



THE KENYA NATIONAL EXAMINATIONS COUNCIL

QUESTIONNAIRE FOR INSPECTION OF KCPE AND KCSE EXAMINATION CENTRES

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PART A:

SCHOOL/INSTITUTION DETAILS.

1. Name of Institution: _____
2. County Name and Code: _____
3. Sub - County Name and Code: _____
4. Address of Institution: _____
Code: _____ Town of operation: _____
5. Telephone No: _____ Mobile No: _____
6. Institution's email address: _____ FAX _____
Website _____
7. Category of School/Institution:
7.1. Public : _____ } (Tick wherever applicable)
7.2. Private : _____ }
8. Type of School/Institution:
8.1. Special school: Yes ☐ No ☐
8.1.1. If yes above, what type of disability?(Tick where applicable)
8.1.1.1. Mental ☐
8.1.1.2. Physical ☐
8.1.1.3. Hearing Impaired ☐
8.2. Integrated school: Yes ☐ No ☐

PART B:

SCHOOL/INSTITUTION REGISTRATION DETAILS.

9. REGISTRATION DETAILS :

- 9.1. Does the institution have a valid MoEST/County Education Board registration certificate?

Yes ☐ No ☐

If yes, indicate the registration number and the status: Registration No. _____

Status _____ (Please attach a copy)

If provisional please give the expiry date: _____ (please attach a copy)

9.2. Is the institution's/ schools physical location in tandem (located in the venues/place) as indicated in the full registration certificate details?

Yes ☐ No ☐

If no, please explain;

9.3. Check the availability of the following reports /documents during registration.

9.3.1. Inspection report from the Directorate of Quality Assurance and Standards:

Yes ☐ No ☐

9.3.2. Public Health Report

Yes ☐ No ☐

9.3.3. Which is the nearest collection/distribution point for the school?

NAME: _____ CODE: _____

Give approximate distance in kilometers : _____

10. Name of Institution's Head: _____

10.1. Official designation (Head teacher/Principal /Manager): _____

10.2. Qualification: _____

10.3. Teaching experience : _____

10.4. Is he/she registered with the TSC: Yes ☐ No ☐

10.5. If yes , state the TSC No.: _____

10.6. Name and address of the Proprietor/Director: (where applicable)

10.6.1. Name: _____

10.6.2. Academic qualification: _____

10.7. Level of Examination applied for: (please tick whichever is applicable)

KCPE ☐

KCSE ☐

10.7.1. Current enrolment; _____

10.7.2. Expected enrollment as per registration certificate: _____

10.8. Is the school applying for registration for the first time?

Yes ☐ No ☐

If yes, what is the number of candidates for the first entry ? _____

10.9. If re-registration,

10.9.1. State the reason for re-registration of the Institution (tick whichever applicable)

10.9.1.1. Change of examination offered(KCPE or KCSE) ☐

10.9.1.2. Re-location ☐

10.9.1.3. Increase in student enrolment ☐

10.10. Registration Number of the existing certificate: _____

10.11. Registration Number of the new certificate: _____ (Please attach a copy)

PART C:

11. FACILITIES AT THE INSTITUTION

11.1. Describe the physical location of the institution.

11.2. Name the nearest major town to the Institution.

11.3. Is the Institution easily accessible? Yes ☐ No ☐

If no explain:

11.4. Is the location of the Institution free from activities not related to teaching/training, like noise, bus stops, churches, shopping malls etc?

Yes ☐ No ☐

If the answer to 11.4 is yes, explain:

11.5. Do you think the interruptions stated in 11.4 above affect the teaching/learning in the institution thus should be relocated to a different site? Yes ☐ No ☐

12. Physical & Examination Facilities.

12.1. What is the nature of the Institutions' buildings? (Tick where applicable)

12.1.1. Permanent structure. ☐

12.1.2. Semi permanent structure ☐

12.1.3. If others explain status: _____

12.1.4. What are the sizes of the classrooms? Give dimensions of the rooms in metres.(standard size is 7.5m*6m)_____

12.1.5. Are the classrooms/lecture rooms adequate for teaching/learning?

Yes ☐ No ☐

12.1.6. Can the classrooms accommodate twenty (20) candidates sitting at a spacing of **1.22 M** or **4 Ft** apart in all directions during the examinations ?

Yes ☐ No ☐

12.1.7. Indicate the number of candidates a room can accommodate while maintaining the spacing of 1.22 metres apart in all direction? _____

12.1.8. If the answer to 12.1.6 above is No, is there an alternative venue where the candidates will be sitting for the examinations? Explain:

13. Furniture

13.1. Describe briefly the type of furniture used by the candidates when sitting for their Examinations.

13.2. Are they in good condition? Yes ☐ No ☐

If No, is there an alternative? Explain

14. Lighting and Ventilation.

14.1. Is there adequate natural light in the rooms/halls? Yes ☐ No ☐

14.2. Is there artificial lighting provided in the rooms/halls? Yes ☐ No ☐

14.3. Are the rooms/halls well ventilated? Yes ☐ No ☐

15. Storage Facility

15.1. Does the institution have a secure lockable room for use by the Supervisor?

Yes ☐ No ☐

15.2. Are there lockable cupboards or cabinets that can be used to store the examination materials? Yes ☐ No ☐

16. Laboratory /Work shops. [FOR KCSE]

16.1. Laboratory facilities.

16.1.1. Does the institution have a laboratory? Yes ☐ No ☐

16.1.2. How many laboratories does the institution have? _____

16.1.3. If No , what arrangements have been made for the conduct of the practical examinations? _____

16.1.4. How many candidates can be accommodated in the examination setting (one shift) _____

16.1.5. Does the laboratory have a preparatory room? Yes ☐ No ☐

16.1.6. Is there sufficient water? Yes ☐ No ☐

16.1.7. What is the source of heat ? _____

16.1.8. Are the laboratory apparatus and equipment available in sufficient Quantities? Yes ☐ No ☐

If No, Please comment: _____

16.1.9. Does the school have the following:

16.1.9.1. Computer laboratory? Yes ☐ No ☐

16.1.9.2. Home science room? Yes ☐ No ☐

16.1.9.3. Work shop? Yes ☐ No ☐

(Any other) specify: _____

17. Declaration by Inspecting Officer

I do hereby declare that I have inspected the above Examination Centre and do recommend/do not recommend its approval as an examination centre.

17.1. **If not approved, state reason(s) :**

NAME OF INSPECTION OFFICER (KNEC /MoEST) : _____

DATE : _____ **SIGNATURE :** _____

PRINCIPAL/MANAGER OF THE INSTITUTION : _____

DESIGNATION : _____ **SIGNATURE :** _____

DATE : _____ **OFFICIAL STAMP.**

