Childcare practice procedures

09.15   Progress check at age two.

- The key person is central to the progress check and must be the person completing it.

- Settings should take guidance from their local authority as to when the progress check at age two is completed; if no such guidance is provided, the progress check is completed when the child is between 26 and 30 months old. The child should be attending the setting for at least 1 term before the check is completed.

- Once the timing of the child's progress check is confirmed, parents are sent a copy and asked for their input.

- The setting must seek to engage both parents and make allowance for parents who do not live with their child to be involved.

Completing the progress check at age two

- On-going observational assessment informs the progress check and must be referred to.

- Children's contributions are included in the report. Staff must be 'tuned in' to the ways in which very young children, or those with speech or other developmental delay or disability, communicate/

- Where any concerns about a child's learning and development are raised these are discussed with the parents, the SENCo and the setting manager.

- If concerns arise about a child's welfare, they must be addressed through 06 Safeguarding children, young people and vulnerable adults' procedures.

- The key person must be clear about the aims of the progress check as follows:

    - to review a child's development in the three prime areas of the EYFS

    - to ensure that parents have a clear picture of their child's development

    - to enable practitioners to understand the child's needs and, with support from practitioners, enhance development at home

    - note areas where a child is progressing well and identify any areas where progress is less than expected

- describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate)

This policy was adopted by   …………………………………………………………………….
On   …………………………………………………………………………
Date to be reviewed   ……………………………………………………………………
Signed on behalf of the provider   ……………………………………………………………………
Name of signatory   ……………………………………………………………………
Role of signatory   ……………………………………………………………………