

SCHOOL NAME: Glebe Primary School

Intimate/Personal Care Plan

Child's Name:	Date:
Nominated Staff:	
Main areas of need: . .	
Detailed Plan: (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 _____	

