

# TOILET READINESS ASSESSMENT

Child's name: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact details: \_\_\_\_\_

Date form completed: \_\_\_\_\_ Signed: \_\_\_\_\_

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