

## Appendix 2

### Record of other agencies involved

Pupil's name:.....

DoB.....

Name/Role	Address/Phone/e-mail
Parent/Carer	
GP	
School nurse/Health visitor	
Continence adviser	
Physiotherapist	
Occupational Therapist	
Hospital consultant	
Educational Psychologist	
Social Worker	

Appendix 3

Toileting plan discussion with parents/carers

**Record of discussion with parents/carers**

Pupil's name:..... DoB.....

Date of meeting:.....

Persons present.....

	Details	Action
Working towards independence Eg. taking pupil to toilet at timed intervals, rewards		
Arrangements for nappy changing Eg. who, where, privacy		
Level of assistance needed Eg. undressing, hand washing, dressing		
Moving and handling needs Eg. equipment, training needs, hoisting equipment		
Infection control Eg. wearing gloves, nappy disposal		
Sharing information Eg. nappy rash, infection, family/cultural customs		
Resources needed Eg. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves		
Other		