

7

Checking progress at two years old

This chapter includes:

- an overview of assessment and observation;
- observing learning in the three prime areas;
- focus on practice: checking progress and meeting with parents;
- six steps to recognising and planning for individual needs;
- further reflection: theories and trends;
- further reading;
- Parent file: a two year olds' progress check.



When considering observation and progress for two year olds the main focus will be on the prime areas of learning, that is, personal, social and emotional development, communication and language and physical development. Equally important are young children's attitude, disposition and engagement with learning, which must also be observed in order to encourage and plan for. Sharing these observations and plans with parents and creating a shared understanding is the key to successful partnership working and positive outcomes for children. The whole cycle can be built into the everyday practice of a setting and does not only have to be undertaken at two years of age but can be viewed as good practice at any time, as a way of involving and informing parents, recording progress and moving children's learning on.

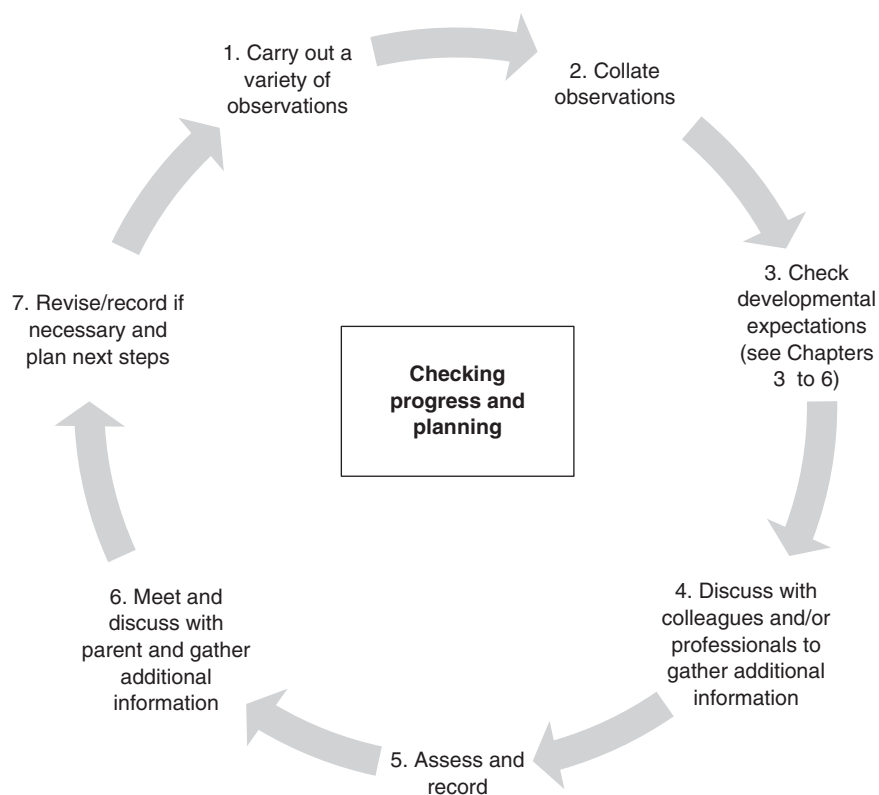
Observation

Observation is the single most powerful tool that practitioners have by which to gather information about a young child and to develop their own good practice. It can inform about a child's development and areas of strength, their attitudes and disposition, and how they learn. Observation can begin to give insight into their developing personality and behaviour and help to pinpoint any early needs or difficulties.

Once these observations are put together with all the other information about a child, a more holistic picture emerges and practitioners can begin to analyse, reflect and plan to best support the individual child. Observations can also be enormously

helpful in evaluating the environment, resources and practice within a staff team or setting. Lastly, observations also provide a framework, evidence and opportunities to discuss learning with both parents and the children themselves.

Early years practitioners are now very familiar with ongoing formative assessments using notebooks, Post-its, photographs, samples of work or learning stories. These are a purposeful part of everyday practice and form the basis of the 'observe, assess and plan' cycle. There is, however, a skill to observation which only comes with practice. All practitioners need to have the opportunity to carry out extended and different types of observations to ensure that they develop this important skill.



