



KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/EA/EM/TE/RPT/E-ASS/REV/2024

24th July, 2024

REPORT AND CERTIFICATE OF SUPERVISION FOR 2024 **TEACHER EDUCATION ASSESSMENTS**

(To be completed per College)

This Report and Certificate of Supervision must be read, completed and signed by **all** who participate in the supervision and invigilation exercise. All the details required are to be written in the spaces provided in this certificate. The Report and Certificate of Supervision and related documents are to be returned to the Kenya National Examinations Council (KNEC) in an envelope which should be labelled "**REPORT AND CERTIFICATE OF SUPERVISION**" immediately after the last paper at the assessment centre has been administered.

1.0. STATEMENT BY THE SUPERVISOR

- 1.1 County Name : _____
- 1.2 Sub-County Name : _____
- 1.3 Centre Code : _____
- 1.4 Centre Name : _____
- 1.5 Name of Assessment: _____

Fill in the required information in the Tables provided. Where there is No information to provide, indicate NIL. If the space is not adequate, provide the extra information on foolscap and attach to this report.

2.0. REPORT ON ASSESSMENT ABSENTEES

*If a teacher trainee is absent for the entire assessment, indicate **ABSENT IN ALL** in the paper Code and Name Column. If the teacher trainee(s) is/are ABSENT for particular subject(s)/Learning area(s), the details should be indicated.*

S/ No	Teacher Trainee(s) Assessment No.	Teacher Trainee(s) Name	Paper Code And Name
2.1.			
2.2.			
2.3.			
2.4.			

S/ No	Teacher Trainee(s) Assessment No.	Teacher Trainee(s) Name	Paper Code And Name
2.5.			
2.6.			
2.7.			
2.8.			
2.9.			
2.10.			

3.0. CASES OF CHEATING / DISHONESTY / ASSESSMENT IRREGULARITY

*Provide details of any cases of assessment malpractice that may have been noted during the assessment. **Accuracy** of the information is paramount. If more space is required, please use separate sheets and attach to this certificate. Accompanying evidence **MUST** be provided: These are the unauthorised materials; signed reports from the supervisor, invigilator(s), principal and teacher trainee. **The evidence should be enclosed in an envelope and submitted by the KNEC Officer and or Supervisor to Research and Quality Assurance Department.***

S/ No.	Teacher Trainee's Assessment No.	Teacher Trainee's Name	Date of Incident (Irregularity)	Paper Name & Code	Nature of Cheating / Dishonesty
3.1.					
3.2.					
3.3.					
3.4.					
3.5.					

4.0. REPORT ON HARDSHIP CASES

These are situations/incidents which arise within the assessment centre during conduct of the assessment, that are deemed to affect the performance of teacher trainees at an assessment centre. Examples include:

- 5.1 Error(s) or omission(s) in the online question papers. These should be reported but no instructions should be given to teacher trainees, unless otherwise advised by KNEC;*
- 5.2 Difficulty in login into the e-assessment portal for a long period of time; being logged out often.*
- 5.3 Unfavourable infrastructure related to e-assessment (power failure, unresponsive/defective laptops, unstable internet among others) at an assessment centre;*
- 5.4 Death of teacher trainee's relative(s) on or during the assessment period;*
- 5.5 Accidents resulting in physical impairment during the assessment period;*

- 5.6 *Psychosomatic disorders: teacher trainees developing mental or other psychological disorders during an assessment session;*
- 5.7 *Absence from part of a subject due to sickness or other explained reasons.*

S/No.	Teacher Trainee's Assessment No. & Name	Paper Code and Name	Nature of Hardship	Action taken by Supervisor
5.7.1				
5.7.2				
5.7.3				
5.7.4				
5.7.5				

5.0. REPORT ON ERRORS ON THE ONLINE QUESTION PAPERS

Paper Code And Name		Question No.	Nature of error	Assistance given to Teacher Trainee(s)
5.1.				
5.2.				
5.3.				
5.4.				
5.5.				
5.6.				
5.7.				
5.8.				
5.9.				

6.0. REPORT ON LATE STARTS

These are cases of assessment papers that started later than the time scheduled on the timetable.

Paper Name		Time started	Time scheduled to start	Lateness	Reason for lateness
6.1.					
6.2.					
6.3.					
6.4.					
6.5.					
6.6.					

7.0. DECLARATION BY PRINCIPAL(S)

I, the undersigned declare that:

7.1. I am the Principal of the above-mentioned assessment centre;

7.2. All the information and regulations for the conduct of the assessment were adhered to as stipulated by KNEC.

7.2.1. Principal's Name: _____

7.2.2. ID/Passport No.: _____

7.2.3. TSC/PF No: _____

7.2.4. Address: _____

7.2.5. Mobile: _____

7.2.6. Signature: _____

7.2.7. Date: _____

7.2.8. College

Stamp

8.0. INSTRUCTIONS FOR DECLARATION OF SUPERVISORS AND INVIGILATORS

This declaration should be read and signed in the relevant portions. Tick (✓) the boxes as appropriate. This page will be used for verification of payments.

	Declaration	Tick appropriately (✓)
9.1	We declare that we have conducted the assessment in accordance with KNEC instructions to supervisors and invigilators. In particular, we ensured close supervision of teacher trainees under us and throughout the assessment, they did not access any external assistance from any person, unauthorised materials; devices; or from collusion among themselves	

9.2	We have recorded all the required information in this Report as required	
9.3	The invigilators checked and ascertained that the assessment numbers and names used by teacher trainees are the same as those identified by the centre manager	
9.4	The trainees accessed the online questions between the time of their log in and the end of the paper	

10.0 DECLARATION BY SUPERVISOR(S)

I/we, the undersigned, declare that i/we am/are the **actual supervisor(s)** who supervised the assessments in the above centre, that all the information contained is **true** and that all the rules and regulations of the assessment were adhered to as stipulated by **KNEC**.

S/ No	Supervisor(s) Name	Current Station & Address	TSC / PF No.	Qualification (Diploma, Degree, Masters)	Job Group	Mobile No.	Signature	Date
10.1								
10.2								
10.3								
10.4								
10.5								

11.0 DECLARATION BY INVIGILATORS

We, the undersigned, declare that we are the **actual invigilators** who invigilated the assessments in the above stated centre and that all rules and regulations for the assessments were adhered to as stipulated by **KNEC**.

S/ No	Invigilator's Name	Current Station & Address	TSC / PF No.	Qualification (Diploma, Degree, Masters)	Job Group	Mobile No.	Signature	Date
11.1								
11.2								
11.3								
11.4								

11.5								

12.0 FEEDBACK ON SUPERVISION/INVIGILATION RELATED ISSUES

The supervisor is requested to make any comments/suggestions, which they consider worth noting in enhancing efficiency in the area of supervision/invigilation as a supervisor in this centre in the space provided below.

CHIEF EXECUTIVE OFFICER