

TEACHER'S ANECDOTAL RECORD*

Student's Name _____ Date of Report _____

Teacher's Name _____

Time of observation: _____

Activities immediately preceding seizure: _____

Description of seizure or behavior: _____

Student's behavior after seizure: _____

How long did it last? _____

Were there any injuries? ? yes ? no

Procedures followed by teacher/observer: _____

If yes, describe: _____

REPORT OF MEDICATION SIDE EFFECTS

Check any side effects you have observed and add relevant details:

- | | | | |
|-------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Irritability | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Unsteady walk | <input type="checkbox"/> Inattention | <input type="checkbox"/> Poor memory |

* Adapted with permission from Program Actions for Children with Epilepsy (PACE), 1983.