



Center for Social Change, Inc.

Individuals Name		Year	Program																				
Description	Conscious	DAY																					
	Unconscious	MONTH																					
	Confused																						
	Fell																						
	Became Limp																						
	Became Stiff																						
	Flush																						
	Pale																						
	Cyanotic/blue																						
	Jerking																						
	Body Movements	Twitching Face																					
		Chewing Motion																					
		Tongue Biting																					
Excessive Drooling																							
Eyes Rolled Back																							
Eyes Staring																							
Eyes Blinking																							
Wet Bed/Self																							
Behavior Post Seizure	Bowel Movement/Seizure																						
	Sleepy/tired																						
	Alert																						
	Confused																						
	Headache																						
	Temporary Paralysis																						
	Unsteady Walking																						
	Slurred speech																						
	Drowsiness																						
	Increased activity																						
Unusual Activity																							
Time of Day																							
Duration (#min.)																							
Staff Initials																							



Center for Social Change, Inc.

Date	Hour	Initial	Notes/Comments		Initial	Staff Signature
				1		
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		
				10		
				11		
				12		
				13		
				14		