Event/Behavior Log

Child's Name: _____

Use this sheet to keep track of care activities, behaviors or events such as seizures, meltdowns, frequency of suctioning and vomiting.

Date/Time	Activity/Behavior	Comments (context, environmental issues, intensity, event or action prior to behavior)
Example *Sept 20*	*Major meltdown in car, kicking seat*	*Late to swim time, missed lunch, short nap*