

MONMOUTH UNIVERSITY

SCHOOL OF EDUCATION
CERTIFICATION, FIELD PLACEMENTS
AND SCHOOL PARTNERSHIPS OFFICE

Clinical (Field) Experience Lesson Observation - Appendix D

Course & Section # _____

Semester: FA ___ SP ___ Year _____

Student Name: _____ Student ID _____

District: _____ School: _____

Grade Level: _____ and Content: _____

Lesson Title: _____

Brief Description of Lesson: _____

		Yes	Occasionally*	No
1.	Learner outcomes submitted prior to class presentation?			
2.	Learner outcomes clearly stated and measurable?			
3.	Learner outcomes relate to curriculum and NJCCCS Standards and Common Core Standards?			
4.	Activities support learner outcomes?			
5.	Were the learners involved and motivated?			
6.	Was the lesson brought to a logical conclusion?			
7.	Were the goals of the lesson met?			
8.	Was the lesson appropriate to the age of the learners?			
9.	Were materials utilized effectively?			
10.	Did the teacher candidate reflect on the strengths and weaknesses of the lesson and its impact on student achievement?			
11.	Did the teacher candidate tap the 21 st Century skills of oral and written communication, creativity, collaboration, and critical thinking?			

What was your overall impression of the lesson? Please circle one.

Excellent (A) Good (B) Fair (C) Poor (D)

* Additional Comments.

Cooperating Teacher (Print): _____ Signature: _____ Date _____