



RECORD KEEPING GUIDE: CHILD DEVELOPMENT

For the Parent or Caregiver of a Child with
Developmental Differences



Disclaimer - The information provided is intended for informational purposes only and is not intended to diagnose, treat, or otherwise guarantee services or outcomes.

WHAT AND WHY

Maybe you have a concern about your child's development. Maybe they have already received a diagnosis, and you want to be prepared for the next steps. Either way, this guide was designed to help you navigate the world of record keeping.

By keeping records of your child's development, evaluations, reports, and more, you are setting yourself up for success. It will help when you pursue the diagnostic process (if you haven't already) and apply for services. It doesn't need to be fancy. A 3-ring binder will do. We hope this process will empower you to be a confident advocate for your child.

LET'S TALK ABOUT ADVOCACY

Advocating for your child is a skill that takes practice. To advocate for your child is to speak up, follow up, and fight for your child's needs to be met. While some people feel comfortable being an advocate right away, others may take some time to overcome the discomfort. That is why we offer resources that can help you build confidence. We all want the best for our children. You are not alone on this journey. You are here, and that shows that you care.

Below you can find some links to organizations that discuss advocacy in the world of developmental disabilities:

[Advocacy – The Arc Washington](#)

[Advocating for People with Disabilities | Disability and Health | CDC](#)
[Information for Advocates | DSHS](#)

TIPS FOR RECORD KEEPING

- Store your documents organized by record type and year.
- Records can be kept in a filing cabinet but make sure your most recent and important documents are easy to reach. Consider storing them up front or using a separate 3-ring binder.
- Update Insurance cards and other personal information as it changes.





RECORDS TO KEEP

INSURANCE

Keep a copy of your insurance information in an easy place to find. This can be useful information to have when scheduling appointments or speaking to your insurance company. Keep track of interactions with your insurance providers. Write down the person's name and the date you spoke with them. Make a note about the reason for the call and what the outcome was.

IDENTIFICATION

Keep birth certificates, social security cards, copy of your ID and proof of residency in a secure and accessible location.

SCHOOL RECORDS

If your child has an Individual Education Plan (IEP) or 504 Plan in place, keep the finalized paperwork and any progress reports. If you receive behavior reports, keep track of what happened and any other important notes or discussions.

SCREENING RESULTS

Developmental screenings can be done at doctor's visits or [Help Me Grow](#) can be contacted for a screening at any time. Some childcare providers may offer screenings as well. Keep records of the results for future reference. If you are wanting to track milestones, the Center for Disease Control (CDC) offers a [Digital Online Checklist](#) for keeping track of childhood milestones.

DIAGNOSIS RECORDS

If your child has received specialized therapy (speech, occupational, etc.), an evaluation, or a diagnosis - Keep a record of visits, results and important conversations with providers. If they have been approved for a service or program, keep the approval letter. This may help you access later services.

REMEMBER

You are the expert on your child. There may be things you notice that other people don't. Having this information written down can help your child get individualized support.

ABOUT MY CHILD

DATE: _____
DD/MM/YYYY

Full Name													
Date of Birth													
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, describe:												
Race & Ethnicity	<input type="checkbox"/> American or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Where do they live?	<table border="0"> <tr> <td><input type="checkbox"/> Adult-Licensed Facility</td> <td><input type="checkbox"/> Homeless</td> </tr> <tr> <td><input type="checkbox"/> Nursing Facility</td> <td><input type="checkbox"/> Child-Foster Home</td> </tr> <tr> <td><input type="checkbox"/> Hospital (Medical)</td> <td><input type="checkbox"/> Their Own Home</td> </tr> <tr> <td><input type="checkbox"/> Hospital (Psychiatric)</td> <td><input type="checkbox"/> Parent's Home</td> </tr> <tr> <td><input type="checkbox"/> Correctional Facility/Jail</td> <td><input type="checkbox"/> Relative's Home</td> </tr> <tr> <td><input type="checkbox"/> Other, Describe:</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult-Licensed Facility	<input type="checkbox"/> Homeless	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Child-Foster Home	<input type="checkbox"/> Hospital (Medical)	<input type="checkbox"/> Their Own Home	<input type="checkbox"/> Hospital (Psychiatric)	<input type="checkbox"/> Parent's Home	<input type="checkbox"/> Correctional Facility/Jail	<input type="checkbox"/> Relative's Home	<input type="checkbox"/> Other, Describe:	
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<input type="checkbox"/> Correctional Facility/Jail	<input type="checkbox"/> Relative's Home												
<input type="checkbox"/> Other, Describe:													
Home Language													
Other Languages													
Communication Needs?	<input type="checkbox"/> Interpreter Needed <input type="checkbox"/> Document Translation Needed <input type="checkbox"/> Other, describe:												
Phone Number													
Email Address													
Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Medical Insurance Subscriber:	Company: Member ID: Group #:												
Dental Insurance Subscriber:	Company: Member ID: Group #:												

HEALTH INSURANCE NOTES

Below, write about health insurance conversations related to your child’s disability. Include the date, time, and name of who you spoke with. Write notes about any next steps and/or how things were resolved. **Print this page as many times as needed to add to your files.**

EXAMPLE		
Date: <i>11/01/2025</i>	Time: <i>3:15 PM</i>	Name(s): <i>John Anderson (Example insurance)</i>
Notes: <i>I spoke with John via phone about claim #12345 and the remaining \$150 balance on my account. This should be covered due to my child’s disability/DDA coverage. He provided insight into the claim and my coverage. He will reach out to Anne, the manager, and follow up with me by this date: 12/01/2025.</i>		

Date:	Time:	Name(s):
Notes:		

Date:	Time:	Name(s):
Notes:		



SCHOOL RECORDS

What school district and school does your child attend?

