**Toilet Training Plan**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CENTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The child listed above is not toilet‐trained and will need assistance during the school day.  This plan identifies activities to be conducted by both classroom teacher and parent/guardian that will assist the child in meeting his/her toileting needs.

Toileting routines at home: (Check all that apply)

\_\_Wears diapers all day and night \_\_Wears diapers only at night

\_\_Wears pull-ups all day and night \_\_Wears pull-ups only at night

 \_\_Wears pull-up only at naptime

 \_\_Able to use toilet independently \_\_Needs assistance to use toilet

 \_\_Able to vocalize need to use toilet \_\_Unaware of need to use toilet

 \_\_Able to pull down clothing on own \_\_Needs help with clothing

 \_\_Has the willingness to cooperate \_\_ Does not have the willingness

Words child uses to indicate toileting needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Frequency of urination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Frequency of bowel movement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Responsibility**: check off if agree

\_\_\_\_Provide 2-4 changes of clothes and underwear during school.

\_\_\_\_Dress the child in clothing that is easy to remove in a hurry.

\_\_\_\_Agree to provide regular toilet breaks at home.

\_\_\_\_I will encourage toilet-training, if my child demonstrates toileting readiness at home.

\_\_\_\_I will keep the teacher informed of toileting progress so that the teacher will plan classroom experiences

 that will support home toilet‐ training efforts.

\_\_\_\_I will do my part and cooperate with staff as described in this plan and toileting protocol.

Parent disagrees or can’t complete a responsibility; Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Responsibility**:

\_\_\_\_Will change the child, or assign other staff to change the child, when wet or soiled.

\_\_\_\_Will change the child in a location that allows for privacy.

\_\_\_\_Will provide plastic bags to send home soiled clothing.

\_\_\_\_ I will encourage regularly planned visits to the bathroom, if the child demonstrates toileting readiness.

\_\_\_\_ I will use positive reinforcement techniques to encourage independent toilet use.

\_\_\_\_The teacher will keep the parent/guardian informed of the child’s toileting progress.

\_\_\_\_ Provide pull‐ups and wipes.

\_\_\_\_Will share updates with the parents via notes, phone calls, texts and home visits to reinforce positive

 outcomes.

\_\_\_\_ I will follow-up on activities required of the parents, if problems in parent follow-through are observed,

**Challenging Situations**:

a. If no progress in toilet training is noted after **four weeks** of using the Individualized Toilet Training Plan, the Education Manager must be notified and a staff meeting or parent meeting will be held to determine the next steps.

b. There are times when difficult situations may arise with families. Based on the circumstances involved, Promise may adjust or modify these procedures to best meet the needs of individual child and family.

\*Each site has varying bathroom accommodations.  The parent/guardian is encouraged to visit the site and discuss the site accommodations with the classroom teacher.  All teachers follow diapering and toilet‐training guidelines that have been approved by the program and meet health standards.

**Parent/Guardian Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Follow‐up Meeting:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agreed upon by parent/guardian and teacher)**

**Date Toileting Goals Met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:  Teacher\_\_\_\_\_\_     Parent\_\_\_\_\_\_**