

# PERSONAL CARE AUTHORIZATION FORM

## ACKNOWLEDGEMENT OF INFORMED CONSENT

The acquisition of toileting skills is an important goal as it contributes to the development of functional autonomy and facilitates full integration into the school environment. Some children may still require support with their toileting skills upon school entry. If this is the case for your child, the school team can work in collaboration with you/your family.

I agree that my child may be provided the necessary appropriate physical assistance to complete their personal hygiene for toileting success at school. I understand that my child may be assisted by a second school staff member. I agree to provide the necessary supplies (e.g., pull-ups, sanitary pads, wipes, underwear, extra clothing) on a weekly basis or as requested by my child's school.

In the event the necessary supplies are not available, I will be contacted to bring supplies and/or pick up my child. Should my child require personal care support on a regular basis, I understand that related objectives may be added to my child's Individualized Education Plan (IEP).

I (parent/legal tutor) \_\_\_\_\_ **give permission** to the staff of (school name) \_\_\_\_\_ to assist my child (child's name) \_\_\_\_\_ with their personal care needs.

**I do not give my permission** to the staff of (school name) \_\_\_\_\_ to assist my child (child's name) \_\_\_\_\_ with their personal care needs. I understand that in the event that my child requires support, **I will be contacted, and it will be my responsibility to come to the school immediately to provide assistance to my child.**

\_\_\_\_\_  
**Printed Name – Legal Tutor 1**

\_\_\_\_\_  
**Printed Name – Legal Tutor 2**

\_\_\_\_\_  
**Signature – Legal Tutor 1**

\_\_\_\_\_  
**Signature – Legal Tutor 2**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



## DETAILED PERSONAL CARE SUPPORT FOR TOILETING

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE INDICATE THE DEGREE OF SUPPORT REQUIRED FOR THE FOLLOWING:**

Self-Care Task	Independent	Verbal Prompt	Gesture	Partial Physical Assistance	Full Physical Assistance
Identify need to use the bathroom					
Communicate need to use the bathroom					
Transition to bathroom					
Enter Bathroom/Manage door					
Select urinal or toilet					
Un-do fastener on bottoms					
Pull bottoms down					
Remove underwear/diaper/pull-up					
Sit on toilet until done					
Flush toilet					
Wipe clean after urination					
Wipe clean after bowel movement					
Pull up underwear/diaper/pull-up					
Pull up bottoms					
Fasten bottoms					
Wash hands					
Transition out of bathroom					

What time(s) of day (approximate) does your child typically use the restroom?

How often is it necessary for a school staff member to check for a soiled undergarment?

# TOILET TRAINING PROGRAM PLAN

**Student Name:** \_\_\_\_\_

**Plan Date:** \_\_\_\_\_

**Revision Date:** \_\_\_\_\_

<p style="text-align: center;"><b>Term Goal</b></p> <p>The goal is for X to eliminate U or BM while sitting on the toilet, in the absence of accidents. (i.e., what is expected of the student)</p>	
<p style="text-align: center;"><b>Frequency</b></p> <p>Bathroom visit schedule. (i.e., 8:15, 9:00, 10:05, etc.)</p>	
<p style="text-align: center;"><b>Duration</b></p> <p>How long does X have to sit on the toilet at each scheduled bathroom trip?</p>	
<p style="text-align: center;"><b>Language</b></p> <p>Words used to indicate that it is bathroom time, wiping words, etc.</p>	
<p style="text-align: center;"><b>Location</b></p> <p>Which bathroom(s), where does IA stand, lights on/on, fan on/off, etc.</p>	
<p style="text-align: center;"><b>Tools</b></p> <p>When sitting on the toilet, X gets to play with her fidget toy, reads <i>Where the Wild Things Are</i>, etc.</p>	
<p style="text-align: center;"><b>Rewards</b></p> <p>X receives 5 minutes of iPad for every successful bathroom trip.</p>	



## TOILET TRAINING DATA TRACKING FORM

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time & Initials	Activity	Indicates Need to Use Washroom	Level of Toileting Support Required	Type of Elimination Success	Success	Notes
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	
		Yes No Prompted	Independent Gestures Verbal Prompt Partial Physical Full Physical	Urine Bowel M.	Void in toilet Full Accident Partial Accident	