

# RECORD OF OUTCOMES

[Reset Form](#)

Name:

Date:

Learner Number:

Programme Name:

Tutor Name:

Number of sessions since last review:

Review Opt-Out

## MOTIVATION

What is the learner's main interest in attending this provision? (please tick one only)

Personal

Work

Family

Community

**CORE SKILLS** (please indicate level learner is working at, in this programme, by SCQF level number)

Communications  at SCQF Level

Working with others  at SCQF Level

Numeracy  at SCQF Level

Problem Solving  at SCQF Level

IT  at SCQF Level

## DIFFERENCE IN LIVES DUE TO PARTICIPATION

*(Please record the changes since first assessment/last review)*

<b>Participation assists people to become more confident</b>	<b>Level</b>
This could include: Feeling more able to do things for themselves, taking responsibility for their actions or feeling more able to understand and discuss their needs and aims.	No more confident <input type="checkbox"/> Slightly more confident <input type="checkbox"/> More confident <input type="checkbox"/> Very confident <input type="checkbox"/>

<b>Participation assists people to become effective contributors</b>	<b>Level</b>
This could include: Feeling more able to communicate or feeling more able to solve problems, make decisions and communicate with others.	No more confident <input type="checkbox"/> Slightly more confident <input type="checkbox"/> More confident <input type="checkbox"/> Very confident <input type="checkbox"/>

<b>Participation assists people to become responsible citizens</b>	<b>Level</b>
This could include:  Feeling more able to make their views and opinions heard and taken on board or feeling more able to get on with people who have different experiences, abilities, backgrounds and beliefs.	No more confident <input type="checkbox"/>
	Slightly more confident <input type="checkbox"/>
	More confident <input type="checkbox"/>
	Very confident <input type="checkbox"/>

<b>Participation assists people to become successful learners</b>	<b>Level</b>
This could include:  Having more belief in their ability to learn, understanding the different ways to learn or being more able to identify the methods of learning that suits them in different situations.	No more confident <input type="checkbox"/>
	Slightly more confident <input type="checkbox"/>
	More confident <input type="checkbox"/>
	Very confident <input type="checkbox"/>

## ACCREDITATION

**As a result of the learner's involvement, has their learning been accredited?** Yes  No

If so please note the qualification name

Please tick the relevant SCQF level:

Level 1  Level 2  Level 3  Level 4  Level 5  Level 6  Level 7

## CONTINUING MOTIVATION

**What is the learner's main motivation now?** (Please tick one only)

Personal  Work  Family  Community

## PROGRESSION

**As a result of the learner's involvement, has any of the following taken place:**

Participation in Community Based Adult Learning <input type="checkbox"/>	Gaining Employment <input type="checkbox"/>
Participation in College Courses <input type="checkbox"/>	N/A <input type="checkbox"/>
Participation in Workplace Learning <input type="checkbox"/>	Other <input type="checkbox"/>
Participation in Voluntary Work <input type="checkbox"/>	(Please Specify)