

**REVIEW FORM**

**The purpose of the Two Year Old Integrated Review is to:**

* Identify the child’s progress, strengths and needs at this age in order to promote positive outcomes in health and wellbeing, learning and behaviour
* Facilitate appropriate intervention and support for children and their families, especially those for whom progress is less than expected
* Generate information which can be used to plan services and contribute to the reduction of inequalities in children’s outcomes.

DH and DfE joint Integrated Review Development Group

January 2012

**The review should be carried out in accordance with the following key principles:**

* The Integrated Review should engage parents, particularly those who are disadvantaged
* The Integrated Review values active participation from parents both intellectually and emotionally in their child’s assessment and in making decisions.
* The Integrated Review should engage the child, where they are participating:
* The child should be at the centre of the review, should enjoy the experience, interact and participate, helping to show what they can do, alongside the information given by parents and the ongoing observations of their early years practitioner.
* The Integrated Review should be a process of shared decision making:
* Practitioners and parents should respect each other’s perspectives and contribute together to decisions on realistic and achievable actions to support the child’s wellbeing. This can include agreeing changes in how both parents and the early years setting can best support the child’s health, learning and development.

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**How to complete the Two Year Old Integrated Review Form**

This form provides a summary of the child’s development and any appropriate actions

**Section 1**

This part of the form should be completed prior to the review by the early years practitioner or person who knows the child best within the early years setting or children’s centre session that they attend with the parents.

If the child does not attend an early years setting (including childminders) or children’s centre session this section can be completed at the review and indicate that there in insufficient knowledge to make a judgment on development levels by ticking the box.

Information recorded here should provide a short holistic summary of the child’s learning and development and their characteristics of effective learning.

The review should look at the child’s progress, and provide parents and/or carers with a short written summary of their child’s development in the prime areas. Staff in an early years setting should complete the child’s level of development using the Development Matters ages and stages and if trained use the Leuven Scales of Well-being and Involvement section.

**Section 2**

This is completed by both the early years practitioner and the health practitioner togetherwith the parent at the review meeting.

A discussion takes place between the parent, early years practitioner and health practitioner to draw together knowledge relating to information gained in section 1 and through the ASQ. This must identify the child’s strengths, and any areas where the child’s progress is less than expected. Main points are recorded in the comments section and any other relevant information such as play session or other services attended by the child. If there are significant emerging concerns, or the child is disabled or has an additional need, practitioners should develop a targeted plan to support the child’s future learning and development involving other professionals (for example, the provider’s Inclusion Co-ordinator) as appropriate.

**Future plans for support**

This records actions agreed between parents, early years practitioners and health practitioners, it indicates who is responsible and gives a time for completion.

The action plan includes how the parent can support and enhance their child’s development at home.

The form is signed by all involved and the completed form given to the parent with copies taken by the early years and health practitioners.

* Early years practitioner includes : - key person, family support worker, play worker, childcare worker, childminder

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| **Name of child** | **Age of child in months** | **Date of agreed progress check** | **Key Person, Parents and professionals involved.** |

**Section 1 – to be completed by the key person/early years practitioner and parent prior to the review**

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| In order to write the summary and next steps, use information from the review discussion. Include the characteristics of effective learning and views of all involved. | Developmental levels: □No previous or insufficient knowledge of child to make assessment | | | | | | | | |
| ***Personal, Social and Emotional Development*** | | | ***Physical Development*** | | | ***Communication and Language*** | | |
| Making Relationships | Self-confidence and Self-awareness | Managing feelings and behaviour | Moving and handling | | Health and self-care | Listening and attention | Understanding | Speaking |
| Well-being | | | | | Involvement | | | | |
| **Section 2 – to be completed by the early years practitioner, heath practitioner and parents at the review** | | | | | | | | | |
| Comments.  Include health, thoughts on needs, other services attended by parent and child.  Is the child registered with a dentist. If not please supply a list of local dentists. |  | | | | | | | | |

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| **Future Plans for support** (**What will the parents and practitioners do to support and enhance this child’s development in the setting and at home).** | | |
| **Actions to be taken by professionals, if applicable (e.g. referrals to other agencies):** | | |
| **Action** | **Who will be responsible** | **When will this be done** |
|  |  |  |
| Signed: Parent / Carer (permission given to share as agreed above) ……………………………………………………...Date……………..  Signed: Key Person/ Children Centre staff …………………………………………………….……………………………....Date……………..  Signed: Health Practitioner…………………………………………………………………………………………………….... Date…………..…  Others involved in the review:  Name: ……………………………Position………………………………………..Signed……………………………………. Date…………….. | | |