Toilet Training Kit

NAME:
MONTH:
WEEK:

DAY/TIME						

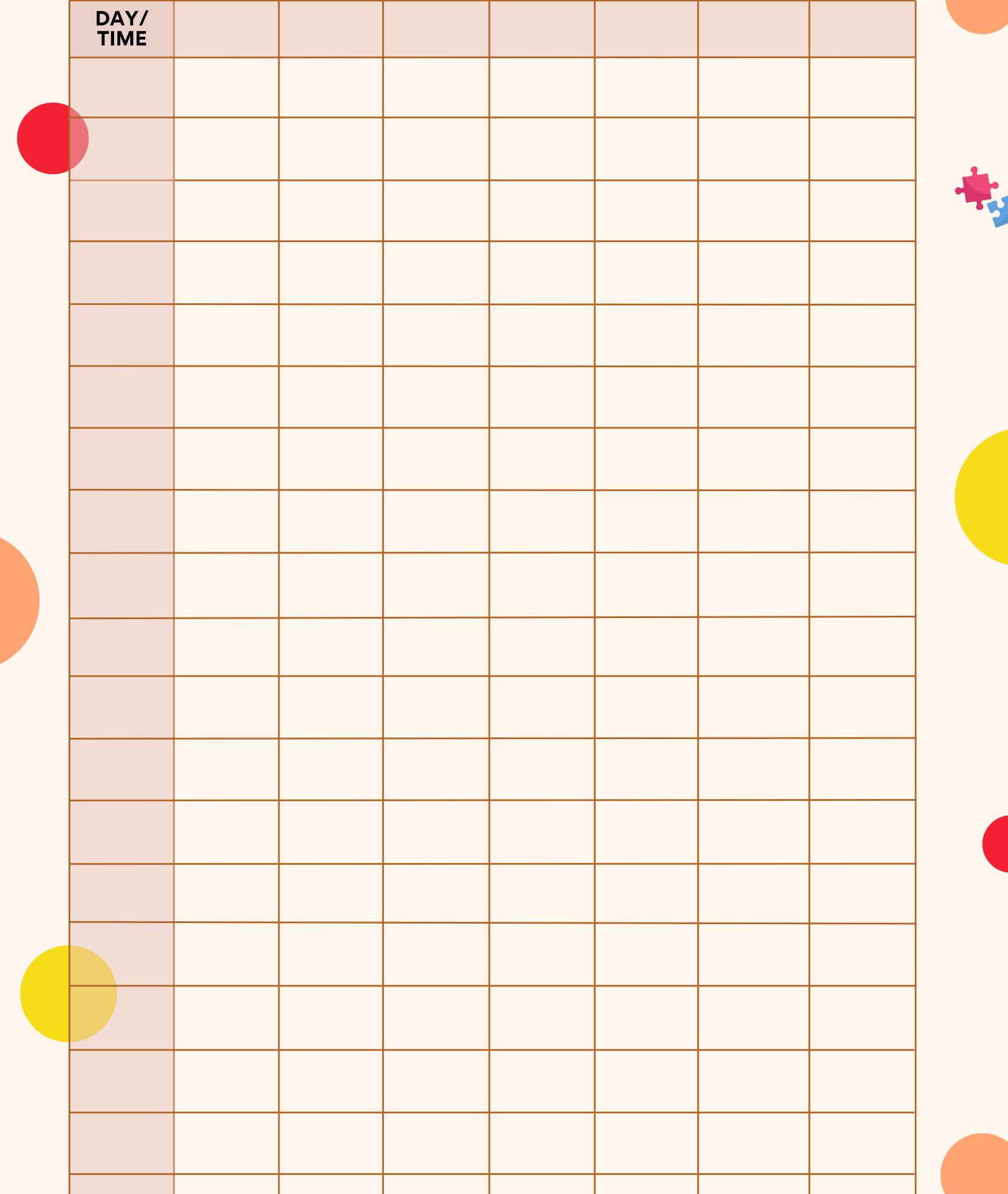| **D:** Dry	**U:** Urine/Pee	**P:** Poop	**O:** Diaper (if using diaper)	**W:** Wet (accident)	**X:** Poop (accident)

Parent fill in the timetable to trace child toilet schedule.