

Personal care plan

To enable us to promote your/your child's independence while taking part in guiding, it would be helpful if you would provide us with the following information.

This information is strictly confidential and will only be read by the Leaders involved with this unit.

Assistance needed with	No	Yes	Please suggest ways we can help achieve this
Sleeping <ul style="list-style-type: none"> • sleep routines • getting into/out off bed • sleep walking • night time continence • turning and positioning • any other sleep/bedtime support 			
Washing <ul style="list-style-type: none"> • body and face • hair • brushing teeth • brushing hair • taking a shower • any other washing support 			
Meal times <ul style="list-style-type: none"> • preparing food/drink • carrying food/drinks • cutting up food • eating (eg special cutlery) • feeding • any other meal times support 			
Toileting and personal care <ul style="list-style-type: none"> • reminding about • using the toilet • getting to the toilet • using the toilet • continence aids • cleaning self • any other personal care support 			
Dressing and undressing <ul style="list-style-type: none"> • getting dressed • getting undressed • choosing suitable clothing • reminding to change clothes • packing/unpacking • any other dressing and undressing support 			
Mobility <ul style="list-style-type: none"> • moving around • mobility aids • any other mobility support 			