Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Does Child Need?* Help purchasing Pull-ups or underwear
* Medical Help to go to the bathroom
* IEP/IDP goals to include toileting
 | **Plan to Follow:** |
| Books |
| Videos |
| Toileting Chart |
| Trial without diaper/pull-up |
| Alarm to remind child to use toilet |
| Schedule to use toilet |
| Child will sit on toilet for a period of time |
| Child will Pull up/down own pants |
| Child will Wash hands after toileting |
| Child will urinate in toilet |
| Child will have a BM in toilet |
| Child will ask to use toilet |
| Child will use toilet with help |
| Child will wipe own bottom |
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Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_