

Gokhale Education Society's  
**H.P.T Arts and R.Y.K. Science College, Nahik-05**  
**Lecture Monitoring Report Format**

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**1. General Information**

**Academic Year:** \_\_\_\_\_ **Term:** I/II

| <b>Sr. No.</b> | <b>Particulars</b>                       | <b>Details</b> |
|----------------|--|----------------|
| 1              | Date of Lecture                          |                |
| 2              | Name of Department                       |                |
| 3              | Name of Faculty                          |                |
| 4              | Subject                                  |                |
| 5              | Class/Semester                           |                |
| 6              | Topic Covered                            |                |
| 7              | Time of Lecture                          |                |
| 8              | Mode of Lecture (Offline/Online/Blended) |                |

**2. Lecture Delivery Parameters**

| <b>Sr. No.</b> | <b>Parameters</b>                               | <b>Observation<br/>(Yes/No/Partial/Comments)</b> |
|----------------|---|--|
| 1              | Faculty started the lecture on time             |  |
| 2              | Lecture conducted as per the timetable          |  |
| 3              | Coverage of topic as per syllabus/lesson plan   |  |
| 4              | Use of teaching aids (PPT/Blackboard/Charts)    |  |
| 5              | Student engagement (Questioning/Discussion)     |  |
| 6              | Clarity of explanation                          |  |
| 7              | Use of real-life examples/Case studies          |  |
| 8              | Reference to learning objectives                |  |
| 9              | Completion of topic within the lecture duration |  |
| 10             | Assignment/Activity/Task given                  |  |

### 3. Student Feedback (Optional, if collected)

|   |        |
|---|--------|
| Feedback Collected                            | Yes/No |
| Overall student satisfaction with the lecture |        |

**Suggestions/Remarks (if any):**

### 4. Action Points / Recommendations (if any)

| Sr. No. | Observations by Monitoring Committee | Suggested Improvements | Action Taken (if applicable) |
|---------|--------------------------------------|------------------------|------------------------------|
|         |                                      |                        |                              |
|         |                                      |                        |                              |
|         |                                      |                        |                              |

### 5. Signature

| Prepared by (Name/s of Lecture Monitoring Committee Member/s) | Signature | Date |
|---|-----------|------|
|   |           |      |
|   |           |      |
|   |           |      |