



REACH UP

Resource · Empower · Advocate · Connect · Human rights · Upskill · Peer support

Macasthur Southern Highlands

An initiative of



Believe and Become

Self Care Checklist

Name:

Date:

Checklist completed by:

Dressing

Clothing Selection	Comments
☐ Chooses weather-appropriate clothing ☐ Chooses matching/coordinated clothing ☐ Identifies front/back of clothing ☐ Identifies left/right shoes	
Upper Body Dressing ☐ Puts on t-shirt ☐ Removes t-shirt ☐ Puts on jumper/jacket ☐ Removes jumper/jacket ☐ Manages sleeves appropriately	
Lower Body Dressing ☐ Puts on pants/shorts ☐ Removes pants/shorts ☐ Pulls clothing up/down for toileting ☐ Puts on underwear ☐ Changes clothing when required	
Socks and Shoes ☐ Puts on socks ☐ Orients socks correctly ☐ Tolerates socks ☐ Puts on shoes ☐ Correct foot placement ☐ Fastens Velcro straps ☐ Manages buckles ☐ Ties shoelaces ☐ Double knots shoelaces	

Fasteners ☐ Buttons large buttons ☐ Buttons small buttons ☐ Uses zips independently ☐ Connects zipper before pulling ☐ Operates snaps/press studs ☐ Uses belts	Comments
Clothing Tolerance ☐ Tolerates clothing tags ☐ Tolerates seams ☐ Tolerates different fabrics ☐ Tolerates seasonal clothing changes ☐ Wears appropriate clothing all day	

Grooming and personal hygiene

Handwashing ☐ Turns tap on/off ☐ Uses soap ☐ Washes thoroughly ☐ Dries hands ☐ Completes all steps independently	Comments
Toothbrushing ☐ Tolerates toothbrush ☐ Tolerates toothpaste flavour ☐ Brushes all teeth surfaces ☐ Brushes for adequate duration ☐ Spits appropriately ☐ Rinses mouth ☐ Completes morning routine ☐ Completes evening routine	

Hair Care ☐ Tolerates hair brushing ☐ Brushes own hair ☐ Tolerates detangling ☐ Washes hair ☐ Dries hair ☐ Tolerates hair dryer ☐ Tolerates hair accessories ☐ Tolerates haircuts ☐ Remains calm during haircuts	Comments
Nail Care ☐ Tolerates fingernail clipping ☐ Tolerates toenail clipping ☐ Maintains sitting position ☐ Manages anxiety/distress during nail care	
Face Care ☐ Washes face ☐ Wipes nose effectively ☐ Uses tissues appropriately ☐ Applies sunscreen ☐ Applies lip balm/moisturiser if needed	
Bathing and showering ☐ Enters bath/shower safely ☐ Tolerates transitions into bath/shower ☐ Washes body independently ☐ Washes underarms ☐ Washes genital area appropriately ☐ Washes hair ☐ Rinses shampoo ☐ Tolerates water on face ☐ Tolerates getting ears wet ☐ Tolerates different water temperatures ☐ Dries body effectively ☐ Dresses after showering	

Toileting

Daytime Toileting ☐ Recognises need to toilet ☐ Communicates need to toilet ☐ Reaches toilet in time ☐ Toilets independently ☐ Manages clothing ☐ Wipes effectively ☐ Flushes toilet ☐ Washes hands	Comments
Continence ☐ Daytime urinary continence ☐ Night-time urinary continence ☐ Bowel continence ☐ Accident frequency concerns	
Bowel Habits ☐ Regular bowel motions ☐ Constipation concerns ☐ Stool withholding ☐ Fear of toileting ☐ Requires support to toilet in community settings	

Feeding and Eating

Mealtime Participation ☐ Comes to table willingly ☐ Remains seated ☐ Participates in family meals ☐ Uses appropriate mealtime behaviours	Comments
Self-Feeding Skills ☐ Finger feeds ☐ Uses spoon ☐ Uses fork ☐ Uses knife ☐ Cuts food independently ☐ Uses lunchbox independently ☐ Opens food containers ☐ Opens packaged foods	
Drinking ☐ Drinks from open cup ☐ Drinks with straw ☐ Drinks from sports bottle ☐ Independently fills drink bottle	
Food Variety ☐ Eats fruits ☐ Eats vegetables ☐ Eats proteins ☐ Eats mixed foods ☐ Tries unfamiliar foods ☐ Eats foods from all texture groups ☐ Eats foods from all food groups	

Oral Sensory/Motor Concerns ☐ Overstuffing mouth ☐ Gagging ☐ Choking concerns ☐ Chewing difficulties ☐ Slow eating ☐ Messy eating ☐ Picky eating	Comments
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Sleep and rest

☐ Follows bedtime routine ☐ Settles independently ☐ Requires parental presence ☐ Sleeps in own bed ☐ Falls asleep within 30 minutes ☐ Sleeps through night ☐ Returns to sleep independently ☐ Wakes independently ☐ Appears rested during day	Comments
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Safety awareness

☐ Follows adult instructions ☐ Responds to danger appropriately ☐ Road safety awareness ☐ Car safety awareness ☐ Stranger awareness ☐ Water safety awareness ☐ Playground safety awareness ☐ Uses equipment safely	Comments
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Parent/carer priority self-care goals

What are the THREE self-care areas currently having the greatest impact on your child's daily functioning and/or family life, which you would like to prioritise working on?

Priority 1	Why this is a priority
Priority 2	Why this is a priority
Priority 3	Why this is a priority



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