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: __________________________________________________________________
__________________________________________________________________________________________

1. Learner outcomes submitted prior to class presentation?  
   Yes | Occasionally* | No

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 21st 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_________