Are they currently in a special education program?

Do they currently have an IEP or 504 plan in place?

School records can help you advocate for your child. If your child has an **IEP** (see page 3), keep final records and any **progress reports**.

SCHOOL CONVERSATION AND INCIDENT NOTES

Below, write about school conversations related to your child’s disability. Include the date, time, and name of who you spoke with. Write notes about any next steps and/or how things were resolved. You can also print copies of email conversations. **Print this page as many times as needed to add to your file.**

EXAMPLE		
Date: <i>11/01/2025</i>	Time: <i>3:15 PM</i>	Name(s): <i>Mrs. Smith (Example Elementary)</i>
Notes: <i>I spoke with Mrs. Smith regarding behavioral incidents at school. Oliver is struggling to remain seated. They are trying to find a solution that doesn't disrupt the classroom and informed us that they will be collaborating with the school's Behavior Support Specialist moving forward.</i>		

Date:	Time:	Name(s):
Notes:		

Date:	Time:	Name(s):
Notes:		



DEVELOPMENT AND DIAGNOSIS

Keep a copy of your child's [Ages & Stages Questionnaire \(ASQ\)](#) or other [developmental screening](#) records. You may need to request these. Also, keep a timeline of milestones, like crawling, walking, or talking. Having a timeline is very helpful.

How old was your child when you first had concerns?

What were the first things you noticed?

For a diagnosis, it's helpful to show the developmental differences in your child's early years. If a diagnosis has been made, documents can be used to track progress and choose services. Keep any diagnostic paperwork. This may include evaluations and feedback from doctors.

If your child has gone to specialists or therapy for their disability, keep a [log of providers](#) and appointment dates. Providers can include doctors, specialists, counselors, and therapists.

If your child has been approved for a service or program, keep the [approval letter](#).

How old were they when they received a diagnosis (if applicable)?

What diagnosis did they receive?

PROVIDER CONVERSATION NOTES

Below, write about provider conversations related to your child’s disability. Include the date, time, and name of who you spoke with. Write notes about any next steps and/or how things were resolved. **Print this page as many times as needed to add to your files.**

EXAMPLE		
Date: <i>11/01/2025</i>	Time: <i>3:15 PM</i>	Name(s): <i>Dr. Jones (Example Clinic)</i>
<p>Notes: <i>I spoke with Dr. Jones about my concerns with Liam’s speech. She put in a referral for a Speech Therapy evaluation.</i> <i>Follow-up note (11/10/2025) – We received a call from the Speech Language Pathologist and scheduled an evaluation on 11/20/2025.</i></p>		

Date:	Time:	Name(s):
Notes:		
Date:	Time:	Name(s):
Notes:		

Date:	Time:	Name(s):
Notes:		

LOG OF PROVIDERS

Use this to list providers and clinics related to your child's disability.

Print this page as many times as needed to add to your files.

Date of Visit	Name of Provider/Clinic	Reason for Visit	Contact Information



OTHER RECORDS

Other records can include:

Financial documents.

- Tax returns.
- Paystubs.
- Other income.
- Special Needs Trust

Legal documents.

- Guardianship.
- Power of attorney.
- Court decisions.

Other records may also include informal documents like **observations** about your child's development or experiences. Include any other information you feel is relevant to your child's support needs and their future.

OBSERVATION NOTES

Below, write about your observations related to your child’s disability. It can be helpful to include the date and frequency as well as notes about follow-up actions. Refer to these notes before your child’s next doctor’s visit. **Print this page as many times as needed to add to your notes file.**

EXAMPLE
Date: <i>11/01/2025</i>
Observation: <i>Olivia (3) has frequent tantrums that can last for over an hour. This happens at least once daily, and I am not sure if that is developmentally appropriate.</i>
<i>Follow-up note (11/20/2025) - I scheduled a doctor’s appointment to follow up on this concern. The doctor provided a developmental screening and the following recommendations...</i>

Date:
Observation:
Date:
Observation:

YOU ARE NOT ALONE

If you are feeling overwhelmed, worried, or isolated...please take this as a reminder that you are not alone. There are parents all over the globe walking a similar path to care for the people they love.

Still feeling alone? Read [Family Stories](#) from The Arc of Washington State or contact [Kittitas County Parent to Parent](#) to connect with others in our community.



YOU ARE IMPORTANT

Make sure that you care for yourself as well. If you are struggling with your mental health during this time, please reach out to your doctor or call [988 Lifeline](#) for support.

To find more resources in our county for yourself and your family, see the Kittitas County Health Network's 2025 [Resource Guide](#).

For questions about next steps in Kittitas County,
Contact **Laurie Holt** (Developmental Disabilities Coordinator)
at **(509) 933-8310** or laurie.holt@co.kittitas.wa.us