When carried out well and regularly, checking most children's progress at any given point in a summative assessment will be just one part of this ongoing process. For some children, general observations and subsequent discussions with colleagues and parents may raise the possibility of a need or delay in a particular area. This is an opportunity to intervene early and give more focused support. These children will need further specific observations, more targeted or detailed planning of activities, and may need resources and staff support in order to aid their development. In a few cases it may be felt that the child may need further assessment or support and the setting may need to seek additional advice.

Some two year olds may already have some identified additional or special needs when they arrive at your setting. The assessment process for these children should be the same as any other, with a continuous cycle of observation, assessment and planning. In addition, however, you will need to:

- liaise with the professionals already involved with the child, such as speech and language therapist or specialist/advisory teachers;
- consider their stage of development in different areas, which may vary considerably from what might be expected of a child in their age range;
- be aware that progress may be made in smaller steps;
- be sensitive to parents and their feelings about their child's needs.

Observing learning in the three prime areas

In some cases it can be difficult to break down and explain to colleagues or parents what we observe. It can therefore be helpful to have a list of questions to ask yourself after an observation to help analyse what you have seen and heard.

Now follow short lists of guiding questions and prompts to help assess, identify next steps and plan for each of the three prime areas of learning.

Some types of observations

Structured

Particular focus on activities, behaviours or events

Semi-structured

A clear focus but open method

Unstructured

Events recorded as and when they happen

Narratives

A running record of events or single descriptive account

Sampling

Time sampling or event sampling
How often and for how long

Checklists

These should be used with caution

Rating scales

Graphic or numerical records of particular areas of development or behaviours

Diagrams and graphs

These include tracking to measure time and frequency at activities and sociograms to observe social development and interaction

Learning stories

Storytelling to describe a child's learning and thinking process



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Language and communication development

Guiding questions and prompts for observation

How?

How did they communicate?

E.g. was it babbling or was the speech clear, did the child use gesture, facial expression, signs?

Did they change their tone of voice or pitch?

Who?

To whom did the child speak? With whom did they interact?

E.g. practitioner or peer/individual or group?

What?

What did they actually say or do?

E.g. did they use babble, words, phrases, sentences, questions?

What did they *understand*?

E.g. did they follow an instruction, answer a question or comply with a simple request?

Were they able to listen/share attention?

Where?

Where did this take place/the context?

E.g. in the home corner with two other children/outside/story time, etc.

When?

When did they speak?

E.g. were they initiating interaction, answering, talking alongside or commenting to themselves?

Why?

What was the purpose of the interaction and were they successful in their aim?

E.g. were they trying to join in with another child's play or expressing a need?

If not, why not?

What was the reason the child was unsuccessful in their communication?

E.g. they were not understood or did not understand, too quiet, did not have the vocabulary, etc.

Was the child's ability within the range of what is developmentally appropriate?

E.g. was age appropriate, below or exceed expectations?



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Physical development

Guiding questions and prompts for observation

What did the child do?

E.g. Gross motor
Climbed on the climbing frame, went around the road track
Avoided the balance beams
E.g. Fine motor
Cutting and sticking activity
E.g. Self-care
Fed themselves yoghurt

What equipment did the child choose?

E.g. Gross motor
Ladder, slide, tricycle or scooter
E.g. Fine motor
Scissors and glue stick
E.g. Self-care
Used a spoon

How did they use the equipment?

E.g. Gross motor
Went up the ladder one rung at a time with right leg leading
Held on to the side of the slide not the rungs
E.g. Fine motor
Changed scissor hands frequently
Tore the paper rather than cut, could not twist the glue stick up
E.g. Self-care
Used mainly right hand, sometimes missed mouth

What was the child's attitude to the activity?

E.g. Gross motor
Very hesitant, constantly looked for help. Got very frustrated
E.g. Fine motor
Reluctant to participate needed lots of encouragement
Could concentrate for one minute
E.g. Self-care
Keen/reluctant/needed encouragement to feed themselves

Was the child's ability within the range of what is developmentally appropriate?

E.g. was age appropriate, below or exceed expectations?



