



## Seizure Incident Report

Student's name: \_\_\_\_\_

Date of report: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Time of observation: \_\_\_\_\_

Activities immediately preceding seizure:

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Description of seizure or behavior:

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Behavior after seizure:

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How long did it last?

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Procedures followed by teacher/observer:

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Were there any injuries?  Yes  No

If yes, describe:

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