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				