



# **South Bend Community School Corporation** **Special Education Department**

## Time on Task Data Recording Sheet

Student's Name: \_\_\_\_\_ Observer's Name: \_\_\_\_\_

Subject/Period: \_\_\_\_\_ Date(s): \_\_\_\_\_

Length of Interval: \_\_\_\_\_ Total Observation Time: \_\_\_\_\_

Student			Peer		
Interval Number	On Task	Off Task	Interval Number	On Task	Off Task
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
21			21		
22			22		
23			23		
24			24		
25			25		
26			26		
27			27		
28			28		
29			29		
30			30		
31			31		
32			32		

Total: \_\_\_\_\_ Total: \_\_\_\_\_

Total: \_\_\_\_\_ Total: \_\_\_\_\_