

# CAREGIVER BINDER

Our Autism Journey  
We Are Better Together



Presented in partnership with:  
Our Autism Journey &

Parent-to-Parent program with The Arc of Tri-Cities





Dear Families,

Welcome. If you're reading this, you may be feeling overwhelmed, unsure where to start, and suddenly faced with a lot of paperwork and decisions. Please know you are not alone.

This binder was created as a combined project of Our Autism Journey and The Arc of Tri Cities to serve as a starting point—a simple place to begin organizing important documents, notes, and information as you move forward after a new autism diagnosis. Every family's path will look different, and this binder is not meant to be “everything,” but rather a helpful foundation you can build on over time.

Inside, you'll find sections to help you keep records in one place (evaluations, school paperwork, therapy information, medical notes, and more), along with a Local Resource Guide to support you in finding services and community connections when you're ready.

If you are looking for specific help, the Local Resource Guide includes these key starting points:

- Therapy services or social skills groups: Please see page 9 of the Local Resource Guide
- If you are in crisis: please refer to page 13 of the Local Resource Guide
- Funding or government assistance: Please see page 18 of the Local Resource Guide
- Support groups: Please see page 23 of the Local Resource Guide
- IEP help and school advocacy: Please see page 25 of the Local Resource Guide

Take things one step at a time. It's okay to go slowly, to ask questions, and to lean on others for support. You don't need to have everything figured out today.

Finally, please remember this binder is just a touchpoint and a starting place. If you need individualized help, guidance, or someone to walk alongside you, we encourage you to contact our Parent to Parent Coordinators through The Arc of Tri Cities:

Melissa Brooks, RN, Parent to Parent Coordinator

P2P@arcoftricity.com

(509) 783-1131, ext 108

Martha Jones, Multicultural Outreach Parent to Parent Coordinator

marthaj@arcoftricity.com

(509) 531-5388

With care and support,  
Our Autism Journey

# MEDICAL PROVIDERS



|         |  |             |  |
|---------|--|-------------|--|
| DOCTOR  |  | SPECIALITY  |  |
| PHONE   |  | MEDICATIONS |  |
| ADDRESS |  |             |  |
| NOTES   |  |             |  |

|         |  |             |  |
|---------|--|-------------|--|
| DOCTOR  |  | SPECIALITY  |  |
| PHONE   |  | MEDICATIONS |  |
| ADDRESS |  |             |  |
| NOTES   |  |             |  |

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| DOCTOR  |  | SPECIALITY  |  |
| PHONE   |  | MEDICATIONS |  |
| ADDRESS |  |             |  |
| NOTES   |  |             |  |

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|---------|--|-------------|--|
| DOCTOR  |  | SPECIALITY  |  |
| PHONE   |  | MEDICATIONS |  |
| ADDRESS |  |             |  |
| NOTES   |  |             |  |

# CAREGIVER NOTES



● DATE :

● WHERE WE WILL BE:

● WHAT TIME WE WILL BE BACK:

● HOW TO REACH US:

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● INFORMATION:

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FOOD:

LIKES:

DISLIKES:

TOILETING:

BEDTIME:

● BEHAVIORS

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● MEDICATIONS:

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# IEP TEAM CONTACT INFO



| Service Provider              | Name | Phone | Email |
|-------------------------------|------|-------|-------|
| • Special Education Teacher   |      |       |       |
| • Speech-Language Pathologist |      |       |       |
| • Occupational Therapist      |      |       |       |
| • Physical Therapist          |      |       |       |
| • School Psychologist         |      |       |       |
| • Behavior Therapist          |      |       |       |
| • Administration              |      |       |       |
| • School Counselor            |      |       |       |
| • Developmental Pediatrician  |      |       |       |
| • Advocate                    |      |       |       |
| • Paraprofessional            |      |       |       |

# IEP Meeting Notes



Student:

Date of Meeting:

Teacher:

Time of Meeting:

## ★ Attendees:

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## ★ Purpose of Meeting:

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## ★ Meeting Notes:

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## ★ Important Reminders:

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# Snapshot



## Child Information

Name:

Address:

Date of Birth:

Case Manager:

Aide Support:

Put  
Picture  
Here

## Medical Information

Diagnosis:

Secondary:

Allergies:

Medication:

Behavior:

Nurse Info:

## Accommodations

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## Additional Reminders

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# EMERGENCY INFORMATION



PRIMARY CONTACT:



CALL 911 IN CASE OF  
EMERGENCY

SECONDARY CONTACT:

HOUSE LOCATION:

CROSS STREETS:

DIAGNOSIS:

BEHAVIORAL INFORMATION TO  
SHARE WITH FIRST  
RESPONDERS:

