



NATIONAL EXAMINATIONS COUNCIL (NECO)
KM 8, BIDA ROAD, P.M.B 159, MINNA, NIGER STATE
EXAMINATION MONITORING FORM FOR GENERAL SUPERVISING MONITOR

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]

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

PART C: EXAMINATION VENUE CHECKLIST

[Please (✓) Tick as Appropriate]

- 1. Examination Venue accessible? Yes [] No []
2. Examination Venue: Hall [] Classrooms []
3. Ventilation: Good [] Bad []
4. Examination Venue secured? Yes [] No []
5. Furniture Adequate: Yes [] No []
6. Sitting Arrangement: Good [] Bad []
7. Lighting Good [] Bad []
8. Are the seats numbered? Yes [] No []
9. Are Candidates orderly? Yes [] No []
10. Was the Supervisor at the Examination Centre on your arrival? Yes [] No []
11. Was the Supervisor in control of the examination Venue? Yes [] No []
12. Was/were the Invigilator(s) at the Centre? Yes [] No []
13. Was there any Security Personnel at the Examination Centre on your arrival? Yes [] No []
14. No. of Candidates present for the Subject/Paper:
15. No. of Candidates Registered for the Subject/Paper:

PART D: (OBSERVATION(S))

Examination Malpractice(s) observed; if any:

General Comment:

PART E: ADDITIONAL INFORMATION

- 1. Staff allowances paid on time: Yes [] No []
2. Are the Printing Points secured? Yes [] No []
3. Capacity of the Printing Point to deliver on time: Yes [] No []
4. Conduct of Staff at Printing Point? Good [] Bad []
5. Timely delivery of Examination Materials to States: Timely [] Late []
6. Quality of Examination Materials: Good [] Bad []
7. Security of Examination Materials at the States secured: Secured [] Not Secured []

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.....