**Toileting Care and Learning Plan**

Schools may choose to use this plan as a suggestion, to maximise opportunities for students to self-manage components of their personal care support, as far as possible, in relation to toileting**,** and to acknowledge the learning that has occurred when success is achieved.

Name of student:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:      \_\_\_\_Date for next review:      \_\_\_

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| --- | --- | --- | --- | --- | --- |
| Tasks for care and learning | **Independent** | **Learning target at home** | **Learning target at school** | **Dependent** (at this time) | Comments |
| Awareness |  |  |  |  |  |
| * Knows when toilet is needed |  |  |  |  |  |
| * Indicates when toilet is needed |  |  |  |  |  |
| * Needs to be asked/reminded |  |  |  |  |  |
| * Needs to be reminded to go to the toilet at set times |  |  |  |  |  |
| * Needs to be taken to the toilet at set times |  |  |  |  |  |
| * Clothing needs to be changed |  |  |  |  |  |
| **Accessing toilet** |  |  |  |  | **Indicate which toilet(s) will be used** |
| * Goes unaccompanied |  |  |  |  |  |
| **Handwashing** |  |  |  |  |  |
| * Remembers |  |  |  |  |  |
| * Uses soap (or other handrub) |  |  |  |  |  |
| * Uses taps |  |  |  |  |  |
| * Washes hands adequately |  |  |  |  |  |
| * Dries hands on towel/hand-drier |  |  |  |  |  |
| **Toileting** |  |  |  |  |  |
| * Locks/shuts cubicle door |  |  |  |  |  |
| * Pulls down pants |  |  |  |  |  |
| * Gets on toilet |  |  |  |  |  |
| * Urinates |  |  |  |  |  |
| * Empties bowel |  |  |  |  |  |
| * Sits for a nominated time |  |  |  |  |  |
| * Wipes self using paper |  |  |  |  |  |
| * Gets off toilet |  |  |  |  |  |
| * Knows when wet/soiled |  |  |  |  |  |
| * Knows that pad needs to be changed |  |  |  |  |  |
| * Removes wet/soiled clothing |  |  |  |  |  |
| * Cleans skin |  |  |  |  |  |
| * Puts on clean clothing (as needed) |  |  |  |  |  |
| * Finishes getting dressed |  |  |  |  |  |
| **Other Personal Hygiene** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Terminology** | **Parent/carer and/or student/ preference** | | | | |
| * Urine |  | | | | |
| * Urethra |  | | | | |
| * Bladder |  | | | | |
| * Vagina |  | | | | |
| * Faeces |  | | | | |
| * Anus |  | | | | |
| * Bowel |  | | | | |
| * Pad |  | | | | |
| **Other issues** | **Action required** | | | | |
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Principal’s (or delegate’s) name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Parent/carer’s name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Student’s (where relevant) name:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_