

Whole Interval Recording Form

Student's Name: _____ Teacher: _____

Subject/Period: _____ Date(s): _____

Behavior Definition (in specific, observable, measurable terms):

Total Observation Time: _____ Length of each interval: _____

Date	Interval #										Total times behavior occurred (X)
	1	2	3	4	5	6	7	8	9	10	
O or X											

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	1	2	3	4	5	6	7	8	9	10	
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