



NATIONAL EXAMINATIONS COUNCIL (NECO)

KM 8, BIDA ROAD, P.M.B 159, MINNA, NIGER STATE

EXAMINATION MONITORING FORM FOR STATE 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:
8. Name & Signature of Assistant Supervisor:
9. Name(s) & Signature(s) of Invigilator(s):
 - i.
 - ii.
 - iii.
 - iv.

PART B: MONITORING IN THE CONTEXT OF COVID-19

[Please tick (√) as appropriate]

- | | YES | NO |
|---|--------------------------|--------------------------|
| 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: Hall Classroom
- 2(a) Capacity of Hall: Adequate Inadequate
- 2(b) Capacity of Classroom(s): Adequate Inadequate
3. No. of Classrooms:
4. Ventilation: Good Bad
5. Examination Venue Secured? Yes No
6. Furniture: Adequate Inadequate
7. Sitting Arrangement: Good Bad
8. Lighting: Good Bad
9. Are seats numbered? Yes No
10. Are Candidates orderly? Yes No
11. No. of Candidates Registered for the Subject:
12. No. of Candidates Present for the Subject:
13. Is/Are the Invigilator(s) vigilant? Yes No
14. Is/Are the Invigilators in control of the candidates? Yes No
15. Was the Supervisor at the Examination Centre on your arrival? Yes No
16. Was the Supervisor in control of the Examination Centre? Yes No
17. Was there any Security Personnel at the Examination Centre on your arrival? Yes No

PART D: (OBSERVATION(S))

Examination Malpractice(s) Observed; if any. (Please specify in the Table below):

Action Taken:

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)..... GSM No.....
 Contact Address:
 Signature & Date:

S/N.	Centre No.	Candidate's Name & Reg. No. (Serial No. Not acceptable)	Type of Malpractice	Type of Evidence	Recommendation(s)