

Florida Home Education Annual Evaluation Form

Student's Full Name: _____ DOB: _____

Parent's/Guardian's Name(s): _____

Street Address _____

City, State, ZIP: _____

Evaluation Options

- Option 1 - Portfolio Evaluation/Student Conference
- Option 2 - Nationally Normed Test
- Option 3 - State Assessment Test (FCAT)
- Option 4 - Psychological Evaluation
- Option 5 - Other Measurement Tool Mutually Agreed Upon by Superintendent & Parent

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**Have the following completed by your evaluator.**

On \_\_\_\_\_ I, \_\_\_\_\_,  
DATE TEACHER NAME  
a Florida Certified Teacher, evaluated the above named student in accordance with ss. 1002.41, and I find that s/he has demonstrated progress at a level commensurate with his/her ability and is ready to continue instruction at the next level.

Teacher's/Evaluator's Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Keep a copy for your records and mail to your school district.**