**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!**

**My Personal Social and Emotional Development**

**My Portrait at Two**



**PART 1**

 **at**

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

*Insert recent Photo*

 **How I Communicate**

**My Physical Development**

**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**

**Name**:

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

**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** |

**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) MMR (dose1) PCV (dose2)Flu (seasonal) | 12 mths12 mths12 mths2-3 Years |  |  |

**2d-Referral information-tick appropriate service where applicable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area SENCO (Hackney Education) |  | Speech and Language Therapy  |  | First Steps /Psychology  |  |
| Special Advisory Clinic (via Health Visitor) |  | Multi Agency Team |  | Dietetics service |  |
| HENRY (Healthy Eating and nutrition for the really young) |  | GP  |  | Other (specify) |  |

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**

**Actions to be taken by professionals, (including referrals to other agencies)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  |  |  |