

Duration and Intensity Recording Form (Daily)

Student Name: _____

Date: _____

Behavior (specific, observable, measurable): _____

Schedule	Time Behavior Begins	Time Behavior Ends	Length of Time Behavior Lasted	Intensity Scale	Location/Routine/Others Involved
8:00 – 8:30					
8:30 – 9:00					
9:00 – 9:30					
9:30 – 10:00					
10:00-10:30					
10:30 – 11:00					
11:00 – 11:30					
11:30 – 12:00					
12:00 – 12:30					
12:30 – 1:00					
1:00 – 1:30					
1:30 – 2:00					
2:00 – 2:30					
2:30 – 3:00					

Notes:

Intensity Scale:

- Level 1 – Behavior confined only to the student.
- Level 2 – Behavior disrupts others in the student’s immediate area.
- Level 3 – Behavior disrupts everyone in the class.
- Level 4 – Behavior disrupts other classrooms or common areas of the school.
- Level 5 – Behavior causes or threatens to cause physical injury to student or