**Developmental Screening Passport**

*FOR: CHILD'S NAME*

**What is Developmental Screening?**

A way to check your child’s development.

**Don’t Miss a Milestone Moment!**

Every child is different, and their development moves at their own pace. It’s important to celebrate and encourage their unique progress. The Developmental Screening Passport is a tool designed to help you and your child’s healthcare provider identify areas where your child might benefit from extra support.

**Screening Tools and Resources:**

Find more information about screening tools and resources at: screenearlystartstrong.org

**Developmental Screening:**

- **TINY-K**
- **www.krisst.org**

**Milestones in Action:**

- **www.hhs.gov/watchmechive**

**Developmental Screening Passport Benefits:**

- Helps parents and caregivers track your child’s development.
- Identifies areas where your child might benefit from extra support.
- Supports early intervention to help your child reach their full potential.

**Developmental Milestones:**

- Speaks, acts, and moves.
- Uses a research-based questionnaire.
- Other professionals, such as doctors, schools, or early childhood education experts.

**Recommended for all young children:**

It can show if your child is on track or if he or she might benefit from extra support.

**Conclusion:**

Developmental screening is an important part of early childhood development. By identifying any delays early, we can work together to ensure your child reaches their full potential.
### Developmental Screening Tracker

<table>
<thead>
<tr>
<th>DATE</th>
<th>CHILD’S AGE</th>
<th>SCREENING TOOL USED</th>
<th>WHO ADMINISTERED TOOL*</th>
<th>NO REFERRAL</th>
<th>MONITORING</th>
<th>REFERRAL</th>
<th>COMMUNICATION</th>
<th>GROSS MOTOR</th>
<th>FINE MOTOR</th>
<th>PROBLEM SOLVING</th>
<th>PERSONAL-SOCIAL</th>
<th>SELF HELP</th>
<th>SOCIAL-EMOTIONAL</th>
<th>OTHER COMMENTS</th>
</tr>
</thead>
</table>

*Doctor, child care, teacher, or other

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**My child’s care providers**

Child's Name: ________________________________

Birth Date: ________________________________

Parent’s Name: ________________________________

Health Care Provider/Doctor: ______________________ (Phone)

Child Care/Education Provider: ______________________ (Phone)

Home Visitation Program: ______________________ (Phone)

Other Provider: ______________________ (Phone)

Other Provider: ______________________ (Phone)