Creative and critical thinking:

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Is (insert name of child) meeting developmental milestones?

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Are there any specific areas of concern?

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Parents' comments including further information about (insert name of child)'s interests, achievement:

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What next?

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Date shared with parents: _____

Further actions agreed (if required)

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