**EYFS 2 year old individual assessment**

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| **Child’s Name:** | **D.o.B:**  **Age:** | **Date of 2yr old check:** |
| **Communication and Language** | **Personal, Social and Emotional**  **Development** | **Physical Development** |
| Strengths  Areas for concern  Has the child made satisfactory progress in this area? | Strengths  Areas for concern  Has the child made satisfactory progress in this area? | Strengths  Areas for concern  Has the child made satisfactory progress in this area? |
| **Specific Areas of Learning** *(Literacy, Numeracy, Understanding the World and Expressive Arts and Design)*  Strengths  Areas for concern  Has the child made satisfactory progress in these areas? | | |
| **Are there any significant emerging concerns, or an identified special educational need or disability?**  **Is a learning plan required?** *If so, please attach a copy.* | | |
| **Parents comments:** | | |
| **I give permission for this information to be shared with other professionals e.g. Health Visitor.**  **Parents signature: Date:** | | |