



**MONITORING TOOL - Technical Drafting NC II EQUIPMENT**

Name of Tool / Equipment /Learner's Material	In the space provided below, marked with a ✓ if the equipment and / or learner's material has been received and mark with x if it was not.	In the space provided below, write the number of the equipment and / or learner's material that has been received	Of the total number received, how many are... (marked with a ✓ in the choices you made. You can have more than one choice)						Do you need training on the use of the equipment / learners' material	Source of Funds (ex. DepEd CO, RO, SDO, School MOOE, LGU or Others (please specify))
			in good working condition?	in need of repair?	broken?	unservicable?	lost?	others, specify in the space provided below		
1 CAD SOFTWARE		Units								
2 COMPASS		Pieces								
3 DESKTOP COMPUTER		Pieces								
4 DRAWING STOOL		Pieces								
5 DRAWING TABLE		Pieces								
6 DRAWING TEMPLATES		Pieces								
7 ERASER		Pieces								
8 MECHANICAL PENCILS		Pieces								
9 PENCIL SHARPENER		Pieces								
10 PLOTTER		Set								
11 PRINTER		Set								
12 TECHNICAL PENS SET		Pieces								
13 TRIANGLE SCALE		Pieces								
14 TRIANGLE 30X60X90 DEGREES		Pieces								
15 TRIANGLE 45X45X90 DEGREES		Pieces								
16 T-SQUARE		Pieces								

REGION: \_\_\_\_\_  
 DIVISION: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_  
 SCHOOL ID: \_\_\_\_\_

Prepared by: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME  
 Teacher