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Personal, social and emotional development

Guiding questions and prompts for observation

Self-confidence and self-awareness

Do they separate from parent/carer well?
Are they fully settled?
Do they show particular interests/likes/dislikes?
Do they want to do things for themselves?
Are they able to explore and try new experiences/activities with support?
Do they engage in pretend play?
Are they able to make simple choices?

Making relationships

Have they formed a relationship with a key person?
Do they seek reassurance from a familiar adult?
Does the child play alone/alongside?
Beginning to join in with peers/with a familiar adult?
Have they got a special friend?
Are they beginning to be able to recognise what is theirs and what has to be shared?
Are they able to take turns or play co-operatively with support?

Managing feelings and behaviour

Are they aware of and/or concerned by the feelings of other children and adults?
Can they express their own feelings, such as sadness or fear?
Do they become easily frustrated, angry or upset?
How does this show itself?
Are they beginning to respond to boundaries?
Can they follow routines?
How do they cope with change?

Was the child's ability within the range of what is developmentally appropriate?

E.g. was age appropriate, below or exceed expectations?



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A progress check at two

There are many ways and suggested formats for recording a child's progress at two years old. We recommend that you look at as many of these *progress check* formats as you can, discuss as a staff team and, with parents, choose to use or adapt any one of these versions. It is important to remember that the record is a 'summative' assessment, a snapshot of the child at a particular point in time. Ideally it should be carried out when the child is closest to two years old and is fully settled at the early years setting. Apart from contributing to the usual cycle of observe, assess and plan, the other main purpose of the progress check is to identify, record and enable early intervention should any delays or difficulties be found.

It is expected that a child's key person would complete the record, in consultation with colleagues and senior staff who may also have observations and insights into a child. Once the observations have been collated they can be considered and discussed alongside the diagrams in Chapters 3 to 6 and in conjunction with the relevant curriculum guidance. After this, a short summary of the child's stage of development can be written and a professional judgement made on whether or not that development falls within the expected range for their age. This will form the basis of the discussion with parents at the progress check meeting and at this point the record could still be regarded as a draft as the parent's contribution may well bring about some revisions.

The progress check meeting is also an opportunity to plan the *next steps* for the child and to consider ways in which they can be supported in their development. It is useful to write the next steps with parents, as shared understanding and planning for how their child can be moved on helps to ensure that home and setting are working together.



Photo 7.1 Making notes and close up observations



Focus on practice

The progress check meeting

The meeting with parents to discuss their child's progress is obviously an important part of this assessment process. Parents have unique knowledge of their child in a variety of situations and circumstances, not just at home where they are often at their most relaxed and happy. Where good relationships, particularly with a key person, have already been established with parents, this meeting will just be one part of an ongoing dialogue. It is, however, worth giving the meeting some prior thought and preparation to ensure that it is a positive experience for all concerned and has the child at its heart.

Apart from being well prepared in a practical sense it is also important for practitioners to prepare themselves. Often it is the first few minutes which set the tone for the rest of a meeting, so how we approach parents, the language that we use, and how welcome and comfortable parents feel can determine how successful and useful the meeting will be. The following points are useful for individual thought or staff discussion.

Respect and a non-judgemental attitude towards families

At the heart of any positive working relationship lies genuine respect for the families of the children in your setting. It recognises that the family and parents in particular are the most important element in a child's life. Being non-judgemental involves thinking positively about parents, regardless of their personal characteristics, child-rearing practices or situation. It requires a practitioner to believe that parents have a fundamental desire to do the best for their child. A non-judgemental and respectful practitioner communicates confidence that the parents are managing often difficult situations well. The main beneficiary of this positive relationship is always the child.

Developing empathy

Empathy involves showing compassion and understanding towards parents. When developing empathy a practitioner must attempt to understand the feelings and experience of the child and the child's parents. The way a parent may be feeling will depend on what is happening in their life and how things are in relation to their child at any given moment in time. The simplest way to do this is for a practitioner to imagine themselves in their place and consider what their feelings and concerns may be in any given situation and of this example is when they are initially leaving their child in your care.

Active listening

Good listening involves listening to what is being said as well as *how* it is being said. Good *active* listening helps avoid any misunderstanding of the message. Some elements of active listening involve reflecting back, pauses and sometimes silence, nodding, good but not oppressive eye contact, controlled body language and the effective use of questions.

