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| Who… |
| *…makes programming decisions?**…provides hands-on toileting/continence support?* *…provides barrier garments and changes of clothes if necessary?**…washes wet/soiled clothes?**…communicates with parents/caregivers when clothes, or supplies run low?* |  |
| What… |
| *…are your goals for your student’s toileting and continence plan?**…toileting skills does the student show at this time?* |  |
| When… |
| *…how long will the student be asked to sit and how that information will be relayed to the student (a timer, countdown, etc.)?**…will toileting be addressed and progress towards toileting goals will be monitored? (meetings? Ongoing communication?)* |  |
| Where… |
| *…will the student toilet - in the nearest bathroom, or another bathroom in the school, such as the nurse’s office?* *…will continence products be stored?* *Is any positioning equipment required for this student for toilet/change, and where will that be stored?* |  |
| Why:  |
| *Has the student chosen reinforcers?* *Does the student have access to information about toileting?**Does s/he understand the expectations and goals around toileting?* |  |
| How:  |
| *…will the student participate in toileting and continence, and with what levels of support from staff?* *Does the student have the appropriate accommodations in concept development, adaptive skill, communication, and mobility to participate in their toileting plan?**Has the team agreed on teaching strategies for this student’s toilet learning plan?* |   |

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| To Do: |
| Who | What | By When  |
|  |  |  |
|  |  |  |