**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?** |
|  |  | Pass  Fail  Withdrawn  Open entry | **Pass or Fail** (tick all that apply):  Complete unit assessment evidence  Partial unit assessment evidence plus other alternative evidence  Evidence from other units within the same group award in relation to meeting the course aims  Professional judgement  **Withdrawn**  No evidence to support a result decision  **Leave as open entry**  Assessment is being postponed | Yes/No  Any comment?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: