

N.B: TO BE COMPLETED FOR ALL CHILDREN IDEALLY AT 27 MONTHS AND NO LATER THAN 35 MONTHS

Part 1 - To be completed by child's key person with contributions from parent/carer

All about me and my family!

Position in family, who they live with
Amount of time child has been at setting
Was attendance affected by COVID-19?
Attends fulltime/part time (no. days)?
Any recent significant events/changes in child's life?
Previous and current input from other services/professionals including long term health conditions, premature?
Has child already had their 27mth health review out of the setting? Any concerns?
Include parent voice

My Portrait at Two



My Personal Social and Emotional Development

Building Relationships

Relationship with significant people
Interest in other children's play
Awareness of feelings of others

Self-Regulation

Understanding and cooperation (regulation) with set boundaries
Understanding of self: e.g. likes; dislikes; capabilities

Managing Self

Ability to express/ communicate needs and seek comfort from trusted adults
Ability to separate from main carer with support
Ability to select and complete play activities

Include parent voice.

How I Communicate

Provide typical examples of speech to demonstrate vocabulary and how many words are used in a sentence

If not yet saying words give examples of gesture e.g. pointing, dragging adult

How I like to play and learn (including my likes and dislikes)

Interests, choices, favourite activities
Sense of curiosity:
people/places/objects
Preference for large/small social groups?
Preference for indoor/outdoor activities?
Willingness to try new things and persist at tasks

Include parent voice

Insert recent Photo

My Physical Development

Preference for active or sedentary activities. Engages in 3 hours of physical activity throughout each day?
Gross motor skills -running, jumping, climbing, balance and coordination
Fine motor skills-mark making/painting/use of tools, dressing/undressing skills
Developing independence in regular washing hands (including after toileting/before food)
Awareness of bladder/bowel urges.
Ability to settle to sleep at night/self soothe.
Willingness to try new foods, diet (variety), Healthy start vitamins?

Child's Name:

DOB:

Current age in months:

Name of EY setting:

Name of Key person:

Name of parent/carer contributor:

Part 1 completion date:

Date provided to parent:

My Communication and Language

Main language spoken by key carers .
Preferred language spoken by child (home)
Interest and attention to sounds in the environment, songs, rhymes and stories
Does the child sing along to simple songs/rhymes?
Understanding of instructions
Understanding of what/where questions
Asking simple questions?
Is the child's speech understood by key carers?

Ability to turn take when talking e.g. listen and respond to another?

Approx. number of words spoken are they putting 2 words together?

Include parent voice

Agreed actions to be taken by the setting and parent/carer (this section needs to be fully completed)

Based on assessment information, your discussion with the parent/carer (and link health professional where applicable), agree on one key action for home (parent/carer) and one or more action your setting will take, to assist the child to meet the desired learning and healthy development outcomes. Clearly state these actions, ensuring that they are: Specific, measureable, achievable, realistic, time bound. (SMART).

The information you have provided in this document will be attached to your child's Personal Child Health Record (Red Book). This information will also be shared with the Health Visitor and may be shared with other professionals if considered necessary for the purpose of providing health, care and education services for your child. This information will also be used for statistical purposes and will be anonymised if it is used outside of your child's education or healthcare setting. By signing this form it is deemed that you understand and consent to the ways in which this information will be used.

Part 2-Summary Information

Was the My Portrait at Two integrated with the 27 Month Health Review? Yes No

2a *complete only for 27 Month Integrated Reviews (virtual and face to face)

Date of 27 Month Integrated Review meeting	Name of Link Health Professional involved in the 27 Month Integrated Review	Name of Early Years Practitioner attending the Integrated review meeting
Did the relevant professional attend the meeting face to face or virtually? (circle which applies)	Face to face Virtual	Face to face Virtual

2b-Assessment Outcome-Indicate which outcome applies, based on your discussion with parent/other professionals, the My Portrait at Two assessment (and *ASQ-3 outcomes)

Reaching key milestones ↓ No referral/signposting required	Beginning to meet key milestones ↓ Provide tailored support, monitor and signpost	Not yet meeting key milestones ↓ Support plan and referral
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2c-Record of immunisations due at/around 12 months-35 Months

Name of Vaccine	Due by	Date given (request to view Red Book)	Note if further information was provided and any further support/signposting needed?
Hib/MenC (dose1)	12 mths	Insert dates from 'Red Book' for each immunisation completed.	Comment if further information was offered/provided regarding access to trusted sources of information about immunisations or signposting to immunisation clinics/GP Practices.
MMR (dose1)	12 mths		
PCV (dose2)	12 mths		
Flu (seasonal)	2-3 Years		

2d-Referral information-tick appropriate service where applicable

Area SENCO (Hackney Education)	<input type="checkbox"/>	Speech and Language Therapy	<input type="checkbox"/>	First Steps /Psychology	<input type="checkbox"/>
Special Advisory Clinic (via Health Visitor)	<input type="checkbox"/>	Multi agency team (MAT)	<input type="checkbox"/>	Dietetics service	<input type="checkbox"/>
HENRY (Healthy Eating and nutrition for the really young)	<input type="checkbox"/>	GP	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

N.B. Referrals should be made to MAT on a CAF if there are two or more agencies involved or a child needs support from two professionals e.g. a speech and language therapist and Health Visitor

2e-Agreed actions to be taken by professionals

Action to be taken N.B. State clearly what action will be taken.	Who will take the action? E.g. who will make the referral?	When will it be carried out by? (Date)	Who will monitor progress of the action?	When will progress be reviewed? (Date)

2f-My Portrait at Two (part 1 and part 2) has been moderated by

Name	Date	Signature