TOILETING PLAN

Learner Name _____ **DOB**___/____/____

School _____**Grade** _____**Teacher** _____**Plan Date**____/____/____

Other Support Staff in School, including those who may assist with hygiene and clothing changes:

Does learner have an IEP? ☐ Yes ☐ No Does learner have a 504 Plan? ☐ Yes ☐ No

Brief description of learner's behaviors and relevant conditions (e.g., autism, Down Syndrome, sensory issues, etc.):

Urinary incontinence? ☐ Yes ☐ No Fecal incontinence? ☐ Yes ☐ No

Any further description of continence issues?

Management and routine (e.g., details of drinking and toileting routines) and goals to be achieved:

Hygiene and help required for personal care, including continence products to be used and arrangements for soiled clothing:

Any special arrangements needed for field trips? ☐ Yes ☐ No If yes, please describe:

Current Medications

Name	Dosage	Time/Frequency/Indication

Parent/Guardian agrees to:

- ☐ provide extra changes of clothing.
- ☐ dress student in clothing which facilitates easy use of restroom and changes of clothing.
- ☐ provide continence products (e.g., diapers, pull-ups, wipes, etc.). Describe products needed at school:

Parent/Guardian Signature _____ **Date** _____

Teacher Signature _____ **Date** _____

Other School Staff Name _____ **Role** _____

Signature _____ **Date** _____

Other School Staff Name _____ **Role** _____

Signature _____ **Date** _____

Other School Staff Name _____ **Role** _____

Signature _____ **Date** _____