



**NATIONAL EXAMINATIONS COUNCIL (NECO)**  
**KM 8, BIDA ROAD, P.M.B 159, MINNA, NIGER STATE**  
**EXAMINATION MONITORING FORM FOR MONITORING OVERSEER AND ROVING MASTER MONITORS**

**EXAMINATION:** ..... **YEAR:** .....

**PART A: GENERAL INFORMATION**

1. State: ..... 2. L.G.A: .....
3. Town: .....
- 4(a) Name of School (in full): .....
- 4(b) School Address: .....
- 4(c) School Number: ..... 4(d) Type of School: Public:  Private:  Faith Based:
- 5(a) Date Arrived at the School: ..... 5(b) Time Arrived: .....
- 6(a) Subject Monitored: ..... 6(b) Paper: .....
7. Time Examination Commenced: .....

**PART B: MONITORING IN THE CONTEXT OF COVID-19**

[Please tick (√) as appropriate]

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| i. Was there any infrared thermometer at the entry point of the school/centre?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Was the thermometer used on those coming to the Centre?   | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Were running Water and Soap available at the entry point?  | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Was Hand Sanitizer available at the entrance of the Examination Hall?   | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Was the Supervisor wearing a Face Mask?  | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Were/was the Invigilator(s) wearing a Face Mask?  | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Were the candidates wearing Face Masks?  | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. Was the sitting arrangement in conformity with the Physical Distancing Order?   | <input type="checkbox"/> | <input type="checkbox"/> |
| ix. Was the conduct and behaviours of the Candidates/ Supervisor/Invigilators in conformity with the Social Distancing order? | <input type="checkbox"/> | <input type="checkbox"/> |

**PART C: EXAMINATION VENUE CHECKLIST**

[Please (√) Tick as Appropriate]

- |   |  |
|---|--|
| 1. Examination Venue accessible? Yes <input type="checkbox"/> No <input type="checkbox"/>       | 9. Are candidates orderly: Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| 2. Examination Venue: Hall <input type="checkbox"/> Classrooms <input type="checkbox"/>         | 10. Was the Supervisor at the Examination Centre on your arrival? Yes <input type="checkbox"/> No <input type="checkbox"/>               |
| 3. Ventilation: Good <input type="checkbox"/> Bad <input type="checkbox"/>                      | 11. Was the Supervisor in control of the Examination venue? Yes <input type="checkbox"/> No <input type="checkbox"/>                     |
| 4. Examination Venue secured? Yes <input type="checkbox"/> No <input type="checkbox"/>          | 12. Was there any security personnel at the Examination Centre on your arrival: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Furniture: Adequate <input type="checkbox"/> Inadequate <input type="checkbox"/>             | 13. Arrival of Examination Materials: Timely <input type="checkbox"/> Late <input type="checkbox"/>                                      |
| 6. Sitting Arrangement: Good <input type="checkbox"/> Bad <input type="checkbox"/>              |  |
| 7. Lighting: Good <input type="checkbox"/> Bad <input type="checkbox"/>                         |  |
| 8. Quality of examination materials: Good <input type="checkbox"/> Bad <input type="checkbox"/> |  |

**PART D: (OBSERVATION(S))**

Examination Malpractice(s) Observed; if any.

**General Comment:** .....

**SUPERVISOR**

Name (in full).....  
 Contact Address: .....  
 Signature & Date: .....  
 GSM Number: .....

**SECURITY PERSONNEL OFFICER**

Name (in full): .....  
 Contact Address: .....  
 Signature & Date: .....  
 GSM Number: .....

**MONITORING OFFICER**

Name (in full).....  
 Contact Address: .....

GSM Number.....  
 Signature &Date.....