# Learning Journal

# **Child's Name:**



Photo	

## DATE:

/

/

### My favourite things at home are:

(This might include toys, games, comfort objects, stories, places ...)

## Meaningful or special relationships in my life are:

(This might include family members, friends, people who look after me, other people involved in my life, even pets! Photos are lovely to see and share – and it helps us to know who everyone is!)

#### My routines are:

(This might include eating and sleeping routines, the kind of cup I use, my toileting habits, my routines, and who will usually bring and collect me.)

#### How I communicate:

(This might include special words or gestures, home language or any other types of communication I use.)

## My feelings:

(This might include what makes me happy, sad, angry or scared and how I show these feelings.)

When I am feeling ... it helps me if ...

## Anything else you might need to know about me:

(This might include any health care needs, other people who are involved in my well-being, or any other information I would like to share with you.)

Ongoing observations and discussions:

2 Year Old Progress Check for	Age (in 1	months)	Date of 2 Year Health Check	
Characteristics of Effective Learning	including engagement, motivatio	on and thi	nking	
			-	
Learning and Development summary				
Personal, Social and Emotional	Communication and Lan	guage	Physical	
Areas in which I am making progress				
Areas where I need more support (ind	cluding any areas where I am not yet at	an ovnocto	d lovel)	
Areas where I need more support (in	cluding any areas where I am not yet at	an expected		
Together we will (including who is respon	nsible and review date)			
Parent's signature	Key Person's signa	ture	Date	

Individual Progres	s Review and Planning for	Age	_Months
Child/a Maina			
Child's Voice			
Parent/Carers comments			
Parent/ Carers comments			
Key Person comments			
-			
Characteristics of Effective Learning	including how I engage in learning experience	es, what motivates me	and my thinking skills
Strengths and Interests			
Strengths and Interests			
Any Worries			
Parent's signature	Key Person's signature	Date	

#### Individual Progress Review and Planning – Prime Areas of Learning

Name:

Date of Birth:

Terms	Personal, Social and Emotional Development	Physical Development	Communication and Language
Term 1 - Date:-			
Strengths			
Next steps			
Term 2 Date:-			
Strengths			
Next Steps			
Term 3 Date:-			
Strengths			
Next Steps			

## Individual Progress Review and Planning – Specific Areas of Learning

Terms	Literacy	Mathematics	Understanding the World	Expressive Arts & Design
Term 1 - Date:-				
Strengths				
Next steps				
Term 2 Date:-				
Strengths				
Next Steps				
Term 3				
Date:- Strengths				
Next Steps				