**Personal Hygiene 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 personal hygiene**,** 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 athome** | **Learning target at school** | **Dependent**(at this time) | Comments |
| Awareness |  |  |  |  |  |
| * Knows when toilet is needed
 | [ ]  | [ ]  | [ ]  | [ ]  |  |
| * Knows when menstruating
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| * Knows when to change sanitary pad or tampon
 | [ ]  | [ ]  | [ ]  | [ ]  |  |
| * 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-dryer
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **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
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **Menstrual health** |  |  |  |  |  |
| * Knows how to access sanitary pads and tampons
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| * Knows how to change sanitary pad
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| * Knows how to change sanitary tampon
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| * Knows how to dispose of sanitary item appropriately
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **Other Personal Hygiene** |  |  |  |  |  |
| *
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| *
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| *
 | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |  |
| **Terminology** | **Parent/carer and/or student/ preference** |
| * Urine
 |  |
| * Urethra
 |  |
| * Bladder
 |  |
| * Vagina
 |  |
| * Faeces
 |  |
| * Anus
 |  |
| * Bowel
 |  |
| * Pad
 |  |
| * Tampon
 |  |
| * Period
 |  |
| **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\_\_\_\_\_\_\_\_\_\_\_\_