



Date:		INSERT YOUR SETTING LOGO HERE
Dear Parent/Carer		
Re: 27 Month Integrated Revi	<u>ew</u>	
Review. This review is offered to	o all children in ow about your	old, it is time for his/her 27th Month in Hackney. It gives you the opportunity child's health and development
Check at Two) will also be com	th visiting tean	y years setting with a health m. The <b>My Portrait at Two (Progress</b> ır child's key person and following yours' will be placed in your Red Book.
Preparing for the Integrated 2	?7 Month Revi	riew
Early Years Setting, you must c meeting. As a parent or caregive	omplete this quer, we know yo	ionnaire - 3 (ASQ-3) from your child's questionnaire before the review you are the best source of information will take only 10-15 minutes to complete,

- 1. Answer each question "yes," "sometimes," or "not yet," based on what you know your child is able to do now, we need your answers to be as accurate as possible so that it shows your child's strengths and any areas where he/she may need practice.
- 2. Have fun with your child trying the various activities. You can make a note of what you have seen and any questions you may have. If you do not understand a question you can leave it and ask your child's key worker to explain it/ help you to answer it.
- 3. The completed questionnaire will be discussed at the 27 month Integrated review meeting and the health professional will talk about the outcomes with you.

If your child needs help with some skills or development areas, the health professional and early years setting professional will work with you to agree on the best way to support you and your child. Addressing any issues as early as possible supports young children's healthy development and helps to prepare them for life at school later on.







Your child's 27 Month Integrated Review will be on:		
Date:	Time:	Venue:

By attending this review, you are helping to ensure that your child is off to the best possible start. Therefore, it is very important that you attend this meeting.

## You must provide:

Your child's **Red Book** and the completed **Ages and Stages Questionnaire** (returned to your child's nursery at least 1 day prior to the meeting).



We look forward to seeing you, Yours Sincerely



Link Health Professional

Healthy Child Lead Practitioner

The slip must be returned to: by: (date)

N.B. By signing this form you are agreeing to information being shared with a health visitor. The information will be used for statistical purposes and may be shared with other professionals. By signing the form you have given consent and signed to say you understand the purpose of the information used.

Name of parent/carer who will attend the integrated review meeting		
Parent/carer name:		
Signature of parent/carer:		

