

Please refer to the attached documents for information about my learning journey as appropriate.

My Unique Progress Progress Check at Age 2

Please complete below only if this applies to me:

I am currently supported through the Graduated Approach

Broad area of need: C&I C&L SEMH

Sensory and/or Physical needs: PD VI HI MSI

Targeted Plan **Personalised Plan** EHCP

Other professionals involved:

STLS SALT Paediatrician Portage HV

OT Physio SENIF Practitioner

Other _____

Additional information about me:

CiC Previously in care PEP CHiN CP Early Help

Funding: FF2 EYPP DAF SENIF

Transition meeting arranged? Date: _____

I give consent for all relevant information to be shared with my child's new room/setting/childminder/school

Parent's signature(s): _____

My Unique Transition

Photo/Self-Portrait



From _____

To _____

Date _____

My name is _____

I like to be called _____

My birthday is ____ and today I am ____ months old

My key person is _____

and can be contacted on _____

I started at the setting on _____

and the sessions I attend are:

Monday	Tuesday	Wednesday	Thursday	Friday

I also attend _____

Things that I like and I am happy doing

Things that I don't like and I find difficult

My current fascinations and interests

I learn best when

I communicate by

and I speak

My key person would like you to know

My wellbeing is best supported by

My family and people who care about me would like you to know

and I live with

My health/medical needs

Individual Health Care Plan attached

PEEP attached

Health/Medical Professionals involved
