

SEIZURE ACTIVITY LOG

Student: _____ School: _____ Grade: _____ School year: _____

Date and Time	Seizure Length (mins.)	Muscle Tone / Body Movements						Extremity Movements			Eyes				Mouth			Post-Seizure Observations/Disposition: (list behaviors, activities, parents notified, EMS called, etc.)	Initials		
		Rigid/clenching	Limp	Fell Down	Rocking	Wandering Around	Whole Body jerking	Arm jerking (R/L)	Leg jerking (R/L)	Random movements	Pupils dilated	Turned (R/L)	Rolled Up	Stare/Blinking	Closed	Salivating	Chewing			Lip smacking	

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: _____ Signature: _____

Initial: _____ Signature: _____