Seizure Log… What did you see?

Name: _____ School Year: _____

		Star where the seizure stated And how it progressed.								
Date/Time Where Activity	Aura/ Fell Injury	Eye/Face Twitching	Eye Movement	Jerking Rt. Arm	Jerking Lt. Arm	Jerking Rt. Leg	Jerking Lt. Leg	Bladder/ Bowel Loss	Responds To Name / Length	Sleepy/ Parent notified