



**Nottinghamshire
County Council**

Early Years Quality and Attainment Team

Early Childhood and Early Intervention

Template for the NCC 2 Year Progress Summary

(When using Birth to Five Matters)

Please see **“Guidance for completing the NCC 2 Year Progress Summary”** document to support the completion of the progress summary.

2 Year Old Progress Summary

Name _____
D.O.B. _____

Attach photo here

Early Years Providers and sessions I

My interests

My family

Key Person (signature) _____ Date _____

Parent/carer (signature) _____ Date _____

Summary of Development

Prime areas of development for: -----	Additional needs? Y / N	Date of Birth: __ / __ / ____	Date of progress review: __ / __ / ____	Age at progress review: _____ months
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Personal, Social and Emotional Development	Physical Development	Communication and Language
I can	I can	I can
Making relationships:	Moving and handling:	Listening and attention:
Sense of self:	Health and self-care:	Understanding:
Understanding feelings:		Speaking:

Aspects	Age	Aspects	Age
Making relationships.		Listening and attention	
Sense of self.		Understanding	
Understanding feelings.		Speaking	

Key Person signature:	Date:
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Additional Observations / Annotated Photographs



What Next

Child's name:

Next Steps to support my learning and development in the setting:

What parents/carers can do to support my learning and development at home:

This is what my key person feels about my progress:

Are there any identified areas where further support is needed? Yes/No

If yes what further support has been agreed?

This is what my family feel about my progress:

Date:

Name:

Signature:

Health summary for parents to fill in

Is your child:				
Registered with a GP	Registered with a dentist		Under the care of any other health professional	
Do you have any concerns about your child's?				
Walking	Talking	Hearing	Sight	Happiness
Would you like help with your child's:				
Eating and healthy weight	Toilet training	Hearing	Sight	
Early help: stopping small issues from becoming big problems				
Would you like:				
Advice from your early years practitioner	Advice from your health visitor	Referral to your local Sure Start Children's Centre	Referral to your local Family Hub	

2 Year Progress Summary Action Document

To Inform an Integrated Review

(ONLY TO BE COMPLETED FOR CHILDREN GIVING A CONCERN)

Since 2015, the government has encouraged local authorities, health visiting services and early years providers to work together on an integrated education and health two-year-old review process. This can give a more complete and accurate picture of the child by drawing together:

- Parents' views and concerns about their child's progress
- The early years practitioner's detailed knowledge of how the child is learning and developing
- The health professional's expertise in the health and development of young children

Integrated reviews take a variety of formats. There is no one-size-fits-all solution. The separate parties may share information in a co-ordinated review. Or there may be a joint meeting between parents, health and education practitioners, and with the child present, in an integrated review. Whatever their format, they should support health and education professionals to identify:

- Strengths
- Any developmental delay
- Any particular support or service from which they think the child/family might benefit

To be successful, there must be:

- Clarity about how each child is reviewed, by whom and the follow-up support that is available
- Understanding about how and when the impact of any support is evaluated, so that no children 'fall through the net'

The child's Personal Child Health Record (PCHR) is commonly referred to as the 'Red Book'. It is an effective tool to record and share information between all parties. It can help with the planning of referrals or interventions when additional support is required.

Providers are encouraged to use the Child Development Tool, the Language Checklist and the *Identifying and Supporting Children's Development Needs in Early Years Settings*, and the *Best Practice for Supporting Children's Emerging Needs* for further support in monitoring a child's development and to assess a child's stage of development more accurately. [Click here](#) to access the link to the NCC Childcare Providers page and scroll down to access the resources.

2 Year Progress Summary Action Document

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Child's Name:		Date Assessment Completed:	
Child's Address:		Parent's Phone Number:	
Gender: (please circle) He/She/They	SEN: (please circle) Yes / No	Child's First Language:	
Early Years Practitioner Completing This Form:		Provider name, Address and Contact Number:	
Children's Centre Family Support Worker's Name (if involved):		Family Support Worker's Contact Details:	
Healthy families Team Practitioner's Name:		Healthy Families Team Contact Details:	
Name of GP:		GP Contact Details:	
Other Professionals Involved:		Contact Details for Other Professionals:	
In which area is the child experiencing delay? (please tick all that apply) <input type="radio"/> Communication and Language Development <input type="radio"/> Personal, Social and Emotional Development <input type="radio"/> Physical Development			

What action is to be taken?

Plan to be devised in partnership with parents and Healthy Families Team as part of the integrated review process

The Personal Child Health Record

Confirmation that the Early Years Practitioner has added the 2 Year old Progress Summary information on to the *Child Health Record* (This usually has a red cover and is known as the "**Red Book**").

Name of practitioner: _____

Date information added to the Red Book: __/__/____

PARENTAL CONSENT

	Parent/Guardian Permission to Share Information (*please circle)	Parent/Guardian Permission to make a referral (*please circle)	Provider to complete if applicable
Speech and Language Therapy	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Children's Centre Services	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Schools & Families Specialist Services (SFSS)	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Other Health Professional (e.g. GP, Paediatrician)	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Home Talk	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Small Steps	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Area SENCo	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:
Other Professional? (please state)	YES / NO	YES / NO	Who will be completing the referral? Date of referral made:

PARENTAL CONSENT

I [parent/guardian's name] give consent for
..... [provider's name] to share information and to
make a referral (if necessary) to the professional(s) as indicated above.

Parents/guardian signature: Date:

Please give both the parent and the Healthy Families Team a copy of this form.