

**SCHOOL NAME: Glebe Primary School**

**Intimate/Personal Care Plan**

<b>Child's Name:</b>	<b>Date:</b>
Nominated Staff:	
<b>Main areas of need:</b> . .	
<b>Detailed Plan:</b> (refer to any toileting plans, dressing or undressing and medical needs)  _____ has a diagnosis of Autism Spectrum Disorder.  Where possible two people should be in the room when looking after _____'s needs. On occasion where this isn't possible, the door of the room should be left open.  If _____ has an accident, the adult should undress _____ to ensure he is kept as clean as possible.	
This plan was written by _____ on _____  This plan was agreed with parents/carers on _____  The child's views were sought for this plan on N/A (if not, please state why not): Due to _____r's age	
Signed (Headteacher) _____ Date _____  Signed (TA, Support staff) _____ Date _____  _____ Date _____  Signed (Parent/carer) _____ Date _____	

