

# TOILET TRAINING

*This form is designed to enable us to better help toilet train your child and to ensure consistency between home and child care.*

**Child's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

Has your child shown an interest in toilet training?      **YES** /      **NO**

What date did you start training? \_\_\_\_\_

What method are you using – eg pull-ups, reminders, nappies, placing child on toilet every ½ hour, encouraging child to use the toilet before/after nappy change?

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Are you using a nappy at sleep/rest time (during the day)      **YES** /      **NO**

What information may help us to recognise your child needs to go the toilet (eg signs such as fidgeting, holding, words they may use, facial expressions, hiding etc)

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Is there anything else you would like us to know or be aware of?

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Would you like more information on toilet training?      **YES** /      **NO**

*Please ensure you keep the centre up to date with your child's progress and let us know as your child stops using sleep nappies or the method of toileting changes.*