**2 Year Old Learning and Development Summary – an example using non-statutory guidance birth to five matters**

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| [[Statutory framework for the early years foundation stage (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf) (EYFS 2.3/2.4/2.5)**Child’s name: Child’s date of birth: Age:****Length of time child has been attending the setting: Date started: No. of hours per week in setting:** **Attendance (good/periods of absence): Other settings attended:** **SEND Primary Need: High Level Needs/ Inclusion Funding** **EAL / Premature Birth / Early Help /Referral to specialist services, e.g. Health, IES, Social worker (add details)****Date of summary:**  |

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| **My Family have noticed I am interested in:** |

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| **How I like to learn (characteristics of effective teaching and learning)** |

**Personal, Social & Emotional Development**

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| **Making Relationships** | **Sense of Self** | **Understanding feelings**  |
|  |  |  |
| **Making Relationships** |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |
| **Sense of Self**  |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |
| **Understanding feelings** |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |

**Communication & Language**

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| **Listening & Attention** | **Understanding** | **Speaking** |
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| **Listening & Attention**  |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |
| **Understanding** |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |
| **Speaking**  |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |

**Physical Development**

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| **Moving & Handling** | **Health & Self-Care** |
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| **Moving and Handling** |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |
| **Health and Self - Care** |
| R1 0 – 6 months | R1 -R2 6-12 months | R2 12-18 months | R2 –R3 18-24 months | R3 –R424-36 months | R4-R536-48 months | R5-R648-60 months | R6 60-71 months |

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| **Is the child meeting developmental milestones? Yes/No****If no, what are the concerns?** **What activities/support strategies will you implement?** |
| **Next steps to support learning and development:** |
| **At home you might like to try:** |
| **The child’s voice (I like….I am good at…)** |

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| **Parent and/or carer comments**  |

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| * **I confirm that I have received a copy of this document.**
* **I have given my consent for the setting to send this form to my child’s Health Visitor.**
* **I understand that this information is confidential; this means that it will be stored securely. I understand that my child’s key person may need to speak to other professionals or agencies in order to meet the needs of my child. I am happy for this to happen.**

**Parent’s signature Print name Date** |

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| **Key persons signature Print name Date** |
| **Moderators signature Print name Date** |

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| **Key persons signature Print name Date** |
| **Moderators signature Print name Date** |

