



# South Lyon Community Schools

Special Services Office • 62500-B West Nine Mile Rd. • South Lyon, MI 48178 • (248) 573-8220 • Fax (248) 437-8438  
Linda M. Raye, Director of Special Services

## Parent Questionnaire Regarding Epilepsy/Seizure Disorder

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

1. Seizure Type:
2. Describe what typically happens during the seizure:
3. What triggers the seizure? What pattern is there in the time of day it occurs?
4. How long does it last?
5. Are there any warnings and/or behavior changes before the seizure?
6. Describe first aid treatment given for seizures at home.
7. Describe child's reaction to seizures.
8. What medication(s) does your child take:

Medication	Dosage	Frequency and Time of Day Taken

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9. Check any of the following school related activities that may be limited/affected by your child's seizure disorder:

- Gym class
- Lunch
- Field Trip
- Sports
- Recess
- Transportation
- Other (Please specify) \_\_\_\_\_

Describe any limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician/Clinic treating you child's seizures: \_\_\_\_\_

Physician/Clinic Address: \_\_\_\_\_

Physician/Clinic Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**This information expires on the last day of each school year.**