**Name of child:**

**Date of plan:**

**To be reviewed:**

…………. needs additional support with changing nappies/ pull ups/ support learning to use a toilet. The following plan aims to make the staff involved aware of…………..’s needs and to ensure that ....parents are happy with these arrangements.

|  |  |  |
| --- | --- | --- |
| Situation: | How this is to be dealt with: | By whom: |
|  |  |  |

School staff member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_