

Toileting Plan

Please complete the information below in order for SEASPAR to have the necessary information for a safe and successful toileting experience for the participant. This form must be updated annually and/or when there is a change to the information or plan.

Participant Name _____

Please check all that apply.

- | | | |
|--|------------------------------|-----------------------------|
| Can use bathroom independently | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses disposable underwear (diapers) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses catheter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requires help with balance/positioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requires wiping assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requires prompts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requires hand washing assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please share any issues or needs for transitioning to toilet, any balance or stability concerns, and/or any prompts, questions, or praise needed.

Please describe in detail any routine, process, or assistance required during toileting procedures that would further assist staff.

Continue on next page.



To ensure a safe and successful toileting experience, please share any issues or concerns staff should be aware of, such as eloping, removing clothing, placing items in toilet, etc.

Parent/Guardian Signature _____ Date _____

Primary Emergency Phone Number _____