

Duration Recording Form

Student Name: _____ Grade: _ _ Age: ____ School: _____

Teacher: _____ Observer: _____ Date: _____

Behavior: _____

EPISODE	DATE	STARTING TIME	STOPPING TIME	TOTAL LENGTH OF EPISODE	ACTIVITY/CONTEXT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Directions:

- ◆ Fill in identifying information and indicate the behavior to be observed.
- ◆ Record the time the behavior starts and the time the behavior ends for each episode
- ◆ Subtract the starting time from the stopping time for the total length of episode.