

# County College of Morris

## ADJUNCT CLASSROOM OBSERVATION FORM

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ADJUNCT INSTRUCTOR'S NAME:

DATE OF OBSERVATION:

COURSE BEING OBSERVED:

OBSERVER:

ACADEMIC YEAR:

SEMESTER

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YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Syllabus content conforms to CCM Course Information Outline.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Syllabus conforms to CCM Syllabus Elements Guidelines or Departmental Guidelines.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Instructor uses the assigned textbook selected by the Dept. unless otherwise approved by the Dept. Chair. |
| <input type="checkbox"/> | <input type="checkbox"/> | Instructor adheres to course syllabus.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Class started at designated time.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Attendance was taken.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The objectives of this learning experience were clearly stated.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The classroom presentation was organized to meet the objectives.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The students were engaged with the presentation and the instructor.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the instructor encourage student involvement in the presentation?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor's lecture or demonstration clearly presented the material.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor's lecture or demonstration encouraged critical thinking and analysis.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor demonstrated a command of the subject matter.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor expressed enthusiasm for the subject matter.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor exhibited command of the classroom.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The instructor used teaching aids and/or technology effectively.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Class ended at the designated time.   |
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**COMMENTS:**

ASSISTANT DEPT. CHAIRPERSON SIGNATURE:

DATE:

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OR

DEPT. CHAIRPERSON SIGNATURE:

DATE:

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OR

DIVISION DEAN SIGNATURE:

DATE:

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