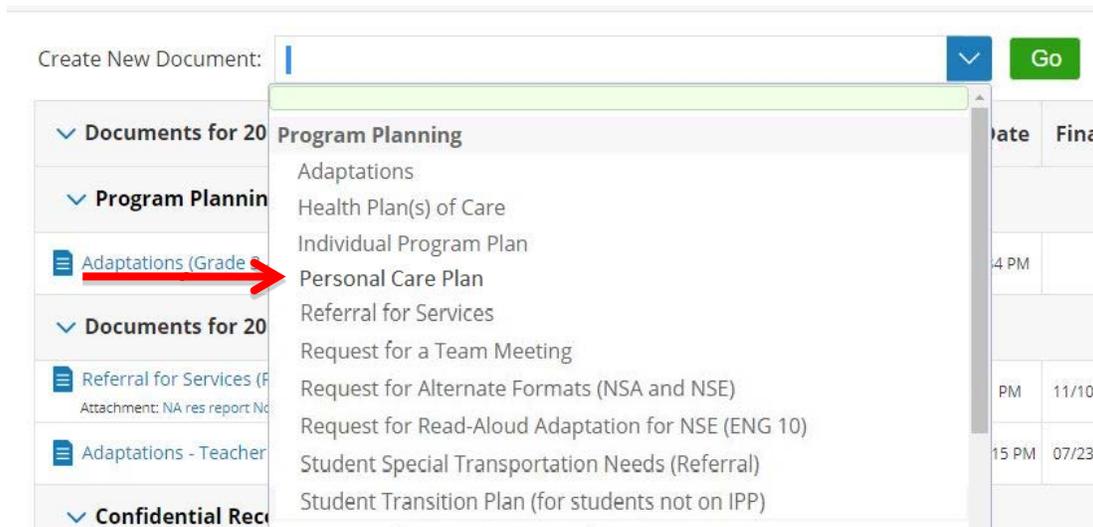


Personal Care Plans in TIENET

Through the NS Program Planning Process, the School Support Team or Program Planning Team may need to develop a **Personal Care Plan** for a student who requires specific support/planning for personal care needs like toileting/bathroom routines, dressing/changing, oral feeding, mobility, lifting/transfers, etc. (if a student requires assistance with mobility (e.g. lifting/transfers, etc.), an Occupational Therapist and/or Physiotherapist **must** provide written recommendations and training).

To do this, from the student’s TIENET document drop-down menu, choose **Personal Care Plan**, then **Go**. The **Label/Comment** section is optional but might be used to note the type of personal care needs that the student has that require specific programming (e.g. bathroom routines).



The document is completed by noting if the student has a **Health Plan of Care** and **If so, in what area(s)**. Then all applicable **Student’s Personal Care Needs** that require specific support/programming is/are checked.

Does this student have a Health Plan of Care? Yes No If Yes, what is the specific health care need and/or medical diagnosis? _____

Student’s Personal Care Needs: (for students requiring specific personal care support/programming) – please check all that are applicable and then complete support plan below for each checked

Toileting/Bathroom Routine Oral Feeding [Other \(please specify\)](#)

Mobility (lifting/transfers, etc. as per OT/PT recommendations and training) Dressing/Changing

For each personal care need, the **Related Instructions**, **Time(s) Needed for Personal Care**, **Location where Personal Care will take place and where supplies are kept**, **Staff Member(s) Responsible (Primary and Alternate)**, and any other corresponding **Notes** are documented. The **Comments, Updates on Progress and Recommendations** section is available as the plan is implemented and monitored and/or when the plan gets reviewed and updated as needed.

Personal Care Need:	Related Instructions:	Time(s) Needed for Personal Care:	Location(s) where Personal Care will take place and where supplies are kept:	Staff Member(s) Responsible (Primary and Alternate):	Notes:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments, Updates on Progress and Recommendations:					

Finally, the **Author**, **Date** and **Program Planning Team** members' **Names** with corresponding **Positions** are noted. The plan can stay in **Draft** until the end of the school year or until plan completion so that it can be easily updated as needed.

Author:

Date:

Program Planning Team	
Parent/Guardian:	
Parent/Guardian:	
Add Row ↑ ↓ × Name: <input type="text"/> (ID) <input type="button" value="lookup"/> / non-lookup	Position: <input type="text"/>
Add Row ↑ ↓ × Name: <input type="text"/> (ID) <input type="button" value="lookup"/> / non-lookup	Position: <input type="text"/>