

CAPNEMO Head Start Toilet Training Worksheet

Child's name/initials:

Center:

1. Does your child have any medical issues or special needs that might affect toilet training?
2. Does your child have any toileting fears? (flushing, falling in, etc.)
3. Can your child undress and dress themselves well enough to use the bathroom independently or with minimal assistance?
4. Does your child use a potty chair, adjustable seat, step stool, regular toilet, etc.?
5. If your child is a boy, does he sit forward, sit backwards, or stand to urinate?
6. Can your child clean themselves? If not, how much assistance will they need?
7. Do you remind your child to use the bathroom? If so, how often and at what times during the day?
8. How does your child indicate that they need to use the bathroom? (Holding themselves, hiding, etc.) Does your child seem to have regular times, during the day, that they need to use the bathroom?
9. What words do you use when discussion toileting details? (Potty, bathroom, bottom, tush, pee, poop, etc.)
10. How do you respond when your child has an accident?
11. How do you respond when your child is successful?
12. What toileting techniques, that you have tried, seem to work?
13. Can you think of anything else that might be helpful to know about your child in regards to toilet training?