

**Observation Form**

**Course Title:**

**Program/Department:**

**Number of Students Present:**

**Other(s) Present:**

**Adjunct Faculty Member Name:**

**Reviewed by:**

**Beginning and end times of observation:**

**Date:**

**Organization:**

**Planning and Preparation:**

**Content and Delivery:**

**Student Interaction, Engagement and Rapport**

**Assessment and Feedback:**

**Connection to SMC Mission, when applicable:**

**Additional Comments:**

**Adjunct Faculty Member response (Optional)**

**Date:**

**Adjunct Faculty Member Name:**

**Reviewed by:**

**Response:**

Within 10 business days, **an in-person** meeting must be arranged to discuss this observation between SMC faculty and adjunct faculty member.

**Additional Notes:**

**Date**

**Signatures**