



Reinforcement Unlimited

Clinical and Behavioral Consultants

NAME: _____

DATE: _____

5 Minute Interval Recording

Y = Behavior Occurred within the Interval

N = Behavior Did NOT Occur during the Interval

- = Child NOT observed during the Interval

TIME	Y N -	TIME	Y N -	TIME	Y N -	TIME	Y N -	TIME	Y N -
8:00		9:55		11:50		1:45		3:40	
8:05		10:00		11:55		1:50		3:45	
8:10		10:05		12:00		1:55		3:50	
8:15		10:10		12:05		2:00		3:55	
8:20		10:15		12:10		2:05		4:00	
8:25		10:20		12:15		2:10		4:05	
8:30		10:25		12:20		2:15		4:10	
8:35		10:30		12:25		2:20		4:15	
8:40		10:35		12:30		2:25		4:20	
8:45		10:40		12:35		2:30		4:25	
8:50		10:45		12:40		2:35		4:30	
8:55		10:50		12:45		2:40			
9:00		10:55		12:50		2:45			
9:05		11:00		12:55		2:50			
9:10		11:05		1:00		2:55			
9:15		11:10		1:05		3:00			
9:20		11:15		1:10		3:05			
9:25		11:20		1:15		3:10			
9:30		11:25		1:20		3:15			
9:35		11:30		1:25		3:20			
9:40		11:35		1:30		3:25			
9:45		11:40		1:35		3:30			
9:50		11:45		1:40		3:35			