Reflecting back what a parent has said

In order to ensure there is a shared understanding of what has been said between practitioners and parents it is useful to get into the habit of summarising the points parents may make. Do this by saying '*Am I right in thinking you are saying ...*' or '*Sorry but can I just clarify that you mean ...*' or any other similar phrase.

Acknowledging a parent's feelings or emotions

Recognising and acknowledging how parents are feeling can immediately give comfort and reassurance, and often deflects a difficult situation. Acknowledging a feeling does not mean you agree, but it does mean you are open to discussion and are aware of how a parent may be feeling.

Reframing

Reframing can sometimes be used by an experienced practitioner to help parents view something in a new and more positive way. This can mean that during an exchange with parents the practitioner can choose to focus on the positive aspects of a situation and give less attention to a negative, or highlight a small step of progress.

For example, when a parent shows disappointment because their child has not yet started eating snacks at the setting, the practitioner can point out progress by saying 'yes but he has started to look at and show interest in what the others are eating', or 'I think this is a positive step in the right direction'.

Confidentiality

Issues of confidentiality may arise once a practitioner becomes party to sensitive and often personal information regarding a child, their parents and the family as a whole. It is the responsibility of the setting manager to devise a system of information-sharing within their setting. Together they should agree who has access to confidential information within the setting.

Positive body language

For all of us body language occurs subconsciously but those subconscious movements often send powerful messages to the person we are talking to. The main point is to be alert and give your full attention to the person you are talking with, have a relaxed open posture and be aware of personal space.

Open-ended questions

Open ended questions encourage people to talk, invite further information and allow parents to express what are their most relevant and important concerns. Effective questioning will help give practitioners insight into a particular child and how their parent may be feeling, and clarify what has been said or done.

Some useful questions and starting points for discussions with parents

- Tell me about ... (child's name)
- What can we do to help ... (for example, to settle in)?
- What types of activities does ... like to do?
- What sorts of things are challenging for ... ?
- What concerns you most about ... coming here every day?
- What types of changes have you noticed since ... started here?
- What can we do to keep you informed about how ... is doing?
- How do you manage toileting at home? Do you think we should do that here?
- What makes ... happy and content?
- Are you confident we are doing enough to meet ... needs?
- Is there anything else that you would like us to know about ... ?

A note on two year health review

A two year progress check and a health check which usually takes place when toddlers are about two years and six months old can each complement and inform the other, so that difficulties can be identified early and support put in place.

Broadly speaking the purpose of a health and development check is to:

- review the child's social, emotional, behavioural and language development;
- offer guidance on behaviour management and the promotion of language development;
- review development and respond to any concerns expressed by the parents regarding their child's physical health, growth, development, hearing and vision;
- offer advice and information on nutrition, healthy eating, exercise and physical activity for all the family;
- detect early any developmental delay, abnormalities, ill health or growth impairments;
- discuss their current level of immunisation and offer catch ups on any missed immunisations;
- raise awareness about dental care, accident prevention, sleep management, toilet training;
- give parents the opportunity to share any worries or concerns;
- respond to concerns by providing sources of parenting advice and family information and signposting to relevant services;
- provide encouragement and support to take up early years education.

As the number of children in early year's settings who are identified as disadvantaged or vulnerable increases, it is very important that practitioners liaise with health-care professionals. The health visitor often has a wealth of knowledge not only about the child, but also the family as a whole and may have tried-and-tested ideas for ways in which they can be supported.

Where children are identified as having health or developmental problems or special educational needs, health visitors can make early referrals to specialist teams, offer advice and invite parents to join parent groups or programmes. These children may enter an early years setting with clearly identified needs and services in place.

