

# School Contact Stool Diary

School Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Mon	Tues	Weds	Thurs	Fri	Comments
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	
Date:	Date:	Date:	Date:	Date:	

Please use this Contact Stool Diary to inform the parents of the above child, how their toileting is when at school. Please tick the boxes above if the child has opened their bowels within the school day.

