

# 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: \_\_\_\_\_

Tasks for care and learning	Independent	Learning target at home	Learning target at school	Dependent (at this time)	Comments
<b>Awareness</b>					
▪ 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 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"/>	
<b>Accessing toilet</b>					<b>Indicate which toilet(s) will be used</b>
▪ Goes unaccompanied by adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Handwashing</b>					
▪ Remembers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Uses soap (or other handrub)	<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"/>	
<b>Toileting</b>					
▪ 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 bowel	<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"/>	
▪ 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"/>	
<b>Other Personal Hygiene</b>					
▪	<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"/>	
<b>Terminology</b>	<b>Parent/carer and/or student/ preference</b>				
▪ Urine					
▪ Urethra					
▪ Bladder					
▪ Vagina					



Education and Training



Caulfield JUNIOR COLLEGE

École franco-australienne de Melbourne



aeфе Agence pour l'enseignement français à l'étranger

▪ Faeces	
▪ Anus	
▪ Bowel	
▪ Pad	
<b>Other issues</b>	<b>Action required</b>
▪	
▪	
▪	
▪	

Principal's (or delegate's) name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_