TOILET READINESS ASSESSMENT



Child's name:	The Conversion Store of B
Name of person completing form:	
Designation:	
Contact details:	
Date form completed:	_ Signed:

	Yes	No	Comments
Has <u><i>Bladder/Bowel Assessment Chart</i> been</u> completed?			Date completed:
Bladder: Interval between voids is at least 1½ hours			
Bowels: Child passes soft stools between 3 times a day and 4 times a week			
Toileting: Child can sit safely and comfortably on the potty/toilet for at least a minute			
Awareness: Does the child give any indication of awareness of full bladder and/or bowels?			
Communication: Has a means of communication been identified?			
Participation: Does the child help pull pants and/or outer clothes up/down? Can the child wash and dry their hands with/without assistance?			
Behaviour: Is the child able to respond to commands? Do they usually respond appropriately to requests?			

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