



**CAPNEMO Head Start
Toilet Training Plan of Action**



Plan for: _____ (Child's Name) Date: ____/____/____

Center: _____ Teacher: _____ AM PM Full Day Half Day

Important information gathered from Toilet Training Worksheet:

Goal for the next 4 to 6 weeks:

Plan for school:

- 1.
- 2.
- 3.

Plan for home:

- 1.
- 2.
- 3.

Positive reinforcement to be used:

Verbal Praise
 Happy Graham
 Special Privilege
 Hand Stamps
 Sticker Charting/Stickers (only when deemed necessary)
 Other: _____

How often: Each Attempt Each Success End of the Day Other: _____

We will meet to discuss progress on: ____/____/____

Parent/Guardian Signature

Teacher Signature

Center Supervisor
or CRS's Initials