|  |  |
| --- | --- |
| 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?* |  |

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