Common points of measurement found in two-year health reviews

Social skills & behaviour

- Plays with toys meaningfully and has some make-believe play
- Has little idea of sharing but may be beginning to take turns
- Plays alongside other children rather than with them
- Is possessive of own toys
- Drinks from a cup and is able to feed self with spoon
- Very curious and tries to investigate everything and has no concept of danger
- Temper tantrums when frustrated but easily distracted
- May have toilet awareness, e.g. know when wet or soiled

Communication & hearing

- Is able to name 3–5 pictures or objects
- May have about 50 understandable words and understands more
- Beginning to make little sentences of two words e.g. 'mummy's keys'
- Is able to tell you what he/she needs
- Is able to carry out simple instruction

Gross motor skills

- Can walk and run without falling over
- Is able to walk up and down stairs holding on and using two feet per step
- Able to throw a ball forward without falling over
- Can walk into a ball to kick it

Fine motor skills

- Builds a tower of 5–6 bricks
- Imitates a circular scribble and straight line
- Able to turn the single pages of a book

Vision

- Recognises pictures of everyday objects, animals etc., in picture books
- No squint seen



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Identifying additional needs

The inclusive nature of early years settings ensures that practitioners will be engaged at some time with children who have a special educational need. Those needs may be identified by practitioners and parents and may be highlighted during the child's attendance at the setting. We have seen that the progress check provides a unique opportunity for practitioners to focus on the developmental needs of individual children and discuss their observational findings with parents. However, practitioners or parents may have concerns at any time about a child.

The six steps diagram on the following page will guide practitioners through a procedure designed to support the identification of additional needs as well as planning for those children who may already be identified.

Referrals and seeking additional advice

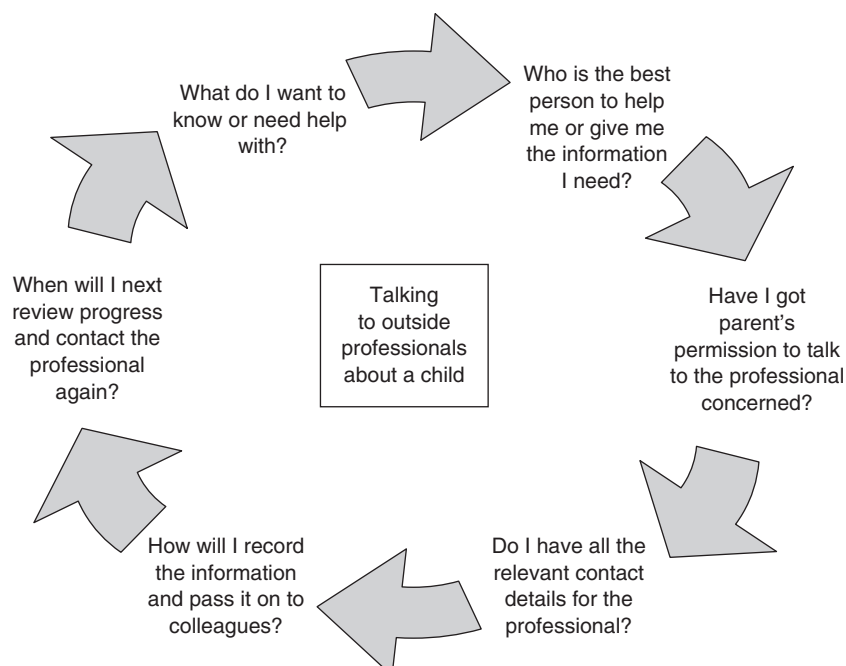
For those children who, even with targeted support do not make the progress we would expect or hope for, additional advice often needs to be obtained from professionals with more specialist knowledge. Every local authority or area will have a range of advisers from early years, education and health services and these are accessed differently in each authority.

There is an increasing move towards a more seamless and coherent support for children with special needs and their families. There is recognition of the need to bring both health and education services together to create a co-ordinated provision.

Communicating with other professionals

It is very important to try to liaise with any professional who works with a child in your setting. Children's needs vary between home and early years settings, and practitioners sometimes have different questions and queries from parents regarding individual children. The expertise that a particular professional has can help provide you with specific and focused targets, and their ideas and suggestions can feed into your planning for the child.

Most professionals welcome dialogue with practitioners and their advice can be of huge benefit to the child, but it can also be a time-consuming task which needs mutual perseverance. The following diagram aims to support practitioners to get the best out of any communication.



