



Potty Independence Questionnaire

We ask that you complete this questionnaire to help us in our effort to partner with you as we encourage your child's success every step of the way to potty independence.

Child's Name: _____ **Date:** ___/___/___

1. GPS defines potty independence as being able to take care of bathroom needs without a teacher's assistance. Is your child potty independent?
 No, we have **not started potty training** (Complete Section A)
 Yes, my child is **potty independent** (Complete Section B)
 No, my child is **working on potty independence** (Complete Section C)

Section A (Not Started Potty Training)

A1. What is your time frame to begin potty training?

Fall Winter Spring Not sure

A2. Does your child have any medical issues relating to use of the potty?

(Please provide specifics) _____

A3. Has your child shown any interest in using the potty?

Yes, very interested Yes, some interest No interest

A4. Is your child able to pull his/her pants up and down?

Yes No Working on this

Section B (Fully Potty Independent)

B1. How long has your child been potty independent?

B2. Does your child have any medical issues relating to use of the potty? (***Please provide specifics***) _____

B3. How often do you take your child to the potty at home?

On a regular schedule, every _____ hours

When child asks to go

My child goes to the potty by himself/herself

B4. Does your child have accidents?

Never Sometimes Often

If your child has accidents, please explain typical circumstances _____

B5. How does your child feel about using the potty outside of the home?

(Circle all) Excited Anxious Fearful Other _____

My child has no problem using the potty away from home.

B6. Does your child need a Pull Up/diaper at rest time? No Yes

Section C (Working on Potty Independence)

C1. How long have you been potty training your child?

C2. Does your child have any medical issues relating to use of the potty? (***Please provide specifics***) _____

C3. How often do you take your child to the potty at home?

On a regular schedule, every _____ hours

When child asks to go Other _____

C4. How does your child feel about using the potty? (***Circle all***)

Excited Uninterested Fearful Other _____

C5. Is your child able to pull his/her pants up and down?

No Yes Working on this

C6. What are you using while potty training?

Underpants Diaper Pull Up Underpants with Pull Up over top

C7. What routines and methods do you use at home to promote potty independence?

C8. Do you use any of the following incentives when potty-training?

Praise Treats Prizes Chart Other _____

C9. How would you describe your potty training success to date?

Good progress A few setbacks Not interested Resistant

Other, (Specify) _____

C10. How can we best support your efforts? _____

C11. Is there anything else you want to share about your child's potty training experience? _____

Thank you for taking the time to answer these questions.