SEIZURE DISORDER ASSESSMENT FORM (STUDENT)

HEALTH SERVICES
SCHOOL DISTRICT U-46

STUDENT PLEASE COMPLETE THE FOLLOWING INFORMATION:

Do you have any special feeling when a seizure is about to occur? ☐ No ☐ Yes If yes, Describe: ____

What do you think happens to you during a seizure? ______________________

____

Describe how you usually feel after a seizure? ______________________

Who is responsible for your medications when you are at home? ______________

If student is responsible, does he/she remember on own? ☐ Yes ☐ No
Does someone remind/supervise actual schedule? ☐ Yes ☐ No
Do you do anything special to help you remember to take your medication? ☐ Yes ☐ No

What makes it more likely for you to have a seizure?______________________
How often do you have a seizure? ______________________
When do they occur most often? ______________________
How did you feel before you had your last seizure? ______________________

____

Besides taking medication, how do you control your seizure disorder? ____________

____

What special problems (if any) do you have in school that you feel are related to your seizure disorder (i.e. grades, PE, recess, sports, teasing, etc.)? ______________

____

Have you told your friends about your seizure? ☐ Yes ☐ No
If yes, when did you tell them? ______________________
What did you tell them? ______________________
How did they react? ______________________
Have you told any of your teachers? ☐ Yes ☐ No
If yes, when did you tell them? ______________________
What did you tell them? ______________________
How did they react? ______________________

What have your parents told you about seizure disorders? ______________

____

How do your parents react when you have a seizure? ______________
What do your sisters/brothers know about your seizures? ______________
What do they do to help you when you have a seizure? ______________

If you were to have a seizure in school, what would you like the following people to do for you?

Nurse: ____

Teachers: ____

Classmates:____

What do you need after a seizure has happened?______________________

____

School Year:____________ Grade/Teacher:______________________