



**Staff Questionnaire**

Please may you complete the below questionnaire, it will give the School Nurse Team a guide to how each child is doing with toilet training in pre-school.

Name of Child: \_\_\_\_\_

1. What does the above child come to nursery in? Please tick relevant box.

Pants	<input type="checkbox"/>	Pad in pants	<input type="checkbox"/>
Pull ups	<input type="checkbox"/>	other	<input type="checkbox"/>

2. Is there a regular toileting programme in place?

Yes ☐ No ☐

3. How many approximate accidents throughout the day?

0 ☐ 1 ☐ 2 ☐ 3 or more ☐

4. Is it mostly wees, poos or both?

Wee ☐ Poo ☐ Both ☐

5. Do you feel there are any barriers for the above child being toilet trained?

\_\_\_\_\_  
\_\_\_\_\_

6. Are there any noticeable reasons why the above child won't go to toilet? I.e. does not like sound of flush, can't reach toilet etc.

\_\_\_\_\_  
\_\_\_\_\_

*Any other relevant  
information* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete the above questionnaire.

The School Nurse Team