Westfield Arts College

Questionnaire regarding Intimate Support Policy and Practice

Please complete the following questionnaire to help us ensure that your child receives any necessary support with intimate care in a manner that is consistent with home.

Please circle your answer.

1. Does your child need help with toileting? Yes No
If so, what help do they need?

_____

_____

2. Does your child need help with washing or showering? Yes No
If so, what help do they need?

_____

_____

3. Does your child need help with dressing? Yes No
If so, what help do they need?

_____

_____

4. Does your child have any medical needs that require intimate support , such as feeding tube, administering emergency medication? Yes No
If so, what help do they need?

_____

_____

If you have answered 'yes' to any of these questions your child may need an Intimate Support Plan. Please discuss this with the class teacher.