



SEIZURE TRACKING LOG

Name of Individual: _____

Month Of: _____

Date	Time	Duration	Behavior Prior to Seizure	Behavior During Seizure	Behavior After Seizure	Provider Response / Actions	Additional Info (i.e., how long before behavior returned to baseline, etc.)	* Injury ?
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No
								Yes / No

*If Injury, Incident Report must be completed.

Signature: _____