



Croydon SDS Personal Hygiene Learning and Support Plan

This plan is to be developed on enrolment during the first SSG meeting with the teacher and parent/carer. The plan will be reviewed in the student's first year in secondary, or earlier if required.

Name of student:

Date:

Date for next review:

Awareness	Yes
▪ Knows when toilet is needed	<input type="checkbox"/>
▪ Indicates when soiled	<input type="checkbox"/>
▪ Knows when menstruating (if appropriate)	<input type="checkbox"/>
▪ Knows when to change sanitary pad (if appropriate)	<input type="checkbox"/>

Supplies Needed	Yes
Visuals	<input type="checkbox"/>
Wipes	<input type="checkbox"/>
Extra Clothing	<input type="checkbox"/>
Social Story	<input type="checkbox"/>
Nappies / pull-ups / continence Pad	<input type="checkbox"/>
PPE for staff (e.g. Gloves)	<input type="checkbox"/>
Adaptive Equipment (e.g. foot stool)	<input type="checkbox"/>

Tasks for care and learning	Independent	Supervision Required	Verbal and or visual prompts required	Partial physical support (needs assistance to complete portions of the task)	Full physical assistance (needs full assistance to complete all aspects of the task)	Comments <small>(note if safe work procedure in place and if specified staff ratio required)</small>
Toileting						
▪ Locks/shuts cubicle door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Pulls down pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Sits on toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Urinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Empties bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Sits for a nominated time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Wipes self using paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Gets off toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Handwashing						
▪ Remembers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Uses soap (or other handrub)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Uses taps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Washes hands adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Dries hands on paper towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing (swim and camp programs)						
▪ Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Drying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Personal Hygiene						Parent/carer and/or student preference
▪						
▪						
▪						

Teacher name:

Student's (where relevant) name:

Signature: _____ Date

Signature: _____ Date

Parent/carer's name:

Signature: _____ Date