



Pupil Name:..... **Gender:**.....

School:..... **Year Group:**.....

Previous School:.....

Disability:.....

Specialist Furniture/Equipment used:.....

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.....

Other professionals able to provide advice/guidance

Physiotherapist:.....

Occupational Therapist:.....

IDS Colleagues:.....

Other:.....

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Toileting

Are there any issues with cross infection? Yes/No

If Yes – will the child require a sole use facility?.....

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Is the child able to independently toilet Yes/No

Will the child be assisted in the toilet Yes/No

If Yes – by how many adults?.....

Will the child need to use any specialist equipment in the toilet facility? Yes/No

If Yes – please state what will be used:.....

.....

.....

Will the child transfer onto the toilet from a wheelchair or standing frame? Yes/No

If Yes – Do they do this from a specific side?.....

If the child is using a hygiene facility the toilet will need to be accessible from either side in order to aid transfer

Will the child require a hoist? Yes/No

If No – is a hoist likely to be required in the future?.....

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Does the child require a hygiene change bed? Yes/No

Does the child require a shower? Yes/No

If No – is a shower likely to be required in the future?.....

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Will the child require a specific height toilet? Infant/Junior/Adult

Will the child require handrails to the toilet? Yes/No

Will the child require handrails to the sink? Yes/No

Will the child require lever taps to the sink? Yes/No

Will a storage cupboard be required? Yes/No

If Yes – what will it be used to store and will this need to be lockable?.....

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Does the child have any specific hand drying needs? Yes/No

If Yes – please state type e.g handryer/hand towels.....

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Will a bin be required for clinical waste? Yes/No

Any other items to consider regarding toileting?.....

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Access

Will the child require an accessible parking bay? Yes/No

Will the child require level door thresholds to move around the school? Yes/No

Is the child able to access steps? Yes/No

Will highlighting be required to raised areas/steps? Yes/No

Any other items to consider regarding access:.....
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General

Will storage be required for large pieces of equipment? Yes/No

If Yes – please provide details of equipment:.....
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Are there any issues around security e.g climbing/running? Yes/No

If Yes – please provide details:.....
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Will a PEEP (Personal Emergency Evacuation Plan) need to be in place? Yes/No

Any other general items to consider:.....
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Signed:..... IDS Caseholder