Interval Recording Form

Student: _____ Observer: _____

Setting: _____ School: _____

Target Behavior: _____

Definition: _____

Type: Partial Interval or Whole Interval Length of Interval: _____

Date											Number of +
Time Begin											Total Intervals
Time End											% of Intervals

Date											Number of +
Time Begin											Total Intervals
Time End											% of Intervals

Date											Number of +
Time Begin											Total Intervals
Time End											% of Intervals