



Child's name:		School details:		Parent/carer contact no:	
Child's DoB: / /		Child's address:			
GP details - name:		Assessor:		PHN:	
Contact no:					
Referred by:		Date of referral:		Medical Card No:	
Diagnosis (if any disability or functioning problems):		Child's primary mode of communicating e.g. verbal, PECS:		Family circumstances:	
Past medical history:					
Current status re: toilet training		Toilet training history:			
Typical Diet					
Breakfast		Lunch		Dinner	
Snacks -					
Fluids -					
Oral or enteral fed -					
Assessment					
Bladder function (passes urine)		Score	Advice offered		Y / N
1) More than once per hour		1	Check fluid intake and adjust if necessary If age 5+ and frequency persists, consider assessment for Overactive Bladder (OAB) or immature bladder		
2) Between one / two hourly		2	Indication of developing bladder maturity		
3) More than two hourly		3	Maturing bladder – consider toilet training readiness		
Bladder control		Score	Advice offered		
1) Never or rarely passes urine in toilet or potty		1	Complete baseline chart to identify urination intervals and start toilet sitting when bladder is more likely to be full		

2) Passes urine on toilet or potty sometimes	2	Consider removal of nappy (if worn) and introduction of formal toilet training programme	
3) Passes urine on toilet or potty every time	3	Good evidence of bladder maturity - commence on toilet training programme	
4) Can initiate a request to pass urine	4	Good evidence of bladder maturity - commence on toilet training programme	
Night wetting	Score	Advice offered	
1) Every night	1	If aged 5 or over and dry in the day consider referral to the enuresis service	
2) Occasionally – odd dry night	2	Indication of developing bladder maturity	
3) Never wet	3	Mature bladder – consider toilet training	
Sitting on toilet	Score	Advice offered	
1) Refuses to sit	1	Consider behaviour modification programme	
2) Sits with help	2	Liaise with OT if necessary re: toilet adaptation or equipment	
3) Sits briefly, no help	3	Consider bladder/bowel maturity and toilet training readiness	
4) Sits long enough to pass urine	4		
Going to the toilet	Score	Advice offered	
1) Gives no indication of need to go	1	Consider introducing strategies to raise awareness of wet/dry/soiled	
2) Gives some indication, by (include words or signals used here):	2	Introduce positive reinforcement for target behaviour	
3) Sometimes goes of own accord	3	Consider formal toilet training programme	
Bowel control	Score	Advice offered	
1) Rarely or never opens bowels on toilet or potty	1	Complete baseline chart - identify frequency of bowel movements - start toilet sitting when bowel is more likely to be emptied (such as after meals)	
2) Opens bowels on toilet or potty sometimes	2	Consider toilet training readiness	
3) Opens bowels on toilet or potty every time	3	Evidence of bowel control, consider toilet training	

→ Other helpful points to consider in relation to bowel health:

What type of stool is common? (use Bristol Stool Chart)

Is there evidence of 'hiding' or 'holding on'?

Bowel function:	Score	Advice offered	
1) Has frequent daily soiling	1	Exclude underlying constipation	
2) Does not always have a formed stool	2	Address underlying bowel problem before commencing toilet training (check Bristol Stool score)	
3) Has regular formed bowel movements	3	Mature bowel – consider toilet training readiness	
Night time bowel movements	Score	Advice offered	
1) Every night or frequently	1	Assess for underlying constipation – treat as appropriate	
2) Occurs occasionally	2		
3) Never	3	Mature bowel	
Diet	Score	Advice offered	
1) Refuses or is unable to eat fruit or veg	1		
2) Will occasionally eat fruit or veg	2		
3) Enteral feeding	3		
4) Eats adequate amount for age	4		
Fluid intake	Score	Advice offered	
1) Poor intake (less than 50ml per kg each day)	1		
2) Drinks 4-5 drinks daily	2		
3) Drinks 6+ drinks daily	3		
Behaviour that interferes with toileting process, like screaming when toileted	Score	Advice offered	
1) Occurs frequently	1	Consider liaison with LD team/CAMHS re behaviour modification programme	
2) Occurs occasionally	2	Consider assessment to identify 'trigger' factors for behaviour e.g. sound of hand dryer	
3) Never occurs	3	Consider bladder/bowel maturity and toilet training readiness	
Wears nappies, pull ups or similar	Score	Advice offered	
1) Yes	1		

2) Night only	2		
3) No	3		
Toilet	Score	Advice offered	
1) Requires toileting aids	1		
2) Uses normal toilet / potty	2		
Response to basic commands, like 'sit down'	Score	Advice offered	
1) Never responds to commands	1	Consider introducing 'routine/social stories' to gain co-operation	
2) Occasionally responds	2	Consider toilet training readiness	
3) Always responds	3	Consider toilet training readiness	
Handling clothes	Score	Advice offered	
1) Cannot handle clothes at all	1	If child physically able introduce programme to encourage child to pull pants up/down independently	
2) Attempts to pull pants down	2	Introduce positive reinforcement for target behaviour	
3) Able to pull pants down	3		
4) Pulls clothes up and down without help	4	Consider toilet training readiness	

Scoring:	Add up all scores to assess toileting skills at this time:
15-29	Indicates limited or no toileting skills; consider containment product
30-39	Indicates some toileting skills, may be able to toilet train; consider washable product
40-48	Indicates toilet training readiness, consider toilet training programme and removal of containment wear (if in use)

Plan of action / other comments:

Taken from HSE PPPG: Guideline for the promotion of continence care & provision of containment products to children and young people
 PPPG Reference Number: PCommOPS- CFS- 001 Version No: 1 Approval Date: 14 September 2018 Revision Date: 14 September 2021

This assessment form is adapted from 'UK guidance for the provision of continence containment products to children and young people – A consensus document 2016'.