

Toilet Management Plan 2016/17

Child's Name: Class/Year Group:

Name of Support Staff Involved:

Date of Record:..... Review Date:

Area of Need:	
Equipment required/by whom:	
Location of suitable toilet facilities:	
Support required:	Frequency of support:

Working towards Independence

School will...	Parents will...	Child will try to...	Target achieved (date)...

Parents/Carers Signature:

Member of Staff Signature:

Child's Signature (if appropriate):