



SANILAC INTERMEDIATE SCHOOL DISTRICT
SPECIAL EDUCATION PROGRAMS/SERVICES

46 N. Jackson Street
Sandusky, MI 48471

SEIZURE RECORD

STUDENT: _____

DATE	TIME	Length of Seizure (in seconds)								Loss of		Onset				Injury	
										Bladder Control	Bowel Control	Fall	Stand	Sit	Lying	Yes	No
		3-4	5-10	10-30	31-59	60	61-75	76-90	91-120								

OBSERVATION

Copy of Report Sent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent was Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Teacher Signature _____

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