



## 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 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) \_\_\_\_\_

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C10. How can we best support your efforts? \_\_\_\_\_

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

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Thank you for taking the time to answer these questions.