

Getting Started Assessment

This assessment can help you develop your toileting plan

| X | AREA | WHAT TO CONSIDER |
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| | MEDICAL EXAM | Consult with your child’s pediatrician to determine whether there are any health problems and/or any medications that are contributing to incontinence (wetting and/or soiling). Some medications can cause constipation or chronic diarrhea. |
| | TOILETING HISTORY | <p>Review your child’s daily intake and toileting history and habits.</p> <p>Take a week to keep a chart of wetting and soiling; look for a pattern. This provides baseline information to help you to know where to start and later to determine if your child is making progress. Although charting may seem time-consuming, it can help you to know if what you are doing is working or if you should stop your current strategy and try something different.</p> <p>Use the results of your charting to respond to the following questions:</p> <p>1. How long are your child’s periods of dryness? _____</p> <p>2. Can he “hold it” for a short period of time or until he gets to the toilet? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Does he show signs that let you know he has to go or is going (urinating or eliminating or both) such as straining, squatting, pulling at pants? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
| | YOUR CHILD’S SKILLS | <p>CHECK ALL THAT APPLY</p> <p>What skills does your child already have?</p> <p><input type="checkbox"/> Can pull down his pants</p> <p><input type="checkbox"/> Can sit on the toilet</p> <p><input type="checkbox"/> Can wipe with toilet paper</p> <p><input type="checkbox"/> Can pull up pants</p> <p><input type="checkbox"/> Can flush the toilet</p> <p><input type="checkbox"/> Can wash and dry hands</p> |

COMMUNICATION

CHECK ALL THAT APPLY

How does your child communicate his needs?

- verbally ___ using phrases and sentences
___ using single words
___ with 10 or fewer words
- nonverbally ___ with gestures
___ with pointing to what he wants
___ with pointing to objects
___ with pointing to photos
___ with pointing to pictures
___ with manual signs
___ with a voice output device

How does your child best understand what you want him to do?

- ___ with real objects needed to complete the task
- ___ with photos
- ___ with pictures
- ___ with manual signs
- ___ with verbal directions

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| <p>SENSORY NEEDS</p> | <p>Which of the following sensory aspects of the bathroom and the toileting routine might be challenging and/or anxiety-producing for your child? CHECK ALL THAT APPLY</p> <ul style="list-style-type: none"> • VISUAL (sight) <ul style="list-style-type: none"> ___ bright lights ___ low lights ___ harsh colors or overstimulating colors • AUDITORY (hearing) <ul style="list-style-type: none"> ___ echo in the bathroom ___ sounds of flushing, running water ___ noise of a fan, may be distracting or overwhelming for your child. • OLFACTORY (smell) <ul style="list-style-type: none"> ___ smells such as perfumes, scented soap ___ air freshener • TACTILE (feel) <ul style="list-style-type: none"> ___ getting hands wet ___ using soap ___ hand washing ___ texture of toilet paper ___ cold and hard toilet seat ___ cold floor ___ temperature in bathroom differs from the rest of the house • VESTIBULAR (sense of movement and balance) <ul style="list-style-type: none"> ___ feeling off balance or unstable when placed on the toilet • PROPRIOCEPTIVE (unconscious information from muscles and joints) <ul style="list-style-type: none"> ___ responsiveness to body cues that he has to go ___ sensation that he is wet or soiled ___ preference for snug feeling and security of diaper vs. underwear |
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