Steps to recognising additional needs

Step 1

A Unique Child – A Holistic View

Think about what you already know
Think about what is happening in the child's life and family circumstances
Talk to parents

Step 2

Enabling Environments – The Reflective Setting

Reflect upon your own setting and practice
What is the child's experience of a day in your nursery?
Are you differentiating and adapting to meet their needs?
Talk to staff

Step 3

Development Matters

Think about what might be developmentally appropriate for the child
Consider their *age* and *stage* of development
Remember every child will develop at a different pace, in different areas, at different times

Step 4

Look, listen and note

Focus on the child's areas of strength and those which are causing concern.
Carry out three or four targeted observations in the area of difficulty.
Try to have more than one person doing the observations
Analyse your observations
What are the most important points you have noted?

Step 5

Plan, Do, Review

Alongside parents decide on a plan of action, this may mean more individualised planning for the child
How can you use the child's strengths?
What needs to be done and who is going to do it?
Regularly review your plan and monitor the child's progress

Step 6

Further advice

If there are still concerns, and with Parental support, seek further advice from outside professional and consider making a referral to a relevant agency such as Speech and Language services or the Community paediatrician



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Sources of support

Children's centres

All children's centres will have a wide range of course and groups to support parents. They have outreach workers who can work alongside families and early years settings to help them gain access and liaise with services and support.

Curriculum advisers

These are teachers who can give advice and support on curriculum and planning issues. They will advise on general good practice throughout the setting.

Inclusion adviser/area SENCO

These are teachers or early year's specialists who can advise on inclusion and working with children with special needs. They often have extensive experience or specialist qualifications in working with children with particular needs, such as hearing or visual impairments. Some are involved in direct teaching while others fulfil a more advisory role.

Portage worker

Portage is a home teaching service. It works with children who have special needs, from birth to five years, and their families. Portage workers visit children in their homes on a regular basis to assess and teach new skills. They model the teaching of each skill to enable parents and carers to work with their child in between visits. In this way parents and workers are able to work together, pool their knowledge of the child and support each other. Many authorities have portage workers or those who carry out a similar role.

Educational psychologist

An educational psychologist provides specialist assessment of all kinds of learning. They can give advice on strategies, teaching and learning.

Clinical psychologist

Clinical psychologists work within health service settings. They provide individual and family counselling, family therapy and advice. They can advise and support on a variety of issues including behaviour management and conditions such as autism.

Speech and language therapist

Speech and language therapists will assess, give advice to families and work directly with children who have a speech, language or communication need. They also work with children who have related eating and swallowing difficulties, giving advice on feeding, sucking, food and mouth and tongue movement.

Physiotherapist

Physiotherapists work mainly with children with physical difficulties or delay. They give advice and support, and plan individual programmes which centre on issues

such as exercise, co-ordination and balance. They will also advise on specialist equipment like splints, braces, wheelchairs and buggies.

Occupational therapist

Occupational therapists work with children who need help in developing practical life skills because of some form of physical, psychological or social delay or disability. They provide advice and access to specialised equipment, such as chairs, bathing or toileting aids and adaptations to everyday items both at home and in the early years setting.

Community doctors and paediatricians

Doctors and paediatricians work alongside parents to identify and diagnose various illnesses or conditions. They monitor medical conditions as the child grows older and can also refer to other health service professionals.

Health visitors

Health visitors will visit families at home when a child is born and they run various clinics for immunisations, sleep and general development checks. They are available for help, support and advice on all development and health issues.

Social workers

Social workers support children and families in difficult circumstances. They can provide advice and access to other social services provision such as respite care. They will also become involved when there are child protection issues or procedures in place.

Further reflection: theories and trends	
A new and still developing multidisciplinary approach to understanding the concept of childhood. Research methods which actively involve children.	The New Social Studies of Childhood (NSSC)
The New Zealand 0–6 curriculum based on sociocultural theory. Four broad principles of holistic development, empowerment, relationships and family and community. Learning stories originated from this curriculum.	Te Whāriki

Figure 7.1

Further reading 

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Recommended websites



www.early-education.org.uk
Learning Together series leaflets.

www.familyandparenting.org
Learning and play booklet.

www.foundationyears.org.uk
Families in the Foundation Years EYFS guide for parents.