

Review of Results (ROR) Procedures and Appeals Forms

2024/2025

This procedure is reviewed annually to ensure compliance with current regulations.

| | |
|-----------------------------|----------|
| Approved/reviewed by | |
| Richard Davis / Sarah Clark | |
| Date of next review | 13/02/25 |

Key staff involved in the procedure

| Role | Name(s) |
|----------------|---------------------------------------|
| Head of centre | Mr Christopher Robertson - CRO |
| Senior Leaders | Mr Richard Davis - RDA |
| Exams officer | Mrs Sarah Clark - SCL |

Permission to access copy scripts



STUDENT NAME:

CANDIDATE NUMBER:

| Subject | Board | Component/unit code |
|---------|-------|---------------------|
| | | |

I consent to scripts listed above being accessed by Scalby School.

Use of script in the classroom

Tick ONE of the boxes below:

If any of my scripts are used in the classroom, I **do not wish anyone to know they are mine**. My name and candidate number must be removed.

If any of my scripts are used in the classroom, I **have no objection to other people knowing they are mine**.

Permission to celebrate your success

I give permission for my photograph, name and result being used to celebrate success.

Around the School YES NO

On the School website YES NO

SIGNED:

DATE:

CONTACT NUMBER:

This form should be retained on the centre's files for at least six months.

Check form to be completed by the Department to support a ROR



This form must be completed in all cases to support a ROR.

| | | | |
|---------------|--|-----------------------------------|--|
| Student Name | | Telephone contact number | |
| Awarding Body | | Unit/module/exam paper code | |
| Subject | | Unit/module/exam paper title | |
| Raw Mark | | Raw Marks from next grade | |
| Current Grade | | Type of Service (1,2,3 or Script) | |

I confirm that, having made all the necessary checks, I **SUPPORT** the EAR detailed above.

I confirm that, having made all the necessary checks, I **DO NOT SUPPORT** the EAR detailed above.

| | | | |
|---------------------------|--|------|--|
| Subject Teacher Name | | Date | |
| Subject Teacher Signature | | | |

Head of Department check (then pass to the Exams Officer)

I agree with the decision to **Support / Not Support** the EAR (*delete as applicable)

| | | | |
|------------------------------|--|------|--|
| Head of Department Name | | Date | |
| Head of Department Signature | | | |

| | |
|--------------------------------|---|
| Date received by Exams Officer | |
| Date received by Principal | |
| EAR decision | SUPPORTED / NOT SUPPORTED * <i>delete as applicable</i> |
| Signed Headteacher | |

| | |
|------------------------------|--|
| Date processed online | |
| Date outcome received | |
| Date communicated to student | |

ROR Internal Appeals Form



Please tick box to indicate the nature of your appeal and complete all white boxes on the form below.

- The centre's decision not to support a clerical check, a review of marking, a review of moderation, access to Scripts or an appeal
- The centre's decision not to support an appeal against the outcome of a review of results

| | | | |
|------------------------------|--|--|--|
| Name of appellant | | Candidate name if different to appellant | |
| Awarding body | | Exam paper code | |
| Qualification Type / Subject | | Exam paper title | |

Please state the grounds for your appeal below

If necessary, continue on an additional page if this form is being completed electronically or overleaf if hard copy being completed.

Appellant signature:

Date:

Appellant Telephone:

Appellant Email:

This form must be signed, dated and returned to the exams officer on behalf of the head of centre to the timescale indicated in the relevant appeals procedure.

