**Example form for recording unit result decisions**

Unit name:

Unit number:

Is this unit part of an internally assessed group award? (If ‘yes’ please include the title):

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| **Learner name** | **Learner SCN (if known)** | **Result****(please tick)** | **Evidence used / reason for result** | **Peer reviewed / internally verified?** |
|  |  | PassFailWithdrawnOpen entry | **Pass or Fail** (tick all that apply):Complete unit assessment evidencePartial unit assessment evidence plus other alternative evidence Evidence from other units within the same group award in relation to meeting the course aimsProfessional judgement**Withdrawn** No evidence to support a result decision **Leave as open entry** Assessment is being postponed | Yes/No Any comment? |
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Name of teacher:

Name of peer reviewer/internal verifier:

Date: