

Care and learning plan

Toileting

This plan has been designed for staff to write down an agreed approach to learning and care. It is a suggestion only. Sections can be added/removed according to individual needs.

Name of child/student/client: _____ Date: _____ Date for next review: _____

Tasks for care and learning	Independent	Learning target at home	Learning target at service/school	Dependent (at this time)	Comments
Awareness					
▪ Knows when toilet is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Indicates when toilet is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Needs to be asked/reminded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Needs timing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Needs to be reminded to go to the toilet at set times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Needs to be taken to the toilet at set times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Clothing needs to be changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessing toilet					
▪ Goes unaccompanied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indicate which toilet(s) will be used
Hand washing					
▪ Remembers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Uses soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Uses taps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Washes hands adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Dries hands on towel/hand-drier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting					
▪ Locks/shuts cubicle door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Pulls down pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Gets on toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Urinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Empties bowl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Sits for a nominated time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Wipes self using paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Gets off toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Knows when wet/soiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Knows that pad needs to be changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Removes wet/soiled clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Toileting (cont)

Tasks for care and learning	Independent	Learning target at home	Learning target at service/school	Dependent (at this time)	Comments
Toileting (cont)					
▪ Cleans skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Puts on clean clothing (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Finishes getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other personal hygiene					
▪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal kit contents (if required)	Comments				
▪ Face cloth (disposable/cloth)					
▪ Soap (optional – school can provide)					
▪ Towel (optional – school can provide)					
▪ Continence pad					
▪ Spare underwear					
▪ Spare clothing					
▪ Plastic bag (to take home soiled clothing)					
Terminology	Parent/guardian and/or adult student/client preference				
▪ Urine					
▪ Urethra					
▪ Bladder					
▪ Vagina					
▪ Faeces					
▪ Anus					
▪ Bowel					
▪ Pad					
Other issues	Action required				
▪					
▪					
▪					

Contact staff member _____ Signature _____ Date _____

Parent/guardian and/or adult student/client _____ Signature _____ Date _____

Child/student (where relevant) _____ Signature _